

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

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Introduction

The aims of this Task & Finish Group work were:

- To assess the views of Adult Social Care (ASC) staff (DBC & commissioned) and end users (& their families) of the changes that had to be made because of Covid and its lockdowns.
- 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

The way we gathered information was by:

- Work was already underway to assess Darlington Borough Council's own ASC staff wellbeing, as part of routine assessment. Comparisons were made between before (2018), during (2021) and after (2022) the pandemic period.
- Questionnaire to commissioned staff & ASC end users, adapted from DBC staff survey, so results might be comparable. Advertised in One Darlington magazine in Nov 2021, and via council's social media & website.
- Public hearing, on 24th February 2023. T&F group members drafted questions to ask as a structure, to flesh out experiences detailed in the questionnaire. DBC's ASC staff were also invited to participate in this session.

Summary of Findings

1a. DBC Staff - Wellbeing Surveys (2018, 2021, 2022)

Not all trends are linked to Covid: effort has been made to improve practises

- More staff feel their skills & knowledge as a social worker are used (76% to 90%+).
- Improvement in staff feeling they had good supervision & support (62% up to 98% & 91%).
- More staff feel caseload is manageable, despite high demand pressure (63% to 67%).
- Large increase in staff having to cancel training, leave or work in their own time due to workload pressures. This remains high (“small number” to 79%, 2021 then 69%, 2022).
- Enduring opinion that there’s more training available for Children’s than Adult Social Care.
- IT confidence & competence reportedly increased during Covid, but now dropped again.
- Morale & job satisfaction increased 80% to 97%, now dropped again to 81%.
- Satisfaction re. communications & visibility of senior staff increased 55% to 74-5%.

Summary of Findings

1b. DBC Staff - Public hearing (1)

Personal experiences of 3 staff - 2 social workers, one OT, from Covid period to Feb 2023:

- Social worker became **key point of contact** for families, coordinating care: high pressure
- Some things can't be done remotely: capacity assessments, safeguarding. In a 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 to 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 (always) getting to **preventative aspects** of social care.
- Reliant on **third sector** for early interventions: very **vulnerable** due to threats to funding.
- Case **complexity increased**, particularly due to abuse of alcohol. More self-neglect.

Summary of Findings

1b. DBC Staff - Public hearing (2)

- Need to **improve advertising of social care**: greater awareness of 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 testing** 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.
- **Government sick pay policy** (for all, incl. private sector) - people who don't get paid when sick are less likely to test, spread Covid so sickness & risk level in the sector still high.
- Innovations: staff buddying, champions & **resilience** support to help 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.

Summary of Findings

2a. Commissioned services staff - Survey

The survey was only completed by (mainly care home) managers. From that snapshot we can learn:

- Only 15% felt their role changed negatively from Covid / lockdowns, 23% felt there were positives.
- 91% stated **workload increase**: 64% said it wasn't manageable. High stress (60%), overwhelm (40%), extra hours to cover gaps in shifts / staff sickness, had to work in own time, cancel training or leave.
- **Stress & long hours** mean a few consider leaving care; concern at **pay levels** to recruit new workers.
- Most felt well supported by employer, feel valued, enjoy their job.
Only 50% feel their role is valued by wider society, and 30% unsure.
- Suggested (government) streamlining of required paperwork, advance warning & clarity of guidance changes to reduce need for risk assessment could have helped.
- On support by DBC: 80% felt there was nothing more DBC could have done to help, 20% proposed thanking staff: extra pay, or personal messages. All felt positive about delivering services for council.
- 20% said fees didn't cover the true cost of care - causes financial problems & affects recruitment.
Need increased funding to raise pay in the sector, to reflect the skills and vital work done, increase morale and thank workers for their efforts (government).

Summary of Findings

2b. Commissioned services staff – Public hearing

A couple who manage a small care home of 19 beds. From their perspective:

- 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, e.g. informed patients tested (& negative) when they hadn't been.
- 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.
- Greater risk to & isolation of domiciliary staff
- 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 requiring acceptance of Covid patients, Do Not Resuscitate (DNR) orders, vaccination being a legal requirement in care (but dropped for the NHS): resentment & concern.

Summary of Findings

3a. ASC End-users (& family) – Survey (1)

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: checks & handover process.
- 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 workload & stresses of working in Covid won’t have helped with all of the above, but makes it all the more critical to **get processes right** to prevent / catch these problems.

Summary of Findings

3a. ASC End-users (& family) – Survey (2)

- **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.
- **Keeping service users and their families well informed** (& promptly) 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 (website & phone signposting) is important.
- Service users valued seeing **care & health sectors working closely** during Covid & want to see it continue. Also want **better integration between teams** / depts in 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 some living in **unsuitable homes** may be issues that they will need assistance with to help reduce care needs.

