Adult Social Care during the Pandemic Task & Finish Group Final Report

Members: Cllr Bryony Holroyd (Chair); Cllr Mary Layton; Cllr Anne-Marie Curry; Cllr Eddie Heslop (for part of the T&F group period)
Support & minutes: Paul Dalton

Introduction

The intention of this Task & Finish Group work was to assess the view of both Adult Social Care (ASC) staff and end users of the changes that were required to be made because of Covid and its lockdowns. This was in order to ascertain which they liked, and did not like, so the council can manage it better if another lockdown were required for the same or other reasons in future. Also, if there were new ways of working that staff and care recipients particularly liked, so the council can consider if they should continue to be used / offered as an option even now the period of Covid lockdowns has ended.

Methodology

Work was already underway to assess Darlington Borough Council's own ASC staff wellbeing, as part of routine assessment. This was previously done every 2 years, until 2018. However, this was not done in 2020 due to Covid workload pressures, but it was then carried out annually, in 2021 looking back over the pandemic period, and again post-pandemic in 2022. It is therefore possible to see trends in staff satisfaction & wellbeing across the pandemic period.

The group therefore set out to additionally assess the views of (a) commissioned services ASC staff, and of (b) ASC end users (and/or their families / carers), via a questionnaire. This was adapted from the DBC staff survey, so that the results might be comparable. This was advertised via the One Darlington magazine in November 2021, and via the council's social media & website. Response rates were relatively low, however still give an indication of issues experienced by both groups. Results were collected anonymously, unless the person indicated that they were willing to take part in a further "hearing" session (and provided contact details in order to invite them to that).

Following those responses, respondents who indicated that they would be willing to contribute to a public hearing, were invited to attend an afternoon session on 24th February 2023. The Task & Finish group members had drafted questions to ask, based on further information we hoped to gather - to flesh out the experiences detailed in the questionnaire – as a structure. However, questions were not limited to those which had been pre-prepared. In addition to the commissioned services staff and end users, DBC's own ASC staff were also invited to contribute to this session.

Finally, it was learned after the main part of this work was completed, that Healthwatch Darlington also covers Adult Social Care user experiences. Information from their Pandemic Experiences report was also incorporated, where this was relevant to ASC users.

Summary of Findings

1. DBC Staff Wellbeing surveys

In the first 2 cases, the survey was sent electronically for anonymous returns, to the Social Work workforce. Social Care staff were given 3 weeks to complete the survey. For the final survey – which was much longer and more detailed, staff were initially given 8 weeks to complete it, which was then extended for a further 2 weeks. All reports relate to Adult Services social workers' responses only.

In 2018:

- 49 Adult Social Care staff responded, 74% response rate overall (combined with Children's social workers)

- 76% feel their skills as a social worker are being utilised (increase from 62% in 2017), 81% feel confident their practise is evidence-based (up from 75% in 2017), 83% of staff access Community Care for research to inform their practise, 89% of these at least monthly – a sign that staff recognise & use research to play an important role in their practise.
- 87% staff have regular good quality supervision at least monthly – an improvement, but must identify barriers to those who don't have regular supervision. Staff are happy with the quality of supervision: opportunity to discuss cases with complex risk, safeguarding, policy.
- There's no agreed caseload structure but 36% staff have caseloads of <18, 30% have caseloads <35. 63% say caseloads are mostly manageable (increase from 46% in 2017).
- 55% now feel happy with levels of communication by & visibility of senior managers (up from 17% in 2017). But 38% of social workers report they do not always feel supported – impact of anxiety after feedback from Validation forum, and for staff who are working after hours, support from senior managers would be welcomed. Could be further improved.
- Improved morale: 80% of staff feel enthusiastic about their job (30% increase from 2017), and 86% of staff enjoy their job – staff feel valued and motivated in work.
- 64% of staff felt access to learning & development opportunities had not improved, many felt there were fewer opportunities for Adult training compared to Children's training offer: they'd like opportunities in Leadership & specialist knowledge of Benefits system, Court of Protection, Legislation changes and support plans.
- Decrease in number of staff having to cancel training due to work pressures, but still issues where arranged training must be cancelled/rearranged due to workload for small nos. staff.
- Issues regarding the amount of time staff spend doing routine admin tasks (dealing with brokerage queries, non-payment of service users' bills, routine letters, impact of Universal Credit & changes in Benefits system) taking them away from "core" social work tasks / face-to-face interaction with service users & lack of admin support. Also concerns re. data input into IT systems.
- On staff retention, 82% said annual leave was the greatest factor when considering staying with DBC, other important factors reported were agile working, and flexi leave.

In 2021:

- There was a 66% response rate to the Health Check survey (44 staff)
- 97% of staff felt confident that their skills & knowledge are valued in their team,
- 90% reporting that their practise is evidence-based, and 88% access Community Care to research & inform their practise.
- Increased IT-skills confidence, with 93% say they are confident & competent in the use of IT and the Liquid Logic recording system.
- 87% of staff report that they have regular good supervision & appraisals. 72% say cases are allocated by a manager and include a case discussion.
- 94% of staff report practise education is valued, with CPD, and training & development encouraged to support learning.
- Improved morale, 94% feeling supported & encouraged to look after emotional wellbeing, 91% enthusiastic about working for Darlington, and 97% feeling cared for by their team & managers. 91% report having good relationships with partner agencies outside DBC.
- On the impact of working during Covid, 94% of staff reported feeling safe, 97% said the organisation protected staff from the risk of infection. 94% said good technology enabled them to work from home, and 100% of staff surveyed felt supported both formally and informally throughout, and have continued to practise in a strength-based way.
- However, issues remained around accessing training or having to cancel/rearrange it due to workload pressures. 79% also reported they have cancelled leave, worked in their own time or cancelled training, due to workload.
- 75% of social workers felt senior leaders are supportive, but there have been some concerns around their visibility for a small number of staff. Also comments around staffing

capacity and its impact on morale/workload pressures. Others highlight issues with flexi system (capacity to carry hours over) and validation & admin tasks such as finance.

- On recruitment & retention, 91% said an effective flexi system would be the most effective factor in retention (previously the largest proportion, 82% said annual leave was the biggest factor), 82% still stated annual leave important, 64% looked for supported blended working.

In 2022 (a much more detailed survey):

- 120 completed it, of 257 staff (adult social care service), 47% response rate. This is formed of 24% social workers, 11% business support, 5% OT's and 6% team managers.
- 95.8% were confident in their role and practise, 91% say they are supported by their teams to be creative.
- Statements show staff know and are encouraged to build positive networks and work in partnership with partner organisations – other agencies and the community.
- 97% felt they made a positive difference to people who use our services, and many report a feeling of pride in being able to serve Council and community. 93% felt confident talking to managers and/or others if working practises were feeling difficult or unsafe.
- 83% of managers felt confident as a leader/manager.
- However, of 99 respondents, over the last 12 months, 63% stated that they had worked additional hours, 14% had to cancel annual leave, 25% had to cancel training (totalling 69% for all 3), and only 31% had not had to do any of the above. This reflects high levels of service pressures, staff gaps & demand against available capacity, impacting on staff health & wellbeing and missing out on training & continued professional development.
- 94% of staff attributed any health absences due to workplace stress as linked to not being supported, or work demand. Staff appreciate supportive managers & shared accountability.
- 76% feel valued in the organisation, 91% feel cared for by their line manager, and 96% feel informal support is recognised and valued in their service area, and 96% say informal support and peer-to-peer team discussions are encouraged in their team. 75% say they are encouraged to take regular breaks away from a screen. This is attributed to teams' support & encouragement of each other, and re-establishment of staff connections post-Covid.
- 71% feel there is flexibility in our model of working, and 29% say this is only partly the case due to operational pressures & priorities, staff shortages, support of all peers during absences, and voluntary overtime (but they can claim this back as flexi-time).
- 48% of staff felt safe, and 52% did not, when lone working: an urgent need to review lone working assessment, and support put in place to manage staff safety including out of hours.
- On workload management, 38% felt their current workload is manageable, 29% say theirs is just manageable, and 24% said their caseload was nearly impossible, or impossible. Case complexity requires consideration. However, 67% said their tasks allocated by a team manager involved prior discussion re. outcomes, and 27% said this "sometimes" happens.
- On appraisals & personal development planning/reviews (PDP/R), 71% had had this in the last 12 months, but 29% had not. This matched the performance team's figures.
- On IT confidence and competence, there was a significant drop from 90% in 2021 to 48% in 2022 – audit is needed to identify why this is, and support / training required.
- On relational practise, 84% of staff said adopting this type of working produced a positive shift in culture, 96% agreed they were confident in their practise and 91% said they are able to adopt a creative approach in working with people.
- On supervision, most agreed it was a supportive process enabling them to be reflective (94%), contact their manager for informal advice & support outside supervision (93%), discuss learning & development (86.5%), develop their practise (87%) and consistency & frequency (79%).
- Learning & Development: 82.5% of staff skipped the question. Responders suggested: regular peer sessions on Teams with manager; stronger communication channels between different service branches being needed to help spread knowledge & joint working; and

