# The impact of the COVID-19 pandemic on the wellbeing of UK care home practitioners

## Background

The COVID-19 pandemic has raised particular challenges for care homes, their residents and families, and the staff who look after them. The sector has been heavily impacted and at the start of the pandemic in early 2020, deaths were reported daily in the UK, and it took almost a month after schools were closed before an action plan for social care was published by the government (PHE, 17 April 2020). At that time, many care homes were struggling with sourcing personal protective equipment (PPE), medical care and supplies for their residents, and staff absences were common due to sickness and self-isolation. COVID-19 outbreaks within care homes meant that when hospital deaths began to decline, care home deaths did not (ONS, 12 May 2020). A study conducted at the University of Stirling published in August 2020, found that of all UK COVID-registered deaths, 31% (17,127) had occurred within care homes, and at least 40% were accounted for by care home residents (Bell at al., 2020). Many care home staff build strong and lasting relationships with care home residents, and the COVID-19 pandemic brought a significant increase in the volume and intensity of work for care staff, alongside rapidly changing practice guidelines (IPPO, March 2021). The situation has shifted from the early days of the pandemic where key issues included a lack of PPE, testing of staff and residents, guidance and support. Although improvements to these issues have been made, the ongoing threat of the virus for staff and residents is still very real with ongoing issues such as a shortage and absence of care staff.

In 2015, NHS England invested £5 million in improving staff health and wellbeing, responding to reports that 80% of staff felt that their health and wellbeing had an impact on patient care (Boorman, 2009). Over a third of staff felt unwell due to work-related stress, and almost two thirds reported coming to work despite feeling unable to carry out their duties (NHS, 2015). Poor staff wellbeing and moderate to high levels of burnout have been associated with poor patient safety outcomes (Hall et al., 2016), and the rate of burnout is currently the highest known in both the NHS and social care (HoC, May 2021). The first wave of the pandemic demonstrated how little data was available about health and social care (ONS, 2020), and the government has subsequently acknowledged a previous lack of investment in the sector, pledging to provide additional funds to 'reform' the system (DHSC, 2021).

In addition to its devastating impact on care home residents, the pandemic has seriously impacted the social care workforce, with calculations at one point estimating that workers had twice the death rate due to COVID-19 when compared to the general population (The Health Foundation, 15 May 2020), and that care home workers and home carers accounted for 76% of all COVID-19 deaths within the social care workforce (The Health Foundation, July 2020). Whilst there is some research about the impact of traumatic events such as Hurricane Katrina and the SARS epidemic on nurses and care staff, there is surprisingly little research on the mental health and wellbeing of care home staff. Surveys conducted in 2020-1 by colleagues at Ulster University found that scores for self-reported wellbeing amongst UK social care staff decreased from summer 2020 to winter 2020-1, indicating increased rates of depression and anxiety amongst the staff group (McFadden et al., 2021).

Supporting the wellbeing of care home staff in order that they can care for residents is integral to the normal day-to-day running of a care home, where the inevitability of illness and death understandably lead to heightened emotions (Islam et al., 2017). This is ever more important during a pandemic situation, where stress is further heightened, resources are reduced, and residents are even more distanced from their loved ones.

This project evolved from work undertaken as part of the wider University of Exeter and Care Homes Knowledge Collaboration (ExCHANGE) project, which aims to work with local care homes and associated stakeholders to identify key research priorities in the sector. Care home staff and family members identified the wellbeing of care home staff as an area of key importance in the summer of 2020. As such, this project aimed to capture the impact of the COVID-19 pandemic on wellbeing of care staff. It also aimed to learn what things were viewed to have helped or supported staff during this time, and what had been the biggest challenges. Further, it aimed to capture what things were being done to support the wellbeing of the wider care staff group in care homes, and if this had changed during the pandemic compared to before.

## What we did

Between December 2020 and March 2021, we conducted 15 virtual interviews with care home staff from 15 care homes across England. Those who were interviewed were Managers of care homes (n=13) or staff in other senior roles or care positions (n=2). The care homes varied in size (5-150 beds), type (3 Nursing (1 high-level nursing for dementia), 7 Residential, 4 Nursing and Residential, and 1 Respite care), and Care Quality Commission (CQC) rating (2 Outstanding, 9 Good, 3 Requires Improvement, 1 Inadequate). Ten of the care homes had experienced at least one outbreak of COVID-19 by the time of the interviews, two had cases confirmed in staff only, and three had not had any confirmed cases by the time of the interview. Of those care homes who experienced outbreaks, two reported having lost a third of their residents, five lost 20-25%, and the other two reported that less than 15% of their residents died from COVID-19. In addition, all care homes reported further (confirmed or suspected) cases of COVID-19 in residents who did not pass away.

Based on our initial conversations with care home staff, we identified three key questions that the interviews would focus on:

1. How has the pandemic affected the wellbeing of care home staff?

2. What has helped or maintained staff wellbeing during the pandemic?

3. What are employers doing to support the wellbeing of care home staff, and in turn optimise the care they provide for people living in care homes during the pandemic?

There are numerous definitions of wellbeing in the literature, but all recognise its importance to one's overall health, e.g. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2020). Emotional wellbeing is described by the Mental Health Foundation as 'A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune" (2015). Whilst this research initially focused on investigating emotional wellbeing, responses demonstrated impact on wellbeing more broadly (e.g. physical health, relationships) and our research questions were therefore tweaked accordingly.

Two researchers reviewed the transcripts of the conversations and worked together to agree on a framework to analyse the interviews. This led to the identification of themes and sub-themes under each of the above key questions. We describe our findings below, discussing each of the three questions in turn and highlight some additional findings. Anonymised quotes are used to illustrate the points made.

