

REVIEW OF ADULT CARE SERVICES DURING COVID TASK AND FINISH GROUP

1.00pm - Friday, 24 February 2023
Via Microsoft Teams

PRESENT – Councillor Holroyd (in the Chair); Councillor Curry and Councillor Layton.

OFFICERS IN ATTENDANCE – Paul Dalton, Elections Officer (Democratic Services).

The following issues were discussed:-

- Members heard from End User [REDACTED]. [REDACTED] advised Members that his mother had been diagnosed with terminal cancer in the week prior to lockdown, and believes that she contracted Covid whilst in Darlington Memorial Hospital, although his mother was not tested in hospital. His mother was then transferred to St. Theresa's Hospice where she was tested and it was determined that she had Covid.
- There was subsequently an outbreak of Covid in St. Theresa's Hospice, and as the hospice staff could not cope with the volume of ill patients, [REDACTED] [REDACTED]'s mother was removed from the hospice. Unfortunately, no alternative accommodation could be sourced locally, and [REDACTED] [REDACTED]'s mother was placed out of town in Barnard Castle. [REDACTED] was unable to visit or see his mother during this time, and his mother was on her own for much of the time. [REDACTED] received no information directly from the home, and only received updates regarding his mother through a friend of a friend who worked there. [REDACTED] felt that he should have been allowed to visit if he was 'gowned up', and that provision should have been made for those with short-term, terminal illnesses.
- [REDACTED]'s mother was then moved again, however nowhere in Darlington could take her, even though social workers were trying to get her back. Eventually, a place was found in Rydal Care Home, and subsequently at Eastbourne Care Home.
- Staff at Eastbourne Care Home permitted [REDACTED] to see, and speak to, his mother through a one-inch gap in a window (from the car park), however there was no physical contact, and it was purely small-talk, with no meaningful conversation, until the day [REDACTED]'s mother passed away. The only time [REDACTED] was in the same room as his mother following her hospitalisation was for twenty minutes after she passed away.
- [REDACTED] believes that the communication from the Darlington Memorial Hospital and St. Theresa's Hospice was great, however he received no communication from the placement in Barnard Castle.

- In terms of timescales, ██████████'s mother was moved into St. Theresa's Hospice in March, and passed away in Eastbourne Care Home on 6 August 2020, having been moved on four occasions. ██████████ does not blame staff at Darlington Memorial Hospital or St. Theresa's Hospice, as the situation was new to everyone and measures were not in place at that time to deal with the pandemic. ██████████ acknowledged that everyone was learning and that people, including staff, were frightened. ██████████ observed that staff were tired throughout the period, however noted that the staff at Eastbourne Care Home were particularly upbeat, doing their best to cheer his mother up, doing her hair, sharing photographs, etc.
- ██████████ does not believe that the individuals that he dealt with were at fault, however feels that there were systemic failings and an inflexibility in the protocols that people were required to follow.
- Members then heard from End User ██████████, who reported on her father's experience during the pandemic. ██████████ stated that her father struggled in terms of obtaining food and preparing meals, however Age UK became involved and the family couldn't thank them enough. ██████████'s father also had carers attending to him at home – some staff seemed to have the 'magic touch' and provided a professional service, whereas others perhaps only did the basics and 'were there just because it was a job'.
- ██████████ arranged for equipment to be placed into the house to assist her father, and a camera was installed so that the gentleman could be monitored. The gentleman would fall down the stairs, and they could therefore see how he had fallen enabling MediEquip to provide the appropriate equipment, and thankfully there were no delays in getting it fitted.
- After one fall ██████████'s father was admitted to Wilton House. A section of the dining room was cordoned off with perspex screens, to allow visits, so ██████████ was able to visit her father. Subsequently, she was able to visit him wearing PPE (an apron, mask, etc.). ██████████'s father was eventually moved into Dalkeith House (sheltered accommodation), so staff were on hand to care for him.
- ██████████ recognised and acknowledged once again that Care Home Staff were being asked to work in a new and rapidly changing environment, however felt that the key points from their perspective were that communication could have been better (especially when relatives were placed out of town and visits were not allowed); greater provision in Darlington, so that individuals did not need to be displaced during such a traumatic event; and the ability to visit those in the end stages of life should have been permitted (it was acknowledged that ██████████ was able to visit his mother, however this was in the later stages of the pandemic).
- ██████████ were both keen to praise Lifeline, stating that they were extremely responsive to ██████████'s father.