upskilling business support staff to carry out admin tasks for clients under financial protection (e.g. contents insurance, utilities) which are time consuming for a social worker, are not considered high priority so may otherwise not get done. Comments that training is focussed on children's services, and needs to be increased for those in adult services.

- On support during Covid and going forward, 94% of staff who responded said they'd felt safe over the last 12 months, 97% said the organisation ensured staff were appropriately protected by risk reduction measures. 90% said they felt emotionally supported during this period, with 83% of staff saying they still had regular supervisions during that period. IT was available as was the opportunity to participate in training. 90% said they felt able to be more creative during Covid, adopting safe working with service users that still ensured people's safety & welfare was promoted, and their needs met. It identified we need to build on efficiency & best-practise e.g. virtual assessments which worked well. Some comments were around opportunities to work in roles across other teams, having a larger caseload during that time – with increased referrals - and that they were more complex, leading to a larger workload, and that some families haven't been seen during that period, leading to concerns about unobserved risks.

- 59% said there was nothing they would change about their job. Where people said they'd make changes this included more pay, more manageable caseload, more protected time for development, better career progression, working more cohesively across teams not each department working in isolation, reducing barriers to case progress, and a need for more staff resources / provider services.

- Positive comments were made about DBC being a great place to work – feeling valued, caring culture & team spirit, supportive managers, good training, and a good reputation. 81% of staff looked forward to going to work & felt enthusiastic about their jobs, and 78% felt valued by the organisation. On a supportive environment & looking after emotional wellbeing, 90% said they knew where to get help if feeling worried or stressed. 74% said the Adults senior leadership team was visible and engaged (also 44% for Directorate managers and 30% for the CEO).

Overall survey trends:

The Staff Health Check survey in 2022 was far more detailed, making it harder to pick out trends. Not all of these will be related to Covid as significant effort has also gone into improving practises over recent years.

- There's been an increase in respondents feeling their skills and knowledge as a social worker are utilised, evidence-based and valued by their team, from 76% up to over 90%.
- Supervision & support: generally positive trends. In 2018, 38% of staff responding did not feel supported, whereas a very high 98% did feel supported in 2021, and 91% in 2022.
- Workload management: surveys cover this differently: in 2018, 63% of staff reported caseloads were mostly manageable. In 2022, 67% felt their current caseload was manageable or just about manageable – an increase despite high demand pressures.
- Only a small number of staff had to cancel training in 2018. In 2021, 79% reported having to cancel training, leave or work in their own time due to workload, and 69% in 2022 - staying high, due to high demand (may partly be as a result of Covid) vs. available capacity.
- Training: there remain concerns of fewer opportunities for Adult training than the Children's training offer. More peer knowledge-sharing, within and between teams, was suggested.
- IT skills: during 2021 when Covid required its more frequent use, a high proportion of staff reported confidence / competence in IT systems, but this has significantly decreased again.
- Morale & job satisfaction has generally increased from 80% enjoying their job in 2018 to around 97% in 2021, this has reduced again to 81% feeling enthusiastic about their jobs in 2022, though other measures around feeling valued remain higher.
- Satisfaction with communications with & visibility of senior staff has improved from 55% in 2018 to 75% in 2021 and 74% in 2022.

- In terms of safety, this wasn't asked about in 2018. 94% felt safe from Covid in both 2021 and 2022, and 97% said that the organisation protected them from infection risk, and were supported formally & informally, emotionally and with technology. In 2022, the detailed survey highlighted opportunities for increased creativity, and efficiency & best practise in terms of Covid adaptations which worked well and could be continued.
- However, in 2022, 52% did not feel safe when lone working, highlighting a need for risk assessment and more support, especially for out-of-hours workers.

Public hearing

3 DBC staff attended the public hearing, one occupational therapist and 2 social workers.

One social worker was doing a Step Up to Social Work placement during Covid, the other joined in 2021. They both spoke together about their experiences. All staff were sent to work from home, there were no visits to care homes, all assessments & provision were by phone in the early stages of the pandemic, all were worried about service users. Key points:

1. Each privately operated care home had a different interpretation of (changing) government guidance. The **social worker became the overseer / primary contact**: Families getting frustrated with social workers as a result. Different rules for care homes and hospitals.
2. **Covid welfare checks were of variable usefulness for those with cognitive impairment** - didn't understand why they were being called. Reliant on if they could pick up the phone, or use Lifeline. Not practical to do holistic person-centred assessment if you can't see them.
3. **Safeguarding** – staff could go into care homes and families' homes later with PPE, but early on there were window/doorstep visits. Some things e.g. assessing capacity, **you can't do through a window**.
4. A lot of people don't come out of hospital completely fixed – the **RIACT (reablement) team** are doing a very good job.
5. Staff pay, conditions & morale: The **care sector in Darlington is on its knees, they can't get enough people**. (Amazon offered a £1000 incentive initially.) It's hard work, high responsibilities, long hours, people need an incentive, also TLC themselves. With the NHS struggling, this results in a greater drag on Adult social care. They're STILL dealing with Covid and its aftermath, **firefighting**:
   a. High levels of referrals (no normal summer lull for last few years),
   b. very limited care offer,
   c. hard to recruit,
   d. increased complexity, so
   e. **not getting to the preventative aspects**.

   They're doing lots of initial assessments (not so many reviews). They used to be able to get care packages quite quickly, now there are often significant delays. Staff get frustrated that they don't have and can't get the answer. They as staff often don't know all the services available until they have a relevant case, so they often find out only as needed. They always continue until they got to the answer, but there may be a delay.
6. **Reliance on voluntary services is increasing** for early intervention services, trying to do more with less **- but their funding is decreasing**, will it continue next financial year? Makes service vulnerable. They're also **SO reliant on informal & family carers**.
7. Knock-on effects / complexity: People deteriorate because of the impacts of Covid. Lose job, mobility, lots of people **abused alcohol due to isolation**, e.g. having to place people in care homes because they can't take care of themselves due to alcohol, which de-skills them. There's lots of "dual diagnosis" e.g. "Alzheimer's with alcohol issues", it is having an impact on care providers. **Complex cases did occur before but in far greater numbers now**. Can we promote more interventions to reduce this need? We Are With You can't do home visits – a problem for people who can't get into town. The Access team are very good.
8. Issue of **people not asking for care because they don't know it exists** – so being missed. We need more advertising about Adult Social Care, and what it is, what help people can get.