## What we found

Figure 1 illustrates the three key questions addressed in this research and the themes and sub-themes identified within them. Further details of these themes is described below, along with additional findings identified through the research.
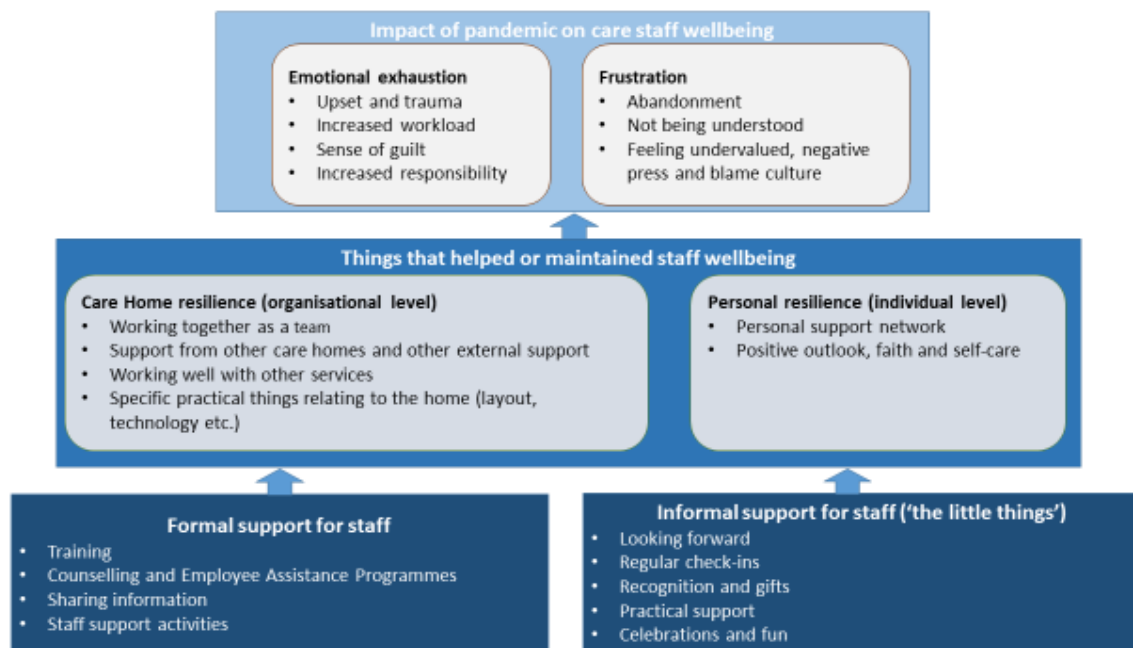


*Figure 1. Key themes and sub-themes separated by research question*

## 1. How has the pandemic impacted on the wellbeing of care home staff?

This research question aimed to capture information about how the pandemic impacted on staff mental and physical health and overall wellbeing. The impact described by all those who were interviewed was overwhelmingly negative; they described increased stress, anxiety and frustration because of factors associated with the pandemic. We explored what those feelings and emotions were, and what had led interviewees to feel that way. The sections below detail some of this information, separated into two main themes: 1) Emotional exhaustion, and 2) Frustration.

### 1.1 Emotional exhaustion

All care staff expressed emotional exhaustion from working in a care home throughout the pandemic. Within this theme we included examples of where staff described experiencing upset and trauma because of their caring role and the experiences they had, a significant increase in workload and working hours, as well as an overwhelming sense of responsibility towards those in their care as well as the staff and family members they worked with, and guilt which linked to this sense of responsibility. Almost all the impact described by staff was negative; there was very little mention of any positive impact of the pandemic on interviewees' wellbeing. Below we describe the sub-themes in more detail, with illustrative quotes.

### 1.1.1 Upset and trauma

All staff expressed feelings of upset, distress, anxiety and trauma because of working in a care home during the pandemic. Many care homes had lost numerous residents because of outbreaks, and some passed so quickly and in quick succession it was difficult for staff to process it all.

Many staff shared that they struggled with being unable to support residents and relatives in the ways that they normally would at the end of life, such as hugging relatives, spending extra time with residents, and attending funerals to say 'Goodbye' to residents who had died. This was mentioned by many as being particularly difficult in the care home setting, where staff and residents know each other very well.

There was also anxiety about letting COVID into the care home and, when residents or staff became unwell, about how ill they would become. The ongoing worry led some staff to their own physical health issues, such as having difficulty sleeping, drinking more alcohol, or having raised blood pressure.

Some staff were concerned about their colleagues and felt that there may be long term negative effects on staff mental health for those who experienced the events as traumatic during outbreaks. Staff expressed feeling drained by the pandemic, as it had been going on for a long time.

For some, the personal sacrifices of not seeing family and friends and isolating themselves so as not to put care home residents at risk added to the upset and stress of the situation.

> *'I think the hardest thing was not being able to hug relatives. You can cry with them if you want, and we can go to the funerals. And all that went. So it was like…we lost our bereavement process. That's what the staff were telling me.'*
>
> *'It is going to scar us for life, to be perfectly honest. I know if I put myself back in the place, on a particular day, I know that I will cry, even now.'*
>
> *'…horrendous dreams…there were many. So even when I went to sleep, I was fighting in a cesspit and trying to get out and all that sort of thing! It was just very similar to what was happening during the day.'*
>
> *'For me, the very worst thing was… I took my children to nursery… the last week of March, and we'd arranged for my husband to pick them up and they actually moved out, and then I didn't see them until we went back at the end of July. In that moment, you know, my babies didn't need me as much as those I have a duty of care to. My little boy was 18 months at the time, and I'd never spent the night away from him... when my little boy first came home, he didn't say Mum anymore. It took weeks. It was really overwhelmingly lonely.'*
>
> *'I know work shouldn't be your life, but the residents are my family… And, yeah, I wanted to kill myself. I'm struggling now… it's hanging over your head all the time; is it going to get in? Yesterday I had a panic attack in the street. It's probably the worst I've ever felt in my life.'*

### 1.1.2 Increased workload

Every member of staff we interviewed said their workload had increased because of the pandemic, and this had led to stress. The extra work involved longer hours and taking on extra shifts to cover staff who were sick or isolating. The additional tasks required because of testing, vaccinations, infection control, and all the associated administration also meant more work. Supporting staff and relatives during this challenging time also required more time and effort than pre-pandemic. Many staff said they had been unable to take time off even when they really felt like they needed a break.