- A further issue was knowing where to find information and signposting additional help. Age UK again provided some assistance in this regard. [REDACTED] [REDACTED] also reported issues with the Tell Us Once system, following the death of [REDACTED]'s father.
- Members then heard from [REDACTED] and [REDACTED], Social Workers with Darlington Borough Council. [REDACTED] advised that she was part of the 'Step up to Social Work' programme at the start of the pandemic. [REDACTED] stated that at the start of the pandemic all staff were sent home, with there being no visits to Care Homes, no-one knew what was going to happen, and staff were worried about the service users.
- [REDACTED] reflected on how unfair on Care Homes the response appeared to be, with rules eventually relaxed in hospital, but not in Care Homes. It seemed that there was one rule for one, and one for others. [REDACTED] [REDACTED] also commented on how different Care Home interpreted Government guidance differently, leading to differing approaches. Individuals and families were getting frustrated with Social Workers because of the situation – Social Workers became the primary contact – though Social Workers recognised that the frustrations were not directed at them.
- Social Workers undertook Covid welfare checks, however the usefulness was variable for people with cognitive impairment, who didn't understand why they were being called. [REDACTED] stated that it was not practical to undertake a person-centred assessment when you can't see one another.
- Later in the lockdown period, Social Workers were permitted to enter Care Homes and family homes with PPE on, however there were still a lot of window / door-step visits, but some elements of the job, such as assessing capacity, cannot be done through a window.
- It was reported that the after-effects of the pandemic were now being seen, and this was also having an impact on the service. Many residents have abused alcohol due to isolation, and are no longer capable of looking after themselves requiring further support. Members were also informed that the Care Sector 'was on its knees', with huge issues in terms of staff recruitment and staff retention. Many staff from the Care Sector were being attracted to better wages and incentives in other sectors (the £1000 incentive from Amazon was cited), for perceived easier work. It was mentioned that the NHS was struggling as well, and this resulted in a greater pull on Adult Social Care to make up the shortfall. The staff feel that they are still fire-fighting:
 - Lots of referrals on a daily basis;
 - Limited Care offer;
 - Lack of recruitment;
 - Complexity of needs has increased;
 - Not getting to the preventative aspects;

- They do lots of initial assessments, however are reliant on voluntary services, such as 700 Club, to provide early interventions, and on informal carers and family carers. Concerns were expressed in relation to the financial support provided to these services, and whether this would come to an end at the end of the financial year. It was stated that services are trying to do more with less, and it was noted that residents used to be able to get Care packages quite quickly, however now there were much greater delays.
- Attention turned to how changes had affected the wider staff. During the pandemic period the Social Services teams relocated from Central House to the Town Hall. The use of TEAMS has saved time, with staff no longer having to travel to each meeting.
- Discussion ensued on staff morale, and it was stated that it very much depended on the team a Social Worker was in. ██████████ stated that he started working for the local authority in 2021, and it seemed that at every meeting there was another person leaving, and then the Manager left. Support was accessible via TEAMS, however managers were often 'busy' (red dot).
- Another competing factor was the fact that you can work for other councils from home, whilst physically remaining in Darlington, however receive better pay – home working has enabled this. ██████████ did suggest that he felt things had recently improved. There were currently no shortages, and teams were full.
- ██████████ stated that he felt sorry for Care Homes due to the varying guidance. ██████████ felt that lots of people were being missed, and not asking for care because they don't know that it exists. In his view there needed to be more advertising about Adult Social Care – not just about the staff but also what it is, what help people can get. He also felt that there was a need to address some of the outdated perceptions of a Social Worker.
- Councillor Layton noted that there had been an increase in smoking and drinking during the Covid pandemic, and wondered whether the 'With You' team could support social workers in reaching out to people.
- It was recognised that there was a risk to health in terms of the work undertaken by social workers during the pandemic, though it was acknowledged that social workers could obtain PPE, but that there was a struggle to obtain Covid tests, with tests not regularly available until July 2021. Needed LFT's to be able to do the role, so had to rely on own access to tests.
- It was noted that staff absence was still having an affect and impacting on all social services; that continuity of care was not maintained due to staff being absent with Covid; and that actions weren't necessarily maintained or accepted, staff were just doing all that they could.

- Members then heard from [REDACTED], who operated a small Care Home [REDACTED], and who had managed to ensure that there were no Covid cases within their Care Home until 2022. Members were informed that during lockdown, the Managers moved into the Care Home – they didn't lose any residents or take in any new residents during this period. If they did have a vacancy, [REDACTED] stated that they would have been made to take someone, whether they were positive or negative.
- [REDACTED] stated that the biggest problem that they have faced was staff retention, and noted that they had not had a full complement of staff for three years. It was stated that the morale of the team had gone up, however staff did feel forgotten and flat after Covid.
- [REDACTED] advised that they still lived in, tested regularly and wore PPE. Masks were worn for 12 hour shifts – asthmatics would have found it impossible – and this had only just relaxed in December 2022. For two years the home had no colds, no bugs, etc., however now everyone was picking up bugs and getting anxious. Staff weren't allowed to touch masks during a shift. For eight hour shifts there was one change after four hours. Once had to pay £4000 for a box of 1000 masks. Initially there were a lot of short-term incentives to recoup costs, however there is nothing now.
- [REDACTED] felt that they were supported really well, and received regular telephone calls. Masks weren't always bought from the same supplier – some were cheaper, however worse than others. [REDACTED] experienced no really shortages – as a small home they were able to get shopping from local supermarkets – didn't run out and managed to keep people safe. Being a small home worked for them, though did live in fear.
- [REDACTED] were asked about the wider staff. [REDACTED] recognised that the guidelines were only guidelines, and they never stopped end of life visits – carers were waiting for the finger to be pointed, but were very lucky. [REDACTED] spoke to all families and heard horror stories, however the families of the residents of Moorlands Care Home were on board with the actions and precautions put in place by [REDACTED].
- [REDACTED] were asked who they spoke to regarding the processes around end of life, and they advised that the first port of call was Public Health, in particular Ken Ross, who was particularly pragmatic about people entering the establishment. On the whole, the Council was very supportive, they rang daily seven days per week to offer support and helped to arrange activities when appropriate. Within the Care Home the workload was less as there was less to do – no trips out, no family visits, etc., however time was filled with cleaning, changing PPE, etc. Even made their own music video!
- Members enquired as to whether there was anything further that could have been done, or whether there was anything missing. [REDACTED] felt not, and were grateful for the support from Darlington Borough Council and Gordon Peacock. Members asked how the staff were, and received