Address outdated connotations around social work: "Children's services take away your kids, Adults' put you in a care home". How to find people who need help? Darlington Connect. Perhaps need drop-ins in places like councillor ward surgeries? The realisation that people need help is often the first and hardest step.

9. Regarding increases in smoking, drinking & drugs during the pandemic, whether We are With You could help, they don't do outreach, people present to social workers.

10. **The biggest issue is self-neglect** – trying to access to deep-clean in hoarding cases.

11. Wider impact on staff – the team moved from Central House to the Town Hall. There were **time savings by not having to travel to every meeting**. But Teams ethics: support was accessible, but if the person had a "busy" red dot on Teams, could you contact them?

12. For **new starters**, it was **difficult to integrate during Covid**. Only 2 people were allowed in one office, so hard to learn the processes, gain experience & support necessary. But they're a supportive social team.

13. Morale depends on the team you're in. For the person who started in 2021, every meeting they went to, another person was leaving, then the manager. **Home-working has enabled staff to work for another council - staying in Darlington, but getting better pay**. However, recruitment & retention has turned a corner – now no shortages for OTs or Lifeline. **Not enough trained social workers across the country.** Is a more experienced person more likely to move on? Is social work mentioned as a career option in education? Undergraduate training, DBC have their Step up to Social Work programme.

14. Ongoing training provision is improving, but **still a large discrepancy between Adults and Childrens services CPD training**. A lot more scope for holistic therapies.

15. Workload varies per person, they refer back to manager if it's too much.

16. Feeling valued: they **"found the Care Badge an insult"**. From their peers, they're supported by the team, managers & wider care sector. They do get complaints more from families.

17. Wider learning and best practise sharing – do we share it with other local authorities, to try to deal with things as best as possible?

18. Risk to health from Covid: They got PPE, but social workers doing visits <u>didn't</u> **have access to Covid tests** (needed for the job). No regular access to tests until July 2021 (home visits started Spring 2021), then had to order their own as individuals (2 boxes at a time), or obtain from care homes. It caused delays if they had to test at a care home: wait 30 mins for result.

19. Other impacts: workers off sick, it's still impacting staff – a carer can't work if they get Covid. Volunteers, carers, domiciliary staff now get statutory sick pay – there's a **risk of people not testing if they won't get paid**. It is slowing down things like getting care packages, which is now very hard. Delays getting people out of hospital to home or care homes.

20. **Continuity of care <u>couldn't</u> be maintained**. They could only do so much / were restricted in what they could do, then couldn't always get people to help. It was very difficult – everyone was feeling it. They were so reliant on people's families & informal carers during that period. Not always possible for a carer to move in if they were a frontline worker (putting the vulnerable person at greater risk). **They always felt like they were letting people down**.

A third member of staff works as an occupational therapist, in the occupational assessment team, usually doing blue badge assessments in the Customer Services centre. They were sent home before others due to asthma, having already been working from home periodically.

21. They experienced difficulty – anxiety "off the scale" – with no anchor point. Initially they were temporarily involved in making welfare calls to help other teams, which worked initially, but they rapidly showed that lots of people were not coping, which exacerbated the anxiety, so this staff member was unable to work for a period, and required crisis intervention. **AbleFutures helped in supporting them to stay at work**.

22. Staying in touch with the team was hard, it was previously very cohesive, social. They were able to meet in a park, socially-distanced, and have Teams quiz nights. Hardest was not being allowed to be in the office for contact with the team.

23. They lost a colleague in the OT team to Covid – until then, they didn't register how serious it was. A lot of staff in OT had anxiety, but continued to do visits for adaptations, home visits.
24. In 2019 the workload increased to include hidden disabilities, they keep doing **telephone-based assessments** – it may not be THE best way of assessing it, but gets it done.
25. There were **issues obtaining PPE initially**, also MedEquip equipment – drivers ill with Covid, so staff **had to go and collect and deliver medical equipment**. Colleagues were managing PPE as they could e.g. storing it in someone's garage. They were NOT feeling safe, people were frightened. No staff stock: **had to order lateral flow tests themselves.**
26. Nobody has found the "new normal" yet – the office has moved twice, so it's changed the morale, but they do socialise quite a bit.
27. They **buddied up in Covid**, as it wasn't realistic for the manager to phone everyone daily. They used an **"ask twice" policy** so they were not just relying on visual cues that people are ok, as these can be misleading. They got better at looking after each others' mental health.
28. APT/ACT team – with new starters there is normally lots of chat, low-key social gathering – it is harder to bring people in online. People rallied around and helped. But in an office-based team with others you're able to share expertise, information, tips more easily.
29. They **wouldn't consider going to work for other authorities as HR were brilliant**, with their graded return to work, and **excellent support**, really appreciated it.
30. Anything that could have been done better: No, nothing – **they were very well supported**, it was the wider situation, not the local / work situation that caused the anxiety, and very little could have been done about that. There were **staff wellbeing videos about resilience** on the DBC intranet, **staff champions** who work to maintain mental health. They felt very supported, managers were very good. They feel very valued because of the support that is in place. Personally they feel better for the future, are vaccinated, did get Covid once (it was bad, but not too bad).
31. In terms of continuity of service, there was **one delay to blue badges** when the company which produce them had a Covid outbreak, but other than that, service continued throughout.

Public hearing key points:

- Social worker became the sole/key contact for families, coordinating care: high pressure.
- Some things can't be done remotely: capacity assessments, safeguarding, in care capacity breakdown continuity of care couldn't be delivered – they did the best they could.
- Telephone-based services may not be best for all e.g. Covid welfare checks for those with cognitive impairment, but helped maintain continuity of care for blue badge assessments.
- Struggling with recruitment, under-paid for level of responsibility, work getting harder.
- They're still firefighting so not getting to preventative aspects of social care.
- Reliant on third sector for early interventions: very vulnerable due to threats to funding.
- Complexity of cases increased, particularly due to abuse of alcohol. More self-neglect.
- Need to improve advertising of social care: help available, public perception & outreach services to reach those in need.
- Home working enables staff to work for better-paid local authorities without moving house. Excellent staff support & training / CPD opportunities help retain staff. Wider best practise sharing need? Step up to Social Work helps to bring new staff in locally – turning a corner.
- Access to PPE and LFTs was critical requirement to the job, social workers were on the front line and needed stocks in order to maintain safe service – government priority list.
- People who don't get paid when sick are less likely to test, continue to spread Covid keeping sickness in the sector high – government policy.
- Innovations: staff buddying, champions & resilience support to maintain mental health.
- Still to find "new normal" after move to more remote working – harder to integrate new starters & share knowledge with team, but more socialising possible again.

2. Commissioned Services ASC staff questionnaire

The first issue to highlight is that respondents were mainly managers of care homes, rather than more "frontline" staff. This may be due to inadequate advertising to other staff members, time constraints / priorities etc., but must be borne in mind. However, many managers did become very hands-on, so may have answered "globally". At least one also have a domiciliary care element to their business, so could comment on that aspect of ASC service provision too.

Summary of Survey responses

The survey received 13 responses. The majority (9, 69%) worked in the care home sector, with 2 respondents (15%) working in domiciliary care, 1 (8%) in mental health, and 1 (8%) in extra care. All were Managers, except one who was a regional manager. Clearly, they may have a different perspective than frontline workers, but they should be well aware of the challenges faced by their frontline staff. 8 of 10 who responded to the equality and diversity section were women, all white, no disabilities, and 5 of those 10 were 45-59, with the remainder distributed around that most frequent age. All but one had professional qualifications, in management, health and social care, or both, and one was a registered nurse. All were permanent staff – so the survey did not capture experiences of agency staff in the sector. There was a good spread of timespans that they had worked for their current employer, with the largest proportion (4 respondents, 31%) falling into the 0-5 years range. However, most – 6 people, 45% - had been working in the sector for more than 20 years, with a further 23% having worked in the care sector for 16-20 years. This may be expected for Managerial level roles, but one or two people each had been working in the care sector only 0-5, 6-10 or 11-15 years.

