



**Experience of residents, friends and  
family and staff in  
Croydon's Care Homes  
during COVID-19**

**Overall insights and  
recommendations**

**June 2021**

# 1. Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### Context

As a result of the COVID-19 pandemic, care homes had to respond to protect their residents and well as information family and friends and supporting staff. Local authorities as commissioners of care home services were asked to coordinate and support care homes.<sup>1</sup> (Department of Health and Social Care, 2020).

This report presents an analysis of the results for four surveys we undertook with residents, residents with learning disabilities, friends and family and staff of Croydon's care homes.

For ease these will be referenced by the colour of the reports front pages

**Residents' survey in orange**

**Residents with learning disabilities survey in purple**

**Friends and family survey in green**

**Staff survey in blue**

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<sup>1</sup> Department of Health and Social Care (2020) Coronavirus (COVID-19): adult social care guidance. <https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>



Residents' experience of  
Croydon's Care Homes  
during COVID-19  
January 2021



Residents with Learning  
Disabilities Experiences of  
Croydon's Care Homes  
during COVID-19

January 2021



Family and Friends Experiences  
of Croydon's Care Homes  
under COVID-19  
January 2021



Staff experience of  
Croydon's Care Homes  
during COVID-19

January 2021

Figure 1. The covers of the four reports.

## 1.2 Rationale and Methodology

We provided four surveys from 14 August to 6 November 2020 online.

This survey was shared by the care homes themselves either virtually or by paper copies sent to a Freepost address, where they were entered into the online survey. We also offered a service where shielders could call our hub number and provide their answers over a phone conversation, but no respondent took up this route.

## 1.3 Method

Respondents received a letter with a link to Healthwatch Croydon's online survey platform, SmartSurvey, with a range of question, which can be viewed in the appendix.

## Response

**Residents' survey:** 54 from 14 homes between 14 August and 6 November 2020.

**Residents with learning disabilities survey:** 29 from 10 homes between 14 August and 22 October 2020.

**Friends and family survey:** 94 from 20 homes between 14 August and 6 November 2020.

**Staff survey:** 173 from 35 homes survey between 14 August and 22 October 2020.

## Limits of the research

There were significant limits in this research. We present the central limits here, but more detail can be read each of the reports section on limits and the respective quality assurance sections of the reports

### Size of sample:

We surveyed 54 residents from 14 care homes. This represents just 11% of care home in Croydon (127) and a very small number of overall residents.

For those with learning disabilities, we were able to gain the views of 28 residents who were learning disabled across 10 homes, this only represents 15% of homes as there are 65 care homes supporting those with learning difficulties in the borough. There is an unevenness in the number of responses we received from different homes which is discussed in the analysis - three care homes accounted for 19 of the responses, see page.

We received a response from 94 friends and family from 19 care homes. This represents just 15% of care homes in Croydon (127) and is just small sample of the wider number of family and friends of care home residents in the borough.

For staff, 160 responses which reflected 7.4% of care staff across Croydon. These staff came from 35 care homes out of a market of 127 which is 27.5%. There is an unevenness in the responses we received from different homes which is discussed in the analysis - three care homes accounted for a third of the responses.

### Expression of responses:

Some of those we surveyed seemed to have been supported by or had the survey completed by staff. This may mean those residents may not have been truly be able to express themselves.

**Variation between homes:**

Satisfaction of homes varied widely on initiatives for activities and socialisation at the home. Resident experiences were contrasted with both excellent and not satisfactory.

**Context:** Questions were written to gain views on the impact of the first lockdown which ended in July. There may be time lag in responses as some were completed in late October

## 2. Insight results

These are our analysed insights based on these four surveys:

### Resident Experience

Most residents had a good experience. 90% (49) of residents had a good experience before and this only dropped to 85% (46) after restriction came in. However, some residents would like more support in accepting transition to new ways of social contact and understand more the guidance around use of PPE. (See Residents pages 9-10 and 21). For residents with learning disabilities, most were happy with the way the care homes had supported them. However, living in lockdown, was less enjoyable, but staffing was not affected in fact they went beyond what was expected. (See Residents with Learning Disabilities pages 9-12). Many staff felt no improvements were needed at all. (see Staff page 32).