assurances that the staff were as well as could be expected. It was reported that some staff had initially shielded. Members enquired if staffing levels were adequate – ██████████ advised that staffing levels in the home were currently adequate, however reiterated their concerns in relation to recruitment. ██████████ stated that they, and the staff, felt valued by residents and their families, and locally, but not necessarily at a national level.

- In terms of things that could have been done better, ██████████ would have welcomed greater clarity from Central Government – guidance was vague, and ██████████ had to do their own Risk Assessment, which placed all the risks and work onto care homes. ██████████ felt forced to sign to say that they would accept Covid positive people. Nursing teams putting DNR (do not resuscitate) Orders in place for all nineteen residents, which did not feel person-centred.
- Continuity of care was maintained, however ██████████ did feel fortunate that they were not forced to take anyone.
- **Domiciliary Care** - Were able to meet continuity of care to 40-50 people, no staff crossover, but found it was took longer to get shopping in for residents, putting PPE on, etc.
- There was a high turnover in terms of domiciliary staff, though no-one left specifically due to the Covid situation.
- Domiciliary staff did not receive Government guidance prior to anyone else, and this was not helpful. Staff were having to deal with residents and their families immediately after the advice was issued, when they did not, and could not, have had a plan in place to respond to it.
- Other issues included Teams/Video calls, as some residents didn't have the capacity to understand the technology and thought it was just a video of their family recorded previously.
- It has changed some working practises, especially the use of TEAMS meetings, which has freed up time to deal with residents.
- Members met ██████████, Occupational Therapist, who undertook the Blue Badge Assessments in the Customer Services Centre. ██████████ was already working from home periodically, however was sent home to work as she suffered from Asthma. ██████████ admitted that her anxiety was 'off the scale'.
- ██████████ was tasked with taking welfare calls, however this revealed that lots of people were in crisis, and this exacerbated ██████████'s own stress levels, leading to her taking time off work and requiring crisis intervention.

- ██████ adopted strategies to get back to work, however found it hard to remain in touch with work colleagues, after previously being in a very cohesive and social team. The team started meeting in the park, socially-distanced, and holding quiz nights on TEAMS. ██████ found it difficult to not being allowed to be in the office for contact with the team. ██████ praised the HR Team at Darlington Borough Council, who had worked with her to get her back to work, and back with the team. ██████ reflected on the fact that she had lost a colleague in the Adult Social Care team due to Covid, admitting that when she thought about it, it did trigger sadness.
- Members were keen to know whether ██████ was back at work conducting her usual role, which she confirmed, and explained that she undertook other duties too. ██████ explained that she was still undertaking assessments by phone, which worked for now, however was possibly not the best way.
- ██████ stated that she observed lots of anxiety within her team, however team members continued to undertake visits for adaptations, home visits, etc.
- ██████ reported that there were issues obtaining PPE initially, as well as Medequip Equipment collections, as drivers were off with Covid, so team members were having to go and collect and deliver medical equipment.
- Team Members buddied up in Covid, as apparently it was not realistic for the Manager to phone everyone daily. They were also told to “ask twice”, as it’s not so relying on visual cues that people are OK (as that can be misleading). ██████ felt that the team had got better at looking after each other’s Mental Health.
- ██████ reflected on new starters who started during the Covid period noting that there was normally lots of chat, low-key social gathering, however stated that it was harder to bring people in on-line.
- ██████ felt that there was nothing that could have been done better. She was very well supported – it was the wider situation that was the major cause of her anxiety, and ██████ recognised that there was nothing much that could have been done about that.
- ██████ felt colleagues were managing PPE as best they could, noting that some were storing it in their garages, etc. to dish out to others. She stated that they were NOT feeling adequately safe, and that people were frightened. Staff were having to order LFTs themselves individually.
- ██████ stated that she now felt better for the future she informed Members that she was vaccinated, did get Covid once, and that it was not too bad.

- In terms of continuity of service, there was a delay to Blue Badges when the company that produced them had an outbreak of Covid, however other than that there was continuity of service throughout.