Staff also described how closing their doors to relatives meant that they had to spend more time communicating with them and updating them by phone or email. This was also true for

communicating with other services who would usually come into the home, such as social workers, GPs, etc.

The changing guidance also added to the Managers' workload in terms of reading and digesting it and sharing it with staff.

> *'It was just a case of you go home, you have a shower, you go to bed and then you get up in the morning and you do it all over again.'*
>
> *'But you had literally different people in here every day asking me the same question.  So your time is taken up trying to think about that, and then, also, at the care home, trying to arrange PPE, trying to keep people social distancing, keeping an eye on that.  So it was stressful, definitely.'*
>
> *'Your brain is so saturated, that you cannot retain things. Suddenly you have to learn to do everything.'*
>
> *'At least once in two weeks I write email to them (family members)... because they don't want same email to be copied in because of confidentiality of the email addresses… so I have to send individually. So imagine sending the 66 residents' families, some of them have got two or three Power of Attorneys... they all want... they won't talk to each other, they want you to let them know... Sending individual emails to everyone ... And then they reply…'*

### 1.1.3 Sense of guilt

Staff expressed feelings of guilt in several ways, including if there were outbreaks within their care home and about 'letting' COVID into the home.

Many staff said they felt guilt about not being able to support residents at the end of their lives in the way that they normally would. For many managers, the end-of-life process was very important and care homes had expectations of how they were to support staff, residents and relatives through this process. Some felt that the additional pressures of the pandemic meant that this did not happen in the way they would have liked.

Managers also felt guilty about being emotional in front of other staff and not keeping on top of everything, for letting the staff down when working from home, about staff contracting COVID and being unwell, and about staff losing their jobs because the care home was in financial difficulty.

> *'I didn't keep it together every single day, I have to tell you, which was very hard in front of a new workforce as the Manager.'*
>
> *'One of my staff members…was so ill I thought, 'Oh, we're going to lose them with COVID,' and I was the one that had been telling them, 'Oh, you'll be alright. Get your PPE on and dah da dah.'  It'll be my fault. You know, I think the managers that I've spoken to, a lot like feel like me now, that they're the ones that say, 'Oh, you'll be fine. Get your PPE on.'  Because we've got to. Because we've got to have staff for the residents.'*
>
> *'…And then you start worrying that some of them will lose their jobs, and… it's just you think, 'Oh God, they've gone through all that, and then if I've got to lay anybody off….' I just feel like some days I've got the weight of the world on my shoulders!'*
>
> *'My worst thing that I'd felt that people didn't die here with dignity, because you had to choose who's the next person you're going to help turn, or go into, or sit with, or wet their lips and no relatives. It was exhaustion mixed with a sense of failure because of this with the lack of dignity.'*

### 1.1.4 Sense of responsibility

Most of the staff we interviewed were Managers and their feelings of increased responsibility contributed to a sense of emotional exhausted. Managers felt the need to lead and support their

teams even when they were struggling themselves and described feeling unable to take a break or pass responsibilities to others, all of which contributed to their feelings of stress and exhaustion.

There was a strong feeling of responsibility towards staff, residents and relatives, in terms of ensuring they were supported through regular communications and keeping them informed, personal catch-ups, and maintenance of a positive working environment.

As a result of the pandemic, most of the support usually provided by other services was removed, and staff found that they were suddenly responsible for making decisions and undertaking tasks that they wouldn't have done previously, such as certifying deaths. This also added to the workload of Managers, as noted in 1.1.2.

In addition to this, staff felt a huge responsibility to keep the home running as usual whilst also undertaking additional tasks such as providing things like training for the staff.

> *'I'd worked in the NHS before I came into this role. But there's always somebody there to take over with the next shift… whereas as a care home manager everything stops with you, and that was the hardest thing was that there was nobody else to hand it over to.'*
>
> *'I recall going home once and my husband said to me, 'You're going to die if you don't have a rest,' and I said to him, 'If I die I die,' because I could not leave the residents. That was when people needed me most… It's like somebody in the army. When a war breaks out you don't say, 'I'm going to rest.' You have to give your life. Life on the frontline, isn't it?'*
>
> *'It's been very, very hard to balance the needs of the patients, the needs of the company, you know, the needs of the staff, and then my personal needs as well. And the needs of the relatives, because everybody's got high anxieties. We've still got the Clinical Commissioning Group, which is the commission's expectations that we provide a service. We've still got the Care Quality Commission's expectations that we provide a service, and all the day-to-day things that were going on before COVID are still going on. That's not changed.'*

## 1.2 Frustration

When we asked staff about the impact of the pandemic on their personal wellbeing, all staff reported experiencing frustration. The sources of the frustration varied but included feeling abandoned by other professionals and services and feeling that care-home workers were misunderstood or undervalued.

### *1.2.1 Abandonment*

Almost all staff whom we interviewed expressed frustration about the lack of support provided by other services or the government during the pandemic. Whilst care staff were still trying to do their jobs and care for residents, supporting services including GPs, district nurses, social workers, and other professionals were no longer providing those services in the usual way. Some services became remote, such as video GP consultations and telephone social work meetings, and other services, such as chiropody, just stopped.