Asked whether their role changed as a result of the pandemic and its lockdowns, 5 respondents (38%) said it did not change, 3 people (23%) said it changed in a way which was neutral (neither good nor bad), whilst 2 (15%) said it changed in a negative way. 3 respondents (23%) said their role changed in a way which was positive. 6 comments about the impact on the staff member: two covered increased stress on staff and residents/family, one having mental health impacts, others mentioned lots more paperwork, the need to provide health information to staff as well as service users, and the inability to receive training. One said a positive impact was they no longer had to spend long hours travelling to meetings, leaving them with more time to do other responsibilities to a good standard. Comments on the impact on service users (and carers/families): 2 highlighted residents not being able to have visitors, one commented on the lack of training. However, one respondent said there was no impact on the people they support. 2 people said it was positive: one that it increased health education, and another that as they had to help in the different services, so they could find out what wasn't working well to improve that area. For example, it helped them to identify when the information they held about a service user wasn't good enough to support that person, and fed this experience back to management, so they had a better understanding of what it was like for an agency worker coming to the service for the first time.

Asked if they would have changed / done anything differently, regarding the changes required due to Covid, one would not have stopped visits as they've seen lots of residents decline; one person wanted to reduce the paperwork – that there were lots of external agencies wanting the same statistics; one said it was important for training to continue; a fourth said they should have a choice about attending meetings face-to-face or via Teams, as 3hrs round-trip isn't good use of their time.

Of 11 respondents, 10 (91%) said their workload increased during the pandemic period, with only 1 (9%) saying it stayed about the same. Nobody said their workload decreased. Asked if this was manageable, 4 (36%) said it was, but 7 (64%) said it was not. Comments left about why it wasn't, 3 people mentioned extra pressures such as hard work, long hours and stress due to staff sickness / changing staffing levels, two saying they had to cover shifts in frontline services as well as their usual work - increasing working hours and leaving little / no time off; one mentioned testing, managing visits and communication via electronic devices; 3 people listed constantly changing guidelines and needing to do risk assessments; also additional paperwork around Covid testing. Asked if these changes to their role affected service users, 9 people responded, 5 said their

specific role change didn't affect residents, however 3 commented around wider changes and workload affecting the amount of staff time available to spend with service users. Another stated (apparently from a domiciliary care point of view) that there were changes to visits, reduced times, and alternative times allocated. One respondent felt in some cases they had let care users down, but at the same time understood that they had to keep the people in their care safe. 2 people commented specifically on their role: that patients saw an increased focus on physical health, and legal framework around community access; and that they were carrying out audits on services to ensure people were supported well, spending time with service users getting involved in new activities, seeing them more engaged and proud of achievements.

On the impact of Covid on their work, all 10 respondents said their organisation appropriately protected staff from risk of Covid infection, and that they had continued to practise in a strength-based way. 9 if 10 said they had felt safe during the Covid / lockdown period, that supervision sessions continued during Covid, and partnership working had a good impact during Covid – in the latter case one respondent was unsure. 8 of 10 felt supported informally, and training had been able to continue. 7 in 10 had access to technology to help them work at home if relevant, though 3 in 10 said this was not relevant.

The majority felt they had received adequate supervision/support, with all 10 saying they'd received support on service user feedback. 2 in 10 felt they didn't have enough support in workload management, and one person for each hadn't received enough support on compliments and complaints, training requirements, or personal learning & career development.

All 10 staff who responded, said they had worked in their own time, or cancelled leave or training due to workload pressures. None said they'd taken sick leave due to the impact of stress at work, however 7 in 10 said they had not taken sick leave due to the impact of stress at work. This may have been "interpretable" wording of the question, or a worrying suggestion that staff were working whilst ill due to work pressures. One person commented that there's been a huge impact on their lack of work-life balance over the 2-year Covid period: they are burnt out, questioning their role and considering leaving the profession.

Having said this, in terms of staff feeling valued and supported, all 10 respondents said they feel valued in their organisation, and informal support is valued in their service area. 9 out of 10 said they feel cared for by their line manager, they're encouraged to take regular breaks away from stressful situations, informal discussions and peer-to-peer support is encouraged in their team, they feel positive about working for their employer, and about providing commissioned services for Darlington Borough Council. However, 4 said they were not encouraged to take regular breaks away from a computer screen, and 6 said there were things they'd change about their job if they could during the pandemic period. Of things they would have changed, 3 mentioned reducing paperwork, 2 stated spending more time visible in services / supporting other staff, changing the policy on compulsory vaccination (now removed), not stopping family visits, receiving information on guidance changes sooner – before public announcements, a wage increase for carers to reflect the vital work they do, spending less time travelling to meetings, and wishing they hadn't had to be flexible with their leave due to staff shortages & sickness. All 10 said they are able to contact someone to discuss urgent issues, 9 in 10 are satisfied with their job, expect to remain in it for the coming year, enjoy their job, look forward to going to work, and feel their job is valued by service users. Only 7 in 10 feel their job role is valued by Darlington Borough Council (but 2 of the remaining 3 were unsure either way). Concerningly, 7 in 10 feel stressed, and 4 in 10 feel overwhelmed in their job. Only 5 in 10 feel their job is valued by wider society, with 2 feeling it is not valued, and 3 being unsure.

On asking about staff engagement, all 10 felt well supported, informed and consulted about proposed changes, however one felt their views / concerns weren't adequately listened to around any proposed changes, or their feedback/opinion listened to after service changes, and another was also unsure on the latter.

8 of 10 respondents said that there was nothing more that Darlington Borough Council, as the service commissioner, could have done to improve the situation during the pandemic: 3 of these said that the support they received was excellent. 2 suggested better recognition and thanks to staff working tirelessly – one that this should have been financial (distributing excess Covid funding received), the other that it could have been financial or communicating with individuals personally to thank them for their work. Asked how they felt about providing Adult Social Care services to Darlington Borough Council, all who responded were positive, using words such as confident, excited, supportive, understanding, listened-to, they "couldn't ask for a better team" to work with, "supported fully, and comfortable seeking assistance/advice", and one stated that the pandemic had improved relationships. However, 2 commenters mentioned that the fee rates paid are not high enough to reflect the true cost of care, and one mentioned struggling to recruit as a result. The other recognised this was a government issue rather than the council. 4 commenters added final information, mentioning the impact of their workload needing to be recognised, that it was very difficult and their small team is very proud of what they managed to achieve. 2 mentioned the high pressure and stress of the job, particularly *"The social care sector will struggle to keep staff in the current climate. Pay doesn't reflect the skills they need to do their role. They give medication, deal with health issues, support with finances and usually work over their contracted hours to try and ensure consistent support. After over 35 years in this sector, I'm looking for a less stressful role."*

Survey key points:

The survey was only completed by managers, so may have missed some perspectives, however, from that snapshot we can learn that:

- Only 15% felt their role changed in a negative way as a result of Covid / lockdowns, with more (23%) feeling there were positives.
- 91% said their workload increased. 64% said their workload was not manageable. There were high levels of stress (60%) and overwhelm (40%), extra hours to cover gaps in shifts / staff sickness etc., having to work in their own time, cancel training or leave.
- Most felt well supported by their employers, feel valued, enjoy their job.
- But stress and long working hours have left a few considering leaving the profession and concerned at pay levels to recruit new workers.
- Only 50% feel their role is valued by wider society, with a further 30% not being sure.
- Action on staff's concerns and feedback might be improved when changes must be made in one case.
- Government should have streamlined paperwork, given advance warning on guidance changes or been clearer so not such a need for risk assessments.
- On support from Darlington Borough Council, 80% felt there was nothing more the council could have done to improve the situation, 20% suggested thanking staff with extra pay, or personal thank you's to workers. All felt positive about delivering services for the council.
- 20% said fees didn't cover the true cost of care, causing financial problems for them, and affecting recruitment. Government needs to increase funding to raise pay in the sector, to reflect the skills and vital work done, increase morale and thank workers for their efforts.