### Recommendations

- Support residents to transition to new ways of social contact. This includes the use of easy read information for residents on how and why PPE is being used. (See Residents).
- Focus on those residents who do not have family and friendship links. (See Residents).
- See how processes can be adapted to allow those who are isolating to meet with other residents in the care home - even at a distance. (Residents with Learning Difficulties).
- Most residents with learning disabilities suggested improvements from activities as baking, sewing as well as access to services such as the GP and Day Centre. (Residents with Learning Difficulties).

## Staffing

70% (38) of residents said that staffing changes had not affected their experience: Some however had felt the effects of having staff they did not know, made more challenging by face mask which made recognition more difficult. (See Residents pages 11-12). From the staff perspective, most were able to cope and knew where to get help. 91% (146) have been able to cope during the coronavirus pandemic and the same number knew where to get support. (See Staff page 9). When it came to safety, most felt safe at work and supported by their employer with 87% (139) felt supported by their employer; 81% (130) felt safe at work and where they had concerns these were addressed 84% (134). (See Staff page 9 and 18). When it came to management, most had a positive approval their managers (See Staff page 16).

## Recommendations:

- Share best practice across care homes network, where socialisation has been safe and effective. (See Residents).



## Restrictions and isolation

42% (23) of residents were not permitted to socialise due to the restrictions. While great efforts were made by those facilities that could enable socialising with resident, there were a significant number that could not socialise due to the rules applied. (See Residents pages 13-14). However, some residents felt completely isolated because of self-isolation. They did understand why but it still affected them. (See Residents page 17).

However, some residents consistently want more socialisation and stimulation. While it is clear some facilities have made significant effort, this is one of the improvements residents would like to see. (See Residents page 22-23).

For residents with learning disabilities, there is a variance in experience for residents between facilities due to adoption of social distancing rules. It seemed there was a lack of consistency in the application of rules around social distancing between care homes. Some residents seemed to have more freedom than others. (See Residents with Learning Disabilities pages 13-14 and 17-18).

### Recommendations:

- Residents would like to see on a variety of safe socialisation opportunities, including utilising technology for group meetings such as Zoom. (See Residents).
- Consistency across care homes around social distancing rules by learning good practice from other facilities. (See Residents with Learning Disabilities).
- Since video calls are a key method of keeping family and friends connected with residents, care homes need to ensure they prepare and have effective space and staff time to enable this. Some care homes are doing this very well so good practice should be shared. (See Family and Friends).



## Health

Most residents, 82% (44), felt that they had positive contact with their doctor and access to medication when they needed it. Very few did not feel that could access their doctor or medication. (See Residents page 14-15). Residents with learning disabilities found access to prescriptions to be the same as before lockdown but had to adapt to not seeing a doctor face-to-face. Having to use virtual appointments a challenging expectation and experience for some residents. (See Residents with Learning Disabilities pages 15-16).

### Recommendation:

- Residents with learning disabilities would like to have their expectations managed concerning video and phone access with health professionals and ensure effective support is given so that residents can have a consistently good experience. (See Residents with Learning Disabilities recommendations).

## Communications

Residents said that friends and family calls were key for keeping in touch. The only ones who did not make calls had no-one to call even if they had the opportunity. (See Residents page 18-19). All residents with learning disabilities were able to gain access to their friends and family outside of the care home via phone or video but only half by actual visit. However, there was a variance in experience both to accessing calls and meeting family and friends between different settings. (See Residents with Learning Disabilities pages 19-20).

Most Friends and family (87%) felt they had enough time to speak with a family member via phone or video. Of the 12% who could not hold longer conversations, this was due to deteriorated hearing conditions and as a result prevented them speaking for too long. Residents with health conditions such as dementia also fell into this category. It may be that care homes were not able to organise this effectively including encouraging residents who seemed unsure about this form of communication. (See Friends and Family pages 22-24).

### Recommendations:

- There is a variance between care homes with some communicating well with emails and newsletters and some less so both about general issues and specific updates about residents. Again, some good practice could be applied to ensure consistent and relevant communications across the care home market. (See Friends and Family recommendations).