Almost all staff experienced issues with accessing basic PPE (personal protective equipment) for staff, such as masks and aprons. This caused tremendous frustration, particularly when compared to the availability of such things for NHS workers. Some staff also described the government providing them with poor-quality or out-of-date PPE (Dyer, 2021), and feeling frustrated that this was allowed to happen and that many deaths may have been avoided if the PPE had been effective.

> *'All of our head office team, who were our support service, no longer could come into the home because they were on lockdown. …the drawbridge was pulled up from every angle. GPs wouldn't come into the home.*

> *District nurses wouldn't come into the home. Tissue viability nurses wouldn't come into the home. We had no chiropody for about six months. You know, just every service pulled up their toenails and just went home, and we're sort of left holding the baby, so to speak.'*
>
> *'We had tremendous problems just trying to source basic things (e.g. face masks, gloves)… it was ridiculous the cost of things. That caused an awful lot of anxiety.'*
>
> *'In the early days I think it was that feeling of abandonment, as well, because, you know, it's well documented now that it was all NHS, all NHS. You know, clap for the NHS and stuff like that. We were forgotten. As a sector… we weren't getting the PPE, we weren't getting the resource, and, unfortunately, as a result of that a lot more patients I'm sure have passed away than probably would have done if we'd have got the resources.'*

### 1.2.2 Lack of understanding

Staff felt that many other professionals, local and central government, and members of the public did not properly understand or appreciate what it was like to work in a care home during a pandemic, the difficulties and complexities involved in keeping the care home running and in caring for residents, and how the COVID-19 pandemic exacerbated all the challenges that ordinarily exist working in this sector (as noted in the background section). Part of this included the constantly changing guidance announced in the media, and subsequently having to manage questions and the expectations of staff and relatives.

> *'It was the collaboration of all different parties. It was just so difficult. Everybody wanted to know the same information. Absolutely ridiculous. And we were reporting, like, digitally reporting what was happening. Surely the one report upwards would have been enough and that could've been shared?'*
>
> *'So we've had no Deprivation of Liberty Safeguards assessors in, no social workers, nothing. They're all working from home. So they phone up and expect you to drop everything and, two hours later, you're still on the phone. And you haven't always got that two hours. That is putting a lot of stress on managers.'*
>
> *'I don't think the government help, because they announce, 'Care homes are now doing this. Care homes are now doing that.' But actually they've not spoken to the care homes! We're about a month behind by the time we get the protocols in place and systems set up. So then you've got families saying, 'Oh Boris has said you can do this. And it's just like, 'Hold your horses, we're not there yet!''*

### 1.2.3 Feeling undervalued, negative press, and blame culture

All staff we interviewed felt that the care profession was undervalued, especially compared to the NHS. Almost all made this comparison and expressed specific issues with how the public were encouraged to 'clap for the NHS' but that social care received a lack of recognition or support. The Clap for Our Carers (https://clapforourcarers.co.uk/) was an official applause that happened weekly across the UK during the first national lockdown in 2020 to thank the NHS for their hard work.

The negative press and media coverage about care homes was also a source of resentment for many, who felt that care homes were unfairly all thought of as the same, and this encouraged a culture of blame. A few staff expressed hope that the pandemic would raise awareness of the dedication and good work of care homes and help to change how they were perceived and treated in the future.

> *'It's exactly what we've always said about us being a Cinderella service and we're just on the end. We're just not even an added thought at times. We're just not there until somebody wants us. I think Government and everybody just don't even think about us. We just don't exist.'*
>
> *'The thing that killed me every week was that sodding Clap for Carers… It was awful. I used to shut the door, sit in my porch and sob. That was the worst point of my week, every single week, for 10 weeks.'*

## 2. What has helped or maintained staff wellbeing during the pandemic?

This question focused more on the practical things that helped or supported staff during the pandemic. Following analysis of the interviews, we separated responses into two themes to cover things at the care home (organisational) level and things at the personal (individual) level. The supportive things mentioned by staff helped them and the care home be more resilient to the events surrounding the pandemic. The following sections describe factors that were associated with 1) Care home resilience and 2) Personal resilience.

### 2.1 Care home (organisational-level) resilience

Staff highlighted several things as having helped in supporting the care home through the pandemic. These included working together as a team; having support from the organisation, the sector, relatives and the community; and some practical things relating to the home. Where these things were noted as lacking, they were described as challenges by respondents, making things harder.

#### 2.1.1 Working together as a team

Almost all staff we interviewed highlighted that pulling together as a team was one of the things that helped them through the pandemic. Many also mentioned that this was a silver lining to the pandemic, in that teams had come together and supported each other and were closer as a result of their experiences. Some noted that the pandemic had allowed some staff to demonstrate their commitment to their caring roles; one interviewee mentioned that some of the staff who 'stepped up' were not the ones she would have expected, and another said that a staff member was nominated for a national recognition award. Specific things mentioned by staff that helped them to work better as a team included:

- Having supportive senior staff to help with picking up shifts and sharing responsibilities where needed
- Staff supporting one another, forming new friendships, keeping in touch, and providing emotional support to each other
- Staff doing things to support the wider workforce, such as making face masks and providing counselling support
- Staff demonstrating their willingness to step up and to adapt to the new work environment, working longer hours, and taking on new tasks as required to care for residents.

> *'Teamwork, I think, is the only thing that's really got us through, is that we've all pulled together and we've been a team. I'm very lucky, I've got a very good senior team in my clinical leads. I was the deputy at the time that we worked really well together, and my unit managers and everybody pulled together to support each other and pick up as many shifts as we could to make sure that we weren't too short.'*

> *'We did have a couple of staff that were quite innovative, and they were quite arty, and they made some masks for staff.'*
>
> *'We're very lucky. We have [name] who's done a counselling course, one of my admin… she is our confidante. She's one of those people that constantly smiles. Never seems stressed or anything. She's my rock.'*
>
> *'They've been wonderful with what they've had to take on, and everybody's had to just do completely different jobs to what we were doing before, really. We never thought we would be working in these conditions and things, but everybody's just adapted to it.'*

### 2.1.2 Support from other care homes and other external support

Staff mentioned support from various sources as having helped them. Some staff reported that specific support from the organisation and management was helpful in meeting both their physical and emotional needs, such as ensuring that staff had access to wellbeing support as well as essentials including food, PPE, and other such equipment.