Public hearing:

Managers of one care home attended the public hearing. It's a small care home (Moorlands) with 19 beds, and had no vacancy when the Covid outbreak occurred. Key issues they reported were:

1. When the outbreak happened, they had to take patients, but could take extra precautions with them. **As the care home was already full**, they didn't take in any new residents, or lose any. **No Covid case until 2021 after residents had had their jab and booster** (so much lower impact). The NHS were trying to send people to them without a test – the care home had to ask them to document the date & time of the Covid test, as some proof they'd done one.

2. **Staff retention is an issue**: they've been covering shifts, **not had a full rota for 3 years**. But they haven't had to use agency staff. However, everyone chipped in, they saw the **managers living-in, morale increased** – they felt very valued for a short time, but now it's dropping off – feel forgotten & "flat" again. They socialise together to keep morale up now.

3. Mask-wearing: the first summer, they had lots of trouble getting stocks – they wore them the whole time for 12hr shifts. Had no colds, flu, sickness in past 2 years, but lots of rashes etc. They had to **ration masks – one per shift (4hrs) during which staff couldn't have a drink, touch the mask** etc. as had to make them last. Now it's not so hard as able to source them better. They once paid £4000 for a box of 1000 masks. They were having to spend a long time to find cheaper masks: "it was like buying on the black market!" Initially, there were a lot of short-term incentives to recoup costs, but nothing available now. The home were still testing and wearing PPE later than everyone else (Dec 22). Since then, people have started picking up bugs and getting anxious.

4. Fair Cost of Care review: Management put many hours into it, now it's shelved.

5. They felt **well supported by the council** - had daily telephone calls 7 days per week to offer support, and helped to arrange activities when appropriate, it was brilliant. They always felt they could pick up the phone to the council. N.B. living in the care home, it helped to speak to someone outside. The PCN provided free counselling for the care home.

6. There were issues with **delayed medication delivery** due to short-staffing by suppliers – it's an ongoing issue, sometimes only getting medication in a day before it is required (insufficient time for checks, training etc.).

7. The biggest issue was **food supplies** – they were ordering online via supermarkets (which worked for them as a small home), but were not eligible for vulnerable slots. They got a deal with Iceland to buy more than the normal quota, but had to fight for this. They never ran out of food, but there was worry of what could happen.

8. They were keeping staff safe, but it was not ideal. It was as much down to good luck as good practise. Living with fear of what might happen.

9. The government "guidelines" were guidance, homes always needed to risk assess on the needs of their residents. The guidance ALWAYS stipulated that you could have end of life visits for anyone in the last year of life. **Their care home <u>never</u> stopped end of life visits**, but staff were waiting for a finger to be pointed! The managers heard horror stories, but families of residents in their care home were on board with the actions & precautions they took. It was Ken Ross in Public Health who was pragmatic about people entering the home.

10. In terms of workload, there was LESS to do but it changed – they were not dealing with trips out, or families so much, but there was extra cleaning, full PPE changing took extra time, taking food round to residents who wanted to stay in their rooms.

11. The rate of depression amongst residents soared through residents staying in rooms - they were also losing fitness. However conversely, it brought out some innovations e.g. making a music video. It was good for relationships with the council and other partners.

12. Staff wellbeing was ok - as good as could be expected. There was good morale. Some staff initially shielded which pushed up the workload for others. Older staff have stepped back now. Staffing levels are currently adequate.

13. Recruitment is so difficult – when you're desperate it's easy to take "just anybody" on board, even if you know they're not really interested / invested in the job. The amount of job applications is a huge challenge – now get 40 applications for each role, only half answer the phone, only a few turn up for interview. This is probably because people have to prove that they've applied for a certain number of jobs, but it wastes their time sifting through them – **a negative impact of Jobcentre rules**. What's been more successful is a **£250 bonus for people who could recommend a friend or family member to work there**,

14. Because it's low waged, care work is classed as "unskilled / unqualified", however there are 14 or 15 mandatory training courses people have to do before they can work in the sector. It's valued very much by the residents and their families, but on a national level, they don't feel the sector is valued.

15. On integrating new starters, they recruit already-skilled staff or work with DBC's apprenticeship programme. They found new staff integrated better than before as it was more hands-on.
16. Residents also bonded really well too, as they weren't seeing their families as much. They got help with iPads etc. – they didn't accept but were offered it. Residents' families purchased an intercom so they could speak to residents in the segregated visiting room that was built from their store-room (with access from exterior).
17. What could have been done better:
    a. More **clarity from central government**: it was often very vague guidance given, they had to do their own risk assessment – which placed all the risk and work onto care homes - and throw it out every time something changed.
    b. They felt forced to sign a contract saying they HAD to accept Covid positive people. It was just fortuitous that they didn't have to accept people from hospital at the riskiest time because the home was already full.
    c. The Nursing team put DNR (**Do Not Resuscitate**) orders in place for all 19 residents – this was definitely not person-centred.
18. Continuity of care WAS maintained, but mostly down to luck.
19. They also have a domiciliary side to the business, 40-50 staff, no cross-over between them:
    a. They found it was **taking longer** trying to **get shopping** for the service users, and **put PPE on**. But there was no traffic on the roads so it was quicker & easier to get about.
    b. It was lonely / **isolated being a domiciliary care-worker**. They were always available on a mobile phone, but staff lost the ability to come into the care home and have a chat, vent & act as a drop-in centre. They had to collect PPE from outside.
    c. There has always been a higher turnover in the domiciliary side of the business, nobody specifically left due to the Covid situation.
20. They **didn't get government guidance before anyone else – this was not helpful** as they were having to respond to queries from families immediately announcements were made, when they couldn't have a plan in place immediately to respond - it often took them a day or so to risk-assess the situation. Caused upset / frustration.
21. They did try to do Teams / video calls, however some residents didn't have the capacity to interact with it, thought it was a (pre-recorded) video of their family and didn't understand that it was live. It was seen as a novelty that they enjoyed for the most part.
22. It's changed some of their working practises e.g. Teams – it has freed up time to attend meetings and deal with residents, so more likely they can attend than if they had to travel.
23. It is now very hard to get a doctor to visit – they have a multi-disciplinary team (MDT) visit annually, from the PCT they get more support. They are not lacking in medical care in general, it's more a generational issue where people insist they must be seen by "a doctor".
24. NHS workers got slots at supermarkets, but care home staff sometimes couldn't get food.
25. It was a legal requirement that people working in care homes had to have the **Covid vaccination**, but when this requirement was rolled out to the NHS, government back-tracked. This caused resentment: they lost some good staff who refused to have the jab.

Public hearing key points:

- It was mainly down to luck that the home was full that they didn't suffer a Covid outbreak and were able to maintain care as they did.
- They needed prior warning of changes to government guidance, to risk assess it.
- They always maintained end of life visits.
- They were well supported by the council & the situation improved this relationship
- They struggled to obtain food and PPE – care homes should have been defined as priority.
- Staff retention & recruitment is challenging, but morale was high, now dropping away. The perverse impact of Jobcentre rules wastes their time dealing with excess applications. More successful to offer "refer a friend" incentives.

- Issues imposed – contract re. accepting Covid patients, DNR orders, vaccination legal requirement (but dropped for NHS): resentment & concern.

3. End users of Adult social care (& their families / carers)

Summary of Survey responses

It is important to highlight that there were only 19 responses (this reduced during the relatively long survey), so any comments can only be indicative. The number of respondents to each question are listed. The majority of respondents were official carers, or other people who help informally, only 26% were adult social care users themselves.