## Information

Nearly all family and friends (98%) felt care homes kept them informed of their family. Most Care homes published regular newsletters with lots of activities of what residents were doing. Some respondents had received emails from the care homes with photos of their family members and friends. (See [Friends and Family page 19-21](#)). Staff also felt that information and support by NHS and social care was generally good. Many felt they had the right amount of information (see [Staff page 13](#)) and most felt supported effectively by the NHS and social care services.

## Recommendations:

- Explore ways to improve information and process to effectively support visits from friends and family. (See [Residents with Learning Disabilities pages](#)).
- Schedule more time for family member or friend: While many felt they could see their family member or friend, visiting time was limited for some. It would be good to explore provide better and convenient methods at which both family member and friends would find it easier to communicate within the specified time frame allocated for both parties. (See [Friends and Family recommendations](#)).
- Look at ways at maintaining closer contact within the regulations: Many family and friends would be prepared to wear more PPE and meet other regulations to be able to get closer to the residents. Some would also like to see more dedicated meeting spaces. (See [Friends and Family recommendations](#)).

## Recognition and preparation

One area of consideration was how staff are seen in comparison to those in NHS. There is a sense while NHS staff are being noticed, thanked, and rewarded, care home staff are not being recognised as well, and cannot access similar benefits and pay but are doing as important a job. While most had a good relationship with NHS partners, some did have difficult conversations. (see Staff page 25).

Most staff felt that their workplace was prepared for future outbreaks, but mental health and wellbeing services were needed to support them: 91% (145) felt that the workplace is prepared if there are future outbreaks; however only 73% (117) felt that available mental health and wellbeing services are supporting their needs effectively. (See Staff page 9 and 20).

## Recommendations:

### Support and recognise staff

- Mental health support: The impact of working under these circumstances has affected mental health and more support would be welcome. (See Staff).
- Recognition and reward: Some care home staff do not feel they are being recognised for the work they do, when they see it is like that of the NHS. Ways they could be recognised more and rewarded will be welcome. (See Staff).
- Support if they get COVID-19: Many are concerned about the impact of getting COVID including infecting family, travelling long distances to work on public transport, not being able to work and loss of income as a result. What can care homes do to support them in this situation? (See Staff).

## Safety

Most staff could access PPE, but one in five could not access a COVID test: 89% (142) could access PPE when they needed it and 80% (128) could access a COVID test; 87% (139) felt the self-isolation process was effective. (see Staff page 9). Some felt the PPE came late, but most felt quite safe. (see Staff page 20). Most family could visit but a quarter were not supplied with personal protective equipment: 82% said they had visited their family members with 75% supplied with PPE as well as taking the necessary precautions. Some care homes supplied PPE; others expected visitors to have it. There were many ways care homes adapted to allow visiting with some examples of good practice. (See Friends and Family pages 25 and 27).

### Recommendations:

#### Ensure consistent levels of PPE and testing

- **Maintain and enhance the current information, PPE, testing and support processes for all providers:** In general, most of these services were well received. but there seems to be an inconsistency between providers – commissioners need to ensure there is a consistency of support and all providers have the support they need. (see Staff).

## Encourage more feedback from all residents, family and friends, staff, and family

We received 54 resident responses from 14 homes; 29 responses from residents with learning disabilities from 20 homes; 94 responses from friends and family representing 20 homes; and 160 staff from 34 facilities. These are all relatively small numbers compared with the wider numbers of residents, family and friends and staff working across the 127 facilities with a range across the surveys from 11 to 27% of homes, with 15% of facilities for those with learning disabilities represented.

Even within these numbers there was significant bias towards a smaller number of facilities who got a large percentage of the overall numbers. Please read the Limits of research in each report to see specific points for each of the reports.

It is likely that we heard from those facilities which are open to hearing feedback, but this report is a small sample of the overall market.

### Recommendations:

- Encourage more surveys and more take up by all facilities. Use the insight here to build confidence in management that asking residents, family and friends and staff on a regular basis has help improve each facilities service and the quality of the service overall.