Another source of support for many of the staff interviewed was other care home Managers. This was sometimes through personal connections, but most often through networks and groups on social media. Staff used these networks and groups to share and source information and guidance as well as to support one another through the difficult time.

Where family members of care home residents were kind and supportive, this was noted as something that really propped up the care home. In addition, a couple of those who were interviewed specifically noted the support they had received from the local community, who had provided gifts and other things to demonstrate their support and appreciation for the staff working at the care home. This had led to new and strengthened relationships with businesses and individuals in the community.

> *'One of the things that's been really good for me as a means of support are online forums for care home managers…I've joined quite a few of those. You start to get an impression across the sector of what other care home managers are experiencing… I think what's been really evident with that is that whatever I've been feeling, I'm not the only one.'*
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> *'Meetings at the council offices… once weekly, and it's really good because you get to talk about your experiences with the other managers and providers in the area, and then they'll have guest speakers. So they are conscious that they want to do something for us.'*
>
> *'The relatives and friends of the people living here have been amazing towards me and my team. I got supportive emails back again, actually, often… that's helped me, I suppose, and my wellbeing. I've shared those with the staff. I've created a sense of us, not that they're outside and not allowed to come in. You know, they've been phenomenal.'*
>
> *'We have been really, exceptionally lucky with the community around here. There's a company up the road… they sort of adopted us at the beginning of the pandemic… got extra masks and things… it was at the time when I couldn't get anything and I was nearly on my knees. Then he fetched a load of chocolates and things for staff and residents… his staff, instead of doing a secret Santa, they all put their money in to get us a massive hamper. So we were all in tears then, and that was a massive boost for morale. Things like that that have boosted us. The kindness of some people, you know… everyday people just being kind just shot us through the ceiling, really! I can't fault the community around here. They've all been amazing. There were even those little stones painted with little messages on our doorstep the kids had done… it kept us going.'*

### 2.1.3 Working well with other services

Where staff reported that external services had been supportive, they said this was something that had helped the home keep going. Some mentioned specific individuals, such as Community Matrons, and others noted that the Local Authority had been very helpful. Unfortunately, there was a lot of variation in how supported staff felt by external services, and the majority interviewed said that this was a challenge for them (see 1.2.1 Frustration: Abandonment). Some mentioned that a positive outcome of the pandemic was recognising the importance of partnership working, and that some of these relationships had been strengthened as a result of working well together. Things mentioned as having been helpful about working together with other services were:

- Acknowledging that there is a mutual need for one another
- Providing access to funding to support the care home, residents and staff, and to ensure the home is as safe as it can be
- Having access to valuable support from other health professionals
- Improving working relationships with external agencies such that future working will benefit as a result.

> *'We have an agreement with the local agency… I know that we will need them, and they know that we will need them. So they've agreed to put a bank of staff aside that will wholly work at [care home] to reduce the risk of COVID.'*
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> *'Our Local Authority has always been really good. I mean we've had loads of infection control funding. We've managed to build a secure pod, we've had renovations done around the home, replacing towels and washable cladding. We've replaced chairs and all sorts. We've had a staff room built and everything.'*
>
> *'I have to say our Community Matron Team held up the service, they propped us up completely… It definitely taught me the importance of joint working, and, like I say, I mean, I just think community matrons now are my favourite in the whole wide world.'*
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> *I think it's brought some organisations closer together… the CQC relationship, for instance. Our relationship with our Commissioners… we're extra pulling together now. They've become more accessible to us… before I might have been a bit more reticent to contact her in that way, and I'd probably have sent her an email. But now I know I can phone her up.'*

### 2.1.4 Other practical things relating to the home

There were some other practical aspects of care-home life that staff said helped them during the pandemic. These included:

- The physical layout of the care home, which in some cases allowed for the isolation of residents who were unwell. In other cases, this provided an added challenge. For example, one manager noted that positive cases of COVID spread quickly in their home as they were unable to separate residents completely due to shared bathrooms. Another manager said that the nature of residents' dementia in their home meant that they could not easily be moved or confined to their bedrooms when unwell to protect other residents and staff.
- The availability of technology to support virtual meetings and contact with relatives. Where this was absent, it was noted as a challenge. For example, one manager mentioned that a lack of access to technology made things particularly difficult in his large home, and that staff had to use his personal phone call the relatives of residents.

## 2.2 Personal (individual-level) resilience

Staff highlighted various things that had provided them with personal support during the pandemic. These included a good support network outside of work, having a faith, having a positive outlook, and engaging in self-care activities. Those who shared they were lacking in personal support or time for self-care felt that this had made things harder for them.

### 2.2.1 Personal support network

Staff said they received support from friends and family as well as other people living in the local community and relevant professionals, such as GPs.

> *'I have to say that they (the neighbours) were an enormous comfort… they waited up for me on a Friday… made food for me… they were amazing.'*
>
> *'I think having a close-knit family is something that's been really helpful… I think without the support of them I certainly wouldn't have still been here doing the job that I'm doing.'*
>
> *'My GP's been brilliant, and he contacts me every so often to make sure I'm okay.'*

### 2.2.2 Positive outlook, faith and self-care activities

A couple of interviewees noted that having a positive outlook and looking for silver linings in an otherwise difficult and traumatic time had helped them through the pandemic. Two staff whom we interviewed said that beliefs and practices related to their religious faith had helped them to cope with the stress of the pandemic. Some staff also mentioned that specific activities that they engaged in that they knew were good for them such as walking to work, being out in nature, planting seeds and watching them grow, and doing crafts. Interviewees said these activities enabled them to 'escape' the day-to-day stresses associated with their jobs. Many mentioned that the things they usually did to unwind or de-stress, such as socialising or attending music events, were not possible due to pandemic-related restrictions and this was an added challenge for many.