A wide range of services were used: home adaptations, reablement, respite / temporary stay in a care home, permanent moves to a care home, extra-care facility or sheltered accommodation – some will have used multiple services. The largest proportion (63%) of respondents used in-home domiciliary care. Of 15 respondents, only 1 in 5 were dissatisfied with the service received, with almost 60% extremely satisfied or satisfied. 10 comments were left on this topic: 4 were overall positive. One raised significant delays in receiving home carers, so their relative had to go into a hospice (and never received home care). 4 raised issues of communication (between different staff / departments regarding care needs resulting in difficulties, with hard-of-hearing / deaf care users who could not hear, and another who could not lip-read due to staff wearing masks, lack of willingness to communicate with a service user during a "sitting service", and lack of contact with family members awaiting a care service), or that care was disjointed. Concerningly, 2 mentioned basic care failings (ensuring fluids to drink were left nearby, adequate cleaning of commode), and 2 mentioned variability of time, professionalism / care, and knowledge of the care user's situation by staff. One stated that carers did not turn up, another that only 1 turned up when 2 were required so the care task could not be completed (yet notes implied it had been done).

62% of respondents said their quality of life during the Covid period was very good, good, or alright – but 38% said it was bad, or so bad it could not be worse. Similarly, 62% said care and support services had helped them / the care users have a better quality of life during the Covid period, while 38% said it had not. Of the 4 comments left on this topic 2 related to the care user feeling isolated, one stating the person was left alone in a care home. One sought extra services over-and above the personal care received, which were not given (speech / conversation and exercise / physio resulting in the person cared for being left "locked" and stiff). Another comment mentioned communication issues – it being hard to contact the RIACT team, varying professionalism, and that they found their care worker to be very poor.

In terms of choices over care, 8 of 13 respondents (62%) said they had enough choice in their care, 1 said they didn't need choice, but the remaining 4 (31%) said they didn't have enough choice. Of 4 comments left, one listed being unable to obtain care, another to having no choice of care due to capacity issues during Covid (so their family member had to move out of the area, and be moved many times), one related to an issue with a particular carer who the family didn't get on with so didn't want to visit (it didn't say whether this choice was respected / enacted or not).

Asked whether care recipients received "as much as they could want", or "adequate" access to all elements of a good life, 13 of 19 responded, and 9 (69%) of these said the care recipient had good levels of both control over their daily life, and feeling safe (in their home or outside). 10 (77%) said this was the case for both being clean and presentable, and getting enough food and drink at times they wanted / needed it. 11 (85%) said this was true for the comfort and cleanliness of their home. These are all high, but still leave significant minorities who felt they (or the person they cared for) did not get enough, or any of these elements of life. 8 people (52%) said they had high or adequate levels of contact with people that they like, but only 6 (46%) said they could spend a good amount of time doing what they enjoyed. The latter two categories are likely to have been severely impacted by lockdown rules, but could the adult social care system could have done more to combat this, or provide suitable alternatives?

It was stated that adult social care services helped 85% of people to be clean and presentable, 77% of care-users to have control over their daily life, to have a clean and comfortable home, and to spend time doing what they enjoy. They help 69% to get adequate food and drink when they need it, to feel safe, and to have contact with people they like. Again, whilst high, these figures leave a significant minority who did not feel that adult social care helped them or the people they care(d) for to achieve these things. Of 4 comments made on this topic, 2 stated they could not get care that was needed, another mentioned the variability in amount that carers cared about the role / for the service-user, and a final comment mentioned carers not being careful enough with a fragile bed-bound care-user, causing bruising and pain, and missing areas when washing them.

On the psychological impact of receiving adult social care, 13 people responded, with 7 (54%) saying it helped them to think and feel better about themselves, 4 (31%) said it doesn't affect how they think or feel about themselves, but 2 (15%) said it undermines the way they think or feel about themselves. Probing this further, 8 people (62%) said that the way they are helped and treated helps them to feel better about themselves, and 3 (23%) said the way they're helped or treated doesn't affect how they feel about themselves, but 2 (15%) said the way they're helped/treated sometimes undermines the way they feel about themselves. 2 comments were left on this topic – one related to communication being essential, higher pay being required, and learning from best practise in other countries; the other that staff wore masks so the care-user didn't know what they were saying (presumably deaf / hard-of-hearing), and needed them to wear see-through visors.

On ease of finding information or advice about services, support or benefits that was new to them, 31% (7 of 13 respondents) had never tried to find this type of information. 6 (46%) found such information difficult or very difficult to find, with only 3 (23%) finding it easy or very easy to find. This should be a key aspect to seek to improve for the council.

Regarding finding out information about changes to support, services or benefits that they already received as a result of Covid, of the 13 respondents, 2 (15%) said they never required this type of information, 6 (46%) said they were kept well informed in a timely manner, or fairly well informed within a reasonable time. However, a further 5 (38%) said they were kept badly informed in too long a time, or they were not kept informed and had to chase up / find out information themselves. Again, this should be a key learning point for the future, to always ensure care users are kept well informed of any changes necessary.

62% (8 respondents of 13) said there were negatives to the changes required as a result of Covid, however 38% (5 respondents) said there were not. If people thought there were negatives, they were asked to state what these were: of the 7 comments left, one related to being unable to obtain care, 2 related to poor communication and/or support, one related to being unable to lip-read through face masks, and 3 related to not being able to get out, or see family resulting in isolation. One comment stated that testing patients should have been required before moving between hospitals and care homes, and not being moved so much. 10 respondents (77%) said there were no positives from the changes due to Covid. However, 3 people (23%) said there were positives, or options that they would like to see continue. Only one comment was left describing these, of healthcare working together across the board.

Comments were asked for around things we as a council should learn, or that might work better. 5 responded: one said they didn't know what the service was like before as they only became a service-user during Covid (so couldn't compare back). One stated that better communication was required, and easy access to information with more resources in one place; another said carers needed to look back at previous logged comments about the care-user to look for changes during the day; one had 2 separate experiences of using the RIACT/re-enablement team but found them both stressful due to lack of communication, and lack of knowledge by the social worker. Another commenter said training and communication needed to be kept up to date, that feedback was needed from all sides (employee and patient or their carer) to create a "snag list" that there are issues with that must be dealt with, so as to work together to resolve problems.

People's health status was asked about, as this may have influenced their earlier responses. This breakdown is provided in the image to the right.
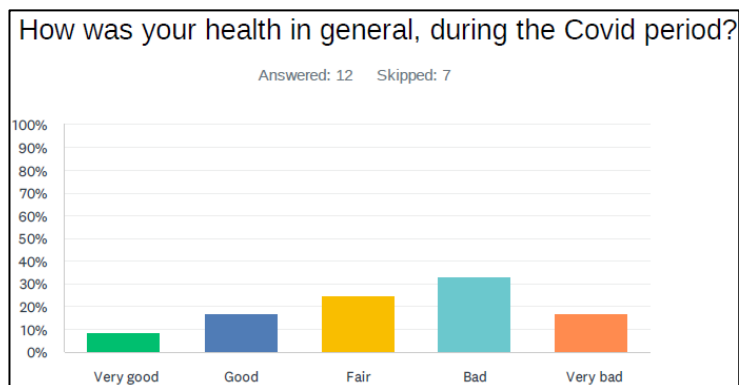
2 of 12 respondents said they had no pain or discomfort, but 5 (42%) said they had moderate pain / discomfort and a further 5 (42%) had extreme pain or discomfort. 7 of 12 respondents (58%) stated that they were moderately

How was your health in general, during the Covid period?