Summary of Findings

3b. ASC End-users (& family) – Public hearing

Experiences of a couple, whose parents both ailed then died during the Covid period:

- 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, with PPE – was always in government guidance, but not always in place in practise – especially in last hours of life.
- Better communication was needed with families, especially when they couldn't visit - but facilitating safe visits is best.
- One-stop-shop required to help users / families find services they need.
- Issues with Tell Us Once, and delays in Housing Services billing for rent, need resolving.
- Thanks to excellent social workers who went above & beyond (MedEquip & innovative solutions), AgeUK, Lifeline, Eastbourne House, Wilton House, Dalkeith House.

Summary of Findings

4. Healthwatch

Report covered elements of adult social care, although much 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

Very difficult period:

- Traumatic; illness & risk / fear of it; limited PPE, tests & food; isolation of staff & service users; changes, restrictions & interruptions to care.
- Staff morale kept high during Covid may be dropping with perception of value to wider public; heavy workload & stress can result in burnout for some.

Sector in surprisingly good shape:

- Local measures to recruit & retain social workers – successful.
- Private sector services still struggling to recruit – need assistance to get on sustainable footing.
- Risk to services delivered by voluntary sector

But always room for improvement:

- Need checks to ensure **good quality & meets service-users' needs**: 20% weren't satisfied with care received, 20% not satisfied nor dissatisfied. Only 62% felt care helped improve their quality of life.
- **Communication & training** process require improvement: 38% felt badly informed & took too long.

Recommendations

1. National Government

- No discharge to care homes without testing (or homes told patient tested when not).
- Staff doing essential home & care home visits should have been prioritised for PPE & LFT tests
- Clear guidance for care homes with less room for interpretation, especially on end-of-life visits & pre-warning of changes to the rules, so they could (risk assess &) prepare responses to the public
- Care homes & care sector staff, should have been prioritised for food
- Care badges were felt to be offensive, not worn, so also a waste of money
- Need statutory sick pay for all workers, so all staff can afford to test/isolate, to cut cost of illness & speed up care plan delivery
- Revive Fair Cost of Care Review – to increase pay, improve recruitment, retention, status of adult social care, cut workload & make sector sustainable
- Greater funding need for councils for increased costs & funding for 3rd sector services they rely on.
- Address perverse incentive of Jobcentre rules – increased “forced” applications, wastes staff time.
- Review coercive issues: Covid care home contract, DNRs, compulsory vaccination (in care, not NHS).

Recommendations

2. DBC's own Adult Social Care services (1)

- Communication is key: prompt & regular “touch-points” with end users & families, keep informed re. care & how service-user is. Regular updates for those awaiting care.
- Checks to ensure care (fully) meets needs of end-users & they're aware of choices available.
- Holistic, cohesive care: keep people physically & mentally well, not just immediate personal care needs. Integration across ASC depts. & with NHS.
- Review care home capacity (& probability of such severe restrictions re-occurring).
- Delays obtaining care packages due to high demand, high vacancy & sickness rate in care providers.
 - Redouble efforts on long-term preventative actions.
 - Consider council's own care provider to increase capacity, control & address some of these issues.
- Greater case complexity: efforts to reach people sooner, outreach & early intervention to cut need. Advertise services available, change attitudes, is Darlington Connect meeting one-stop-shop need?
- Improved info on website & by phone: factsheets, referral pathway, info on extra help/top-up care.
- Greater training of social workers on 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 swiftly.

Recommendations

2. DBC's own Adult Social Care services (2)

- Ensure Tell Us Once system works, and Housing bill promptly for rent dues.
- Consider provision / signposting to assistance services around finances / paperwork, and ensuring people's homes are suitable for their needs, or helping them move.
- Liaise with Planning to ensure more disabled-adapted homes are built.
- Help third sector services which improve ASC outcomes, to gain steady funding: provide direct grants, commission service contracts, or provide assistance in funding bids e.g. Healthwatch DOT network.
- Action to reduce staff nos. cancelling leave, training or working in own time due to workload pressure.
- Lone-working safety concerns - improve training, risk assessments & manager availability to give support, especially out of hours. Could a staff buddy system (as for mental health) be used 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, which they appreciated.

Recommendations

3. Commissioned Adult Social Care services

- **Communication** is critical to service users & families: any changes, or if carers cannot attend,
- Maintenance of **end-of-life visits** could be managed safely & 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 minimum) during review, with training for those who lack knowledge. End users/families recommend making a “**snag list**” to work together to improve care.
- Ensure care **adaptations** are made to 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.

Recommendations

4. 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, and support best-practise sharing.

Thank you – any questions?