> *'What I did very early on was look for silver linings. It was a phrase I hadn't really used before. I did that every day. I've got a silver lining scrap-book that I've made, a photo book.'*
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> *'Being a Christian, I think it's made us all think about things… having my faith has been really important to keep me focused as well.'*
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> *'I've got a Jewish background… I studied the emotion of hope, which I've never done before.'*
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> *'I did a lot of planting of seeds with all my neighbour's children. I could see them growing… that was wonderful for me. I grew vegetables, and I had so many I was giving them away and that was really, really, really good.'*
>
> *'I think one of the other things that I realised the importance of is having something other than work that you do, or that you enjoy. It's been hard, because a lot of things that we've enjoyed doing, we haven't been able to do. But when I get a weekend I've always made myself some time to do some craft activities. Even though I probably should've been cleaning, or ironing, or something like that, making sure I did something that gave me some pleasure, and I think that has been really important.'*
>
> *'I used to get up early and walk in (to work), and I used to have a long walk, and since then to now I still do that walk in the morning. Come snow, come whatever. I find that that really helps me.'*

## 3. What are employers doing to support the wellbeing of care home staff?

We asked interviewees about things provided or done in the care home to help support the wellbeing of staff. Some staff mentioned formal support activities such as training, buddy systems, and programmes the organisation had signed up to. They also described informal activities that were organized with the aim of improving staff wellbeing, including check-ins, demonstrations of recognition and thanks, and practical things to ease anxiety and stress.

## 3.1 Formal support

Various forms of formal support were provided, mostly consisting of Employee Assistance Programmes and other online/phone helplines. The levels of support that employers made available to staff varied and our interviewees were uncertain what use had been made of these services and how beneficial staff in general had found them. Some staff noted in interviews that new opportunities to access wellbeing support had been introduced during the pandemic.

### 3.1.1 Training and sharing information

Most interviewees said that they shared information about online resources and phone helplines with staff via announcements, and leaflets and flyers which were pinned to noticeboards in the care home. Some organisations also reported providing training to care home staff to help support their wellbeing.

> '*We did get some fliers from the local Mental Health Trust about our staff wellbeing and… this helpline if people are distressed, or things like that. I don't believe anybody who was in my team actually took it up, but there were some fliers around that were sent out.*'
>
> '*There're links and things that we've put out for staff where they can go on their own if they need support. Skills for Care. They have different links you can go to… and Skills Network.*'
>
> '*Our organisation did a series of wellbeing training sessions, so we had some sort of life coach come in and tell us what to look for, signs of burnout and all those sorts of things.*'
>
> '*The company has a mental health training on e-learning, which the staff can do.*'
>
> '*A number of staff are doing the NVQ Level 2 in Mental Health.*'

### 3.1.2 Counselling and Employee Assistance Programmes

Some care homes had signed up for Employee Assistance Programmes that staff could access confidentially, as well as offers of counselling sessions for staff who were interested.

> '*A counsellor… she did some video sessions with some of our staff. Some of the staff found it quite useful, others said, 'Well we could have done with this in March.''*
>
> '*Last year I'd looked at mental health anyway about how I could support staff, pre-pandemic. So I ended up finding an Employee Assistance Programme… staff can have up to six sessions per year, counselling sessions. They can get that without any of the waiting. So I think that was in a pretty good starting place. I've kept that going. I devised a mental health and roundabout COVID questionnaire, because I wanted to see where they were all at, how they were feeling, what level of support they felt that we were giving them, how could we help… and I wanted to see who was using the App or the other things that I've put in place. Like, there's some really good free chats, isn't there, by text… Frontline, all sorts… I'd put them out as well.*'

### 3.1.3 Activities

One care home mentioned setting up an activity aimed to lift spirits and improve staff wellbeing (music therapy), and another reported setting up a 'wellbeing champion' in the home.

> *'I found money for music therapy… That really lifted spirits. They were a contact I had before… And we'd been donated money when people died, and I used that money to work with music. That's been great.'*

> *'So we've got an outstanding practice champion and then we have mini champions in the service. So someone's taken over to be the wellbeing champion for the staff, so I think she's going to sort of do more buddying up… we've used the concept before and shadowing but she is going to be like a buddy for new people when they come… she's put things on the wall … the employee wellbeing scheme.'*

## 3.2 Informal support ('the little things')

Much more than the structured support programmes or helplines, many staff mentioned 'the little things' that helped to support staff wellbeing in the care home. These things varied from focusing on what they were going to do post-pandemic, engaging in regular chats and check-ins with staff, ensuring that staff felt recognised for their hard work and dedication, physical or monetary gifts as 'thank you's', practical support provided to staff to ease anxieties, and arranging celebrations and opportunities to have fun where possible. These 'little things' were perceived by many to have had the biggest positive impact on the wellbeing of care staff.

### 3.2.1 Looking forward

One of the things that a few interviewees mentioned, was supporting staff to think about the future and be positive.

> *'Talking about what we're going to do after COVID is probably getting us through.'*

> *'We try and do things really positive within the care home as well, like the residents have done a wish list for 2021. Some things are achievable, and some things weren't really achievable until after lockdown. Some things I don't know how the heck we're going to do it… Somebody wants to ride a horse who's had quite a severe stroke. And I'm thinking, 'How am I going to do it?', but I need to try and look.'*

### 3.2.2 Regular check-ins

The most common informal support mentioned by interviewees was ensuring that managers had regular check-ins with staff to check on their wellbeing and provide opportunities to connect, talk and reflect.