Answered: 12   Skipped: 7

anxious or depressed during the Covid period, with 4 (33%) reporting they were extremely anxious or depressed, and only 1 person (8%) stating they were not anxious or depressed.

In terms of the respondents' needs, of 12 respondents, 8 (67%) could usually manage to feed themselves easily, with only 2 (17%) saying they had difficulty doing this themselves, and 2 (17%) saying they could do this by themselves. In terms of mobility, 7 (58%) respondents said they had difficulty both getting around indoors, and getting in and out of bed or a chair by themselves, with 3 people (25%) saying they couldn't do either of these things at all on their own, and only 2 (17%) saying they could easily do this. For dealing with finances and paperwork, no respondents said they could do this easily themselves, and 3 (25%) said they had difficulty doing this on their own, but 9 (75%) said they could not manage this at all by themselves. For cleaning themselves, 8 of 12 (67%) said they could easily wash their hands and face, but 2 (17%) said they could do this with difficulty and 2 (17%) said they could not do this themselves. 6 (50%) could usually use the toilet easily by themselves, but 2 (17%) had difficulty, and 4 (33%) could not do this at all, alone. For dressing and undressing, only 3 (25%) could do this easily on their own, 4 (33%) had difficulty, and 5 (42%) could not do this by themselves. To wash all over, using a bath or shower, only 2 (17%) reported being able to do this easily, with 5 (42%) reported having difficulty doing this themselves, and 5 (42%) saying they couldn't get fully washed on their own.

Suitability of people's homes can also impact their care needs. 5 of 12 (42%) respondents said their home meets their needs very well, and 3 (25%) said their home meets most of their needs, but 2 (17%) said their home meets only some of their needs, and 2 (17%) said it is totally unsuitable for their needs.

Behaviours during the Covid period were asked about, again of 12 respondents, 7 (58%) said they didn't leave their home at all during the Covid lockdowns, and 6 (50%) said they didn't leave their home at all during the entire Covid period. (One person clearly ticked both boxes.) One comment left on this topic stated the person is bed-ridden.

Asking about help received, of 11 respondents, 1 (9%) said they received no practical help on a regular basis from anyone else. 4 people (36%) said they got regular help from someone living in their household, and 6 people (55%) said they had help from someone living in another household.

6 of 11 respondents (55%) said they did not pay more to top-up care during the Covid period, but 45% said that they did buy more care and support at their own cost. Of this small sample, nobody replied that they had reduced their care, or stopped it completely due to Covid risks.

Survey key points:

Generally, end users were satisfied with care, but repeated comments were made about:

- **Carers who "didn't really care"**, did the minimum – improved training & monitoring need,
- **Poor communication** between different carers / teams can result in serious problems: care system needs to work holistically, to be well-informed and person-centred.
- The full or partial **unavailability of care** that was needed to keep people well for longer.
- **Lack of knowledge by social workers**, training on solutions available may be needed.

Recruitment issues, and the high workloads & stresses of working in Covid won't have helped, but makes it all the more critical to get processes right.

- **Adjusting care to patients' needs** is important, e.g. for deaf or hard of hearing: PPE changes may be required to enable communication and reduce feelings of isolation.
- **Isolation was a key issue** for many, finding ways to keep people interacting with others maintains their mental health, and helps physical health too. Highlight best practise to provide engaging activities & conversation to care home and domiciliary care recipients.
- **Keeping service users and their families well informed** was important if services changed, especially if home carers couldn't visit, and for **those waiting for care**.
- **Many found it difficult to find information**, particularly for services that were new to them, so improving ease of finding this (via website and phone signposting) is important.
- Service users appreciated seeing the **care and health sectors working closely** during Covid and want to see it continue, and want to see **better integration between teams** / departments within adult social care.
- Suggestions made to make a **"snagging" list** to address between end-user / family and care provider, so they **work together to improve service**.
- End-users' inability to manage finances / paperwork, and unsuitability of some of their homes may be issues that they will need assistance with to help reduce care needs.

Public hearing

A couple, who had both lost their parents during the Covid period:

His mum was diagnosed with terminal cancer at Darlington Memorial Hospital (after a fall at home) the week before Covid lockdown. She was moved to St Teresa's Hospice, where she was found to have Covid (source unknown, untested in hospital), moved to Barnard Castle. Then a race to get her back to Darlington before she died. She eventually got a place in Rydal care home, then Eastbourne care home where she died in summer 2020. Key findings:

1. **She should never have been put into the hospice without testing** – guilt that his mum maybe caused the outbreak at St Teresa's hospice (reducing capacity due to staff sickness).
2. **Lack of capacity / availability of spaces in Darlington**, hence her having to go elsewhere.
3. Family weren't allowed to go and see her because of Covid, even gowned-up, before she died. **In terminal circumstances, provision should have been made to let family in**.
4. **Safety vs. duty to care**: His mother was on her own from diagnosis in March to her death in August (was meant to have a carer in the room) – **she was scared**. She tested positive for Covid for the whole period until she died. Once in Darlington they could see & speak to her through 1" gap in window, sitting in the car park – no physical contact, purely small-talk until the day she died as you can't really have a serious conversation in that situation.
5. **Staff were great**. Everyone was learning and frightened. He felt staff were shattered. But they were jolly in Eastbourne care home & cheered her up – did her hair & sent photos.
6. **They weren't contacted during her last hours of life** – they were told she had died during the night – only then they did they get to sit with her body for 20 mins. Staff couldn't touch her after she'd died due to their Covid regulations.
7. **Individuals weren't at fault**: systemic failures & inflexibility of protocols they had to follow.
8. **Communication is key**: Hospital & St Teresa's were great, but while she was in Barnard Castle there was no communication – they only got updates through a friend of a friend who worked there! **Better communication is needed**, especially when someone has to be moved out of town. They <u>were</u> told when she was moved.

Her dad had dementia, and had care assistants. He didn't believe her about Covid. He kept falling at home so they got equipment (camera) installed to monitor him. He went into Wilton House after a fall, then later into Dalkeith House (sheltered living). He died during the Covid period. Key points:

1. They were struggling to get him food & make meals. **AgeUK food service were excellent**!

2. He kept falling down the stairs at home – they got a camera fitted to see if & how he had fallen. No delays re. getting MedEquip equipment fitted to help prevent future falls – **innovative & useful ideas**.

3. He had carers attending – some were professional and truly cared, others only did the basics, it was just a job – need to find a way to find & keep more of the former.

4. When he was in Wilton House, they managed to get him downstairs – they had a section of the dining room cordoned off with perspex, so she could visit. Later she could visit with PPE (apron and mask). **Much more human interaction possible**. When she got him into Dalkieth House, there were staff around to care, she couldn't fault it.

5. **Lifeline were very good** – if you pressed the buzzer, you got a phone call, once they unplugged the landline and got a call on the mobile phone - all worked very well.

6. It's about knowing where to look / go for help for families – **need a one-stop-shop to help to identify services**. (Age UK suggested to them where to try.)

7. They had a **problem with Inform All / Tell us Once system** – it DIDN'T work seamlessly when it came to registering his death.

8. It took too long to work out rent owed for his flat – 6 months after his death they finally got a bill! **It would help with the grieving process for DBC to calculate rent dues promptly!**

Public hearing key points:

- Testing should have been prioritised before moving people into care homes.
- Is care capacity in Darlington adequate? (Could restrictions due to Covid sickness repeat?)
- End-of-life visits for terminal issues should have been facilitated – government guidance.
- One-stop-shop required to help users / families find services they need.
- Better communication was needed with families, especially when they couldn't visit - but facilitating safe visits is best.
- Issues with Tell Us Once and delays in Housing Services billing for rent need resolving.
- Thanks to excellent social workers, AgeUK, Lifeline, Eastbourne House, Wilton House, Dalkeith House.