> *'I make sure every day I go on the floor, have a chat with the staff.'*

> *'I think being really visual, and I think being honest with staff as well, and communicating and not hiding things.'*

> *'We introduced a 'Just Check-in'. So myself and the senior team sort of buddied up with certain people… and then with the rota we tried to keep people in their buddy systems, and we found that really worked.'*

> *'When we started having the deaths, I had a reflective time with the staff… You know, 'How does it feel?' They knew these people really well.'*

> *'We never had a staff WhatsApp group before. So the toilet humour in there is fantastic, even to this day.'*

### 3.2.3 Recognition and gifts

Interviewees mentioned that they, as managers, or the owners of the care home, provided things to staff to help with morale, and to demonstrate recognition for their hard work and dedication. This varied from written or financial 'thank you's', to physical things like food and drink.

> *'We had a big memo from the directors, and from myself as well, to thank them for everything they've done for us, for the time they've put in during this pandemic.'*

> 'We started an employee of the month... that person was recognised, given a certificate, and a gift that a, 'Thank You,' card.'
>
> 'I went and bought little hand sanitizers with everybody's names on. So I got them personally made. We get chocolates sent... oh, they lived on pizza. I kept sending them pizza when I wasn't there!'
>
> 'The owner gave them a financial bonus, and an extra day holiday. It doesn't sound a lot but it works out as thousands.'
>
> 'In the summer when it was really warm I brought in gifts of drinks, so we had nice cold drinks in the fridge and told everybody to make sure they were taking extra breaks and keep hydrated and things. We've just tried to do little things that we could for everybody. They always got a gift at Christmas off me. I always buy everybody a little something as a thank you, and just to make sure that this year, especially, that everybody got a little note in there to say how much that they're appreciated, and what a great job that they're all doing and things. They tell me that the little things make a big difference, that that has really helped. They're not big things by any means. But I think just that somebody's doing something, however small, has just helped with morale and just to keep people positive.'

### 3.2.4 Practical support

Some interviewees mentioned practical things that were provided to support staff, including funds for taxis, sourcing essential items for staff, and making changes to the care home setting.

> '...The infection control fund... so staff were able to take taxis rather than the bus. And I think those things really did make a big difference to people, so for staff who were really anxious, or who have health conditions...'
>
> 'We gave staff PPE to travel with. We bought additional hand sanitisers so they could top up their bottles before they go out and... and I think things like that really did help as well.'
>
> 'I got a wholesaler. Fantastic. Put it in place. Got extras. Got the staff pasta, toilet rolls, and they got free toilet rolls after every shift. It was quite good as well in terms of resident safety, because if my staff weren't trawling around the shops... that was another staff morale boost.'
>
> 'We had to make some changes for staff. We had to create a staff changing room, and we didn't have a changing room before. Staff used to come to work in their uniform and then they went home in uniforms. So very early on we needed to change with infection prevention. So we tried to make that a pleasant area for staff, make sure they'd got all the facilities that they needed.'

### 3.2.5 Celebrations and fun

Finally, though all managers said that the usual social events and celebrations had not been possible due to the restrictions put in place due to the pandemic, a number mentioned that they organised such events and celebrations whenever, and however possible.

> 'We went to the pub over Christmas. We had a couple of takeaway meals... for the two weeks at Christmas and New Year, it was like, 'We're having glitter socks on every day... We're going to try and create happiness here'. We've introduced a few things that are fun.'
>
> 'My favourite thing, that I can't believe took off as well as it did, was every week when you get your (COVID) test results, the person that texts me their results first wins a chocolate bar. Even to this day, we still have to do it every week! And for me it guaranteed everyone told me their results. So it worked... it's brought people closer together, you know? At one point this year there are people that I spent more time with than I did my family.'

## Overarching themes and take-away messages

### Responsibility and guilt

There was an overwhelming sense of individual responsibility felt by the staff whom we interviewed, which led to increased levels of stress and anxiety. This is perhaps not surprising given that the staff were managers or in other senior roles within the care homes. But the responsibility felt was more than just ensuring that residents were well cared for; it was around supporting staff and residents' relatives, ensuring that all relevant guidance was being followed, performing additional tasks outside of their job description, and working very long hours to keep the home running. There was also a sense of guilt that accompanied this responsibility. Staff felt guilty for 'allowing' an outbreak to happen, for staff becoming unwell, for residents who were confined to their bedrooms, and for relatives who were unable to see their loved ones. They also felt guilty that many residents did not 'die with dignity', since the speed at which many passed away meant that normal practices that would take place at the end of life were not possible during the pandemic.

Given the responsibility and pressure felt by managers, adequate in-house and external support is recommended to ensure that the burden of responsibility is shared and that managers receive sufficient support, both practically and emotionally.

### The importance of Recognition

Most of the staff we interviewed were disgruntled and frustrated by the lack of recognition they felt. They thought that the media more often depicted care homes negatively and that this had not done the sector any favours in terms of public perceptions. Many were frustrated at the difference between how the NHS and social care were viewed, including public recognition such as the Clap for Our Carers, the provision of equipment such as PPE, and a lack of understanding from government and other services about the challenges of running and working in a care home during the pandemic.

On the flip side, recognition was one of the things that staff felt had helped with their wellbeing, for example when care homes had ensured that staff were thanked and acknowledged for their efforts or where residents' family members and the local community made efforts to support the staff and demonstrate their appreciation. Practical support, such as PPE, food, accommodation and taxi fares were also noted as helpful to staff.

Recognising the dedication and hard work of care home staff by colleagues, residents' family members, the public and other professionals is important for staff morale, and ways in which to demonstrate this should be considered to ensure the wellbeing of those working in care homes.

### Relationships

Many staff felt that they had been abandoned by the government, which did not provide adequate PPE soon enough, and by professionals from other services who would no longer come into the care home to support the care of residents. Staff who were asked to perform tasks like certifying death experienced increased upset and trauma. However, some interviewees noted how supportive some of their professional colleagues had been, including GPs, Community Matrons, Local Authorities and CQC. Whilst there was huge variety in how supported staff felt by external services, this was not related to whether the care home had an outbreak or not, or how many residents were affected. Staff all felt that this external support was essential, and that those who received it reported benefiting greatly.

Staff told us that other important sources of support included colleagues from within the care home team, care home residents' relatives, and the local community. In fact, over half of those who were interviewed commented that one of the silver linings of the pandemic had been that the care home team had really pulled together and had become closer. Some staff also mentioned that relationships with their own friends and family had been a valuable source of personal support.

Supportive relationships with colleagues, other professionals, residents' relatives and members of the local community all contributed towards the positive wellbeing of the staff who were interviewed. Such support, which recognises the hard work of individuals and teams working in care homes, whilst providing practical and emotional assistance where helpful is a clear protective factor for not only the wellbeing of care home managers but also for the wider care home and its staff.

## Resilience

Our interviewees described several things that promoted organisational and individual resilience: that is, things that maintain an individual's wellbeing or that of the wider care home staff team.

Protective factors at the care home level included having a team that pulled together and supported each other, having support from the wider organisation, accessing networks of other Managers and care homes for information and emotional support, having positive and sympathetic care home residents' relatives, and being part of an active, supportive and engaged local community.

There were also certain practical things relevant to the care home that meant they were better set up to deal with isolating residents who were unwell and communicating with relatives and other professionals virtually that contributed to their resilience as a home.

Key protective factors described by individuals were having a support network outside of work, engaging in activities to promote personal wellbeing, and having a positive outlook, as well as closer relationships formed with colleagues within the care home.

## Repair and Recovery

Care staff who worked in care homes in England during the COVID-19 pandemic experienced stressful and upsetting events. Whether a care home had an outbreak of COVID or not, the staff with whom we spoke described the experience of working during the pandemic as stressful and anxiety-provoking, and the experience was reported to be more difficult in homes in which many people died. Many staff thought there would be long-term effects on staff mental health, and some described impacts on their own physical health.

The care-home sector was hit hard by the pandemic and staff were worried that some care homes would not survive the destruction that had been caused. The perceived lack of support from external agencies and the public left feelings of frustration amongst many, who felt that they were not recognised for their efforts, particularly when compared to colleagues working in the NHS.

This project has highlighted how important it is for staff working in care homes to be provided with opportunities and access to adequate practical and emotional support, and that lessons learnt from this pandemic is taken into consideration for the future.

## Strengths and weaknesses to the research

The interviews for this research were carried out between December 2020 and March 2021 during the third national lockdown, and as such provides a snapshot of the situation during the ongoing COVID-19 pandemic in the UK. Fifteen senior staff from 15 care homes across England took part. The care homes varied in terms of size, location, CQC rating, and in terms of how badly they had been affected by the pandemic. Given this, we can assume some similarities with other care homes across the country. However, as with all research studies of this type, there are limits to the generalisability or representativeness of the findings.

This study only included senior staff working in care homes (primarily Managers). Whilst this provides a useful synergy between the perspectives and information gathered, we have not gathered any information from other care home staff. This group may well have experienced the pandemic differently. Those interviewed were unsure of the usefulness of the support provided to the wider staff group to help with their wellbeing; they reported perceiving some positive impact, but without speaking directly to the other members of staff we cannot be sure which, if any, of the things provided to support staff had any perceived positive impact on wellbeing.

Worth noting is that many staff whom we interviewed mentioned the benefits of being involved in the research and taking part in the interview itself. Reasons for this included enabling them to have a voice and share their experiences, having an outlet for their stress and frustrations, getting their views out there, and demonstrating to staff that their wellbeing matters. Many hoped that the pandemic would highlight issues that had been present in the social care sector for decades, and that it may provide an opportunity for things to change.

## Conclusions

This study highlights the significant impact the COVID-19 pandemic has had on those working in care homes, both mentally and physically. The impact was overwhelmingly negative, with emotional exhaustion being a major theme. The staff who were interviewed also expressed frustration at the differential treatment they perceived between the NHS and social care, and at how the media seemed to portray care homes in a bad light. Many felt misunderstood and forgotten. It has reinforced the importance of good working relationships and support from both within and from outside the care home, both professional and personal, and has illustrated the actions that care homes and staff took personally to help support their wellbeing during this time. Careful consideration is needed how to continue to improve support for staff working in social care, and in care homes in particular, as the pandemic continues. Those who took part in this study shared that greater recognition and understanding is needed from other organisations, the authorities, government and the public, as is working together and enhancing provision of support wherever possible. Indeed, this is something that many of those who took part in the interviews had hoped for.

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## Acknowledgements

**Contributing team and authors:**
Kath Wilkinson[1]
Jo Day[1]
Jo Thompson-Coon[1]
Iain Lang[1]
Kristin Liabo[1]
Vicki Goodwin[1]
George Coxon[2]
Geoffrey Cox[3]
Chris Marriott[4]
Carol Abel[5]

[1] University of Exeter Medical School, University of Exeter, UK

[2] Classic Care Homes (Devon) Ltd, UK

[3] Southern Healthcare (Wessex) Ltd, UK

[4] PenPEG member, University of Exeter Medical School, University of Exeter, UK

[5] Family member of a care home resident

**Date:** January 2022

**Contact:**
University of Exeter Medical School
South Cloisters
St Luke's Campus
Exeter
Devon EX1 2LU
Email: k.wilkinson2@exeter.ac.uk
Website: https://exchangecollaboration.wordpress.com/