4. Healthwatch report

This report also covered elements of Adult social care, although much of it relates to the healthcare sector. Many similar concerns were raised as in the information gathered above, particularly:

- Good communication, keeping people informed of changes or access to existing services
- Digital exclusion from being kept up to date, or finding information about services, for those not online
- Service users wanted to see more availability, to improve access to services,
- Need for face-to-face visits in some circumstances, rather than telephone contact (mainly but not solely for medical appointments).
- Wearing masks causes barriers to communication for some service users with hearing impairment – need to find solutions to this.
- Ensure that carers and loved ones are not overlooked - they can provide invaluable emotional and practical support to patients (especially in appointments),
- Support for mental health of care users

Conclusions

This period was highly traumatic for many, characterised by illness or risk / fear of it, limited PPE and lateral flow tests, and even access to food, and isolation for many staff, and service users, and changes, restrictions and interruptions to their care. Whilst staff morale was kept high during the Covid period, it is now dropping as is their perception of value to the wider public, and as the heavy workload and stress may result in burnout for some. Given this, the sector is in surprisingly good shape, with local measures to recruit and retain social workers being successful, but private sector services are still struggling to recruit, and need assistance to get on a sustainable footing.

20% of end users were not satisfied with the care that they received, and a further 20% were neither satisfied nor dissatisfied – this is rather high, and only 62% felt care provided helped them to have a better quality of life – so checks are needed to ensure care is good quality and meeting end-users' needs. 38% of those cared for felt they were kept badly informed, in too long a time, which suggests a key need to improve communication and processes. **Communication & training** are key aspects requiring improvement from service users' point of view.

Recommendations

For national government:

- **People should not have been discharged to care homes without testing** (or worse, homes told that they'd been tested when they hadn't): seeded outbreaks in care homes.
- Essential care staff doing home & care home visits should have been prioritised for LFT tests and PPE. Care homes also sometimes struggled for PPE.
- Government needed to make **clear guidance** / rules for care homes, **with less room for interpretation**, so there wasn't so much variability between them. Especially:
    - o Rules on terminal & end of life visits which should have been maintained.
    - o Pre-warning of changes in the rules, so they could prepare responses to the public.
- Care homes themselves, and essential care staff should have been **prioritised for food** (in person and online), by liaising with supermarket sector.
- Overwhelming feeling that the **care badges were offensive**, many are still in the envelope – so also a waste of money.
- Recognition that people who won't get sick pay are less likely to test & isolate – **statutory sick pay for all workers** would cut spread of illness & speed up care plan delivery.
- **Revive Fair Cost of Care review**: Increase in pay is needed, to improve recruitment, retention, reduce workload and improve status of social work and make it sustainable.
- Greater funding of councils is required to cover the necessary increase in Adult social care costs, and so they can provide secure funding for third sector organisations they rely on for outreach, early intervention and support services.
- Jobcentre rules have increased numbers of applications for social care roles, yet most don't want the job, wasting staff time sorting them – this perverse incentive should be addressed.
- Review of concerning / coercive issues during Covid – contract re. accepting Covid positive patients, Do not resuscitate (DNR) orders, and compulsory Covid vaccination – the latter was retracted before being rolled out to the NHS, but resulted in some good carers leaving.

For DBC:

- **Communication is key** – ensure processes are set up to contact end-users & families promptly / at regular "touch-point" intervals, to keep them informed of what's going on & how their relative is - essential to feel connected, especially for those placed out of town when visits were not allowed. Also regular updates to those **awaiting care** & facing delays.
- Social workers must check back to ensure care is (fully) meeting end-users' needs, if they need further care or referral, and that they're aware of the choices available.
- **Care must be holistic and cohesive**, seeking to keep people well physically & mentally, not just address their immediate, e.g. personal care, needs. More types of care may need to be offered. Better integration is required across departments / teams including NHS.
- Would greater (care home) capacity in Darlington mean people didn't need to be sent elsewhere? Or severe restrictions on service due to staff illness, unlikely to reoccur?
- Very high demand, high level of vacancies in care providers due to sickness & recruitment issues (& low pay), significant delays in obtaining care packages – firefighting, not getting to long term / preventative actions. Need to **ensure preventative aspects are tackled**.
- Greater case complexity: DBC need to reach people sooner, **outreach to find those with complex needs** & signpost to early intervention services to reduce future service needs.

- People being missed: advertising of what services are available and help change attitudes. A **One-Stop-Shop** is required for care needs – Is **Darlington Connect** meeting this need?
- Improve information available via Darlington Borough Council Adult Social Care website, and telephone call handlers – factsheets, referral pathway etc. Provide factsheet on extra or additional help on the website, should people need top-up care.
- Ensure Tell Us Once system works, and Housing bill promptly for rent dues.
- Consider provision / signposting to further assistance services around finances/paperwork, and ensuring people's homes are suitable for their needs, or helping them to move. Liaise with Planning to ensure more disabled adapted homes are built.
- Greater training of social workers in the options available, so they're not only finding out about them as they are needed, to help them advise on and find solutions for end-users.
- Assist community and third sector services relied upon to assist with ASC outcomes, to obtain steady funding by providing direct grants, commissioning service contracts with them, or providing assistance in relevant funding bids e.g. via Healthwatch DOT network.
- Significant numbers of staff still cancel leave, training or work in their own time due to workload pressures – further action is needed to reduce this.
- Concerns raised over safety when lone-working, work required to improve training, risk assessments, and manager availability to provide support, especially out of hours. Could the staff mental health buddy system used in Covid, be adapted for this?
- Staff appreciate the mental health & HR support in place, this helps with staff retention. Ensuring pay remains competitive relative to nearby local authorities will help too, especially now home working means they can work anywhere in the wider region.
- Continue to support the care sector, nurturing relationships improved by the close working of Covid daily calls and support.
- Would the council consider starting its own care provider service, to increase capacity have more control and address some issues raised: recruitment, retention, attitude, and reduce costs of care?

For the commissioned services sector:

- Communication is critical, to service users and their families, to inform of any changes, or if carers cannot attend,
- Maintenance of end-of-life visits could be managed safely and was greatly appreciated by service users and their families,
- Care tasks should be clearly & fully described, with regular supervision/review to ensure carers know what is expected, to avoid misunderstanding.
- Request feedback from service users to check care is meeting their needs, pick up on those carers who lack professionalism (cut corners / do the minimum) during (annual) review, with training for those who lack knowledge. End users/families recommend making a "snag list" to work together to improve care.
- Ensure adaptations are made to care as required by service users' communication needs e.g. wearing a visor / face shield to care for someone who is hard of hearing rather than a mask, for best outcomes and to reduce their feelings of isolation.
- Urge best practise sharing for best quality and cost-effective care, and good staff morale, particularly around care home resident engagement, reducing isolation and associated deterioration
- Continue to work closely with council on recruitment issues.

In general:

- Much appreciation was shown to all the staff who worked through this period despite everyone being frightened: care home workers, domiciliary staff, Lifeline, council social workers & voluntary organisations such as AgeUK.

- Ask the Director of Adult Social Care to pass on Recommendations relating to national government to the appropriate department.
- Work with local care providers to disseminate the Recommendations relating to them.

References

Quad of Aims – or include in Appendices if needed / not able to refer directly to link

Link to Healthwatch Darlington Pandemic Experiences report

Appendices (or links to website as appropriate)

1. DBC Adult Social Work staff Health Check survey results November 2018
2. DBC Adult Social Work staff Health Check survey results July 2021
3. DBC Adult Social Work staff Health Check survey results 2022-23
4. Questionnaire responses (summary) for Commissioned Services staff
5. Questionnaire responses (summary) for ASC end-users and their families/carers
6. Notes of meeting on 04/11/22 containing questions for hearings
7. Notes from public hearing session [anonymised], staff, commissioned services & end-users mixed in together.