## 3. Responses to our research and Action Plan

**Councillor Janet Campbell, Cabinet member for families, health, and social care at Croydon Council:**

“We are very grateful to Healthwatch for writing such a comprehensive report drawn from more than 50 Croydon care homes and detailing the feedback of residents, families and staff to give us a clear insight into the impact of Covid-19 on care homes.

“This report is very important as it provides specific feedback from our residents and care home staff and we can now look at the support we provide and consider more fully a range of concerns including staff’s mental wellbeing, how to address residents and families’ sense of isolation during lockdown and forward planning if there are restrictions in future. It has been vitally important for the council in developing an action plan with Healthwatch and partners that we can now take forward in response to the pandemic.”



Healthwatch survey findings	What we will do	How we will do this ...	Lead partner	By when?	Questions?
<b>Supporting care home residents</b>					
The survey identified a number of residents who didn't have friends or family to contact.	Support care homes to set up telephone/video chats between residents and volunteers (e.g. remote befriending).	Engage with voluntary and community sector organisations to identify volunteers and link with homes.  LBC commissioning team to contact VCS sector providers to see if any can support and look at existing commissioning arrangements	LBC Adults Commissioning Team	July 2021	Links to schools, intergenerational buddying?
Feedback from learning disabilities residents re experiences during lock down (not being able to spend time with others and confined to rooms)	Ensure that more residents in L&D homes are able to benefit from social activities during future lock downs and can communicate with friends and family in a safe way.	Engage with L&D homes and seek out good practice to share with other homes re covid safe social activities and reducing isolation during periods of lockdown or where residents are required to isolate.	LBC Adults Commissioning Team to identify L&D homes	June 2021	/
42% of residents were not permitted to socialise and felt very isolated.	Empower all staff to manage their own feelings of isolation and engage better with residents.	Improve communication and engagement with staff. Teach them how to have difficult conversations with residents and family around feelings of loneliness and wider quality of life issues. Run webinar on homes on how they can now	Care Home Strategy Group	May 2021	
<b>Supporting care home staff</b>					
Only 73% (117) felt that available mental health and wellbeing services are supporting their needs effectively	Develop mental health and wellbeing offer for care home staff	Work with SLaM to create mental health and wellbeing offer for care home staff to include; supervision tools for care home managers, access to therapies and support, and raising awareness of exiting mental health and wellbeing resources	CCG & Slam	June 2021	
Some respondents in the survey reported that they did not receive full wages when isolating.	Ensuring all care home staff are paid full wages where they are required to isolate (e.g. due to a positive test)	Auditing the ICF responses and engaging with homes who have allocated less funding for this. Monitoring of care homes to include interviews with staff	Care Monitoring Team	June 21	

Healthwatch survey findings	What we will do	How we will do this ...	Lead partner	By when?	Questions?
<b>Communication</b>					
Contact with friends and family was inconsistent across client groups.	Increase use of technology as a means of keeping in touch with family and friends. More informal chats between staff and residents	Access to resource (technology an financial), ongoing training to get staff used to using technology. Understanding loneliness and how to overcome it. Webinars to be run with homes	Care Home Strategy Group & CCG	Aug 2021	
Some care homes used communication tools better than others	Improve methods of communication across the sector.	Monitoring dashboard to include measure of engagement and communication. Dialogue with care homes to better understand the barriers to communication. Training opportunities with care homes and sharing best practice across the sector. Share good practice via webinars, newsletters and websites	Care Home Strategy Group & CCG	Ongoing	
<b>Access to Healthcare</b>					
LD clients needed to have their expectations managed with regards to using technology to access healthcare.	Promote more use of technology across the sector.	Ongoing support with the use of telemedicine/telehealth as a way of becoming used to technology. Homes to be contacted about use of technology	Care Home Monitoring team	July 2021	
Some homes were concerned that they wouldn't have access to a medical professional when they needed one.	Better communication with the sector.	Updated information provided through newsletters and fortnightly webinars	Care Home Strategy Group	Ongoing	

Healthwatch survey findings	What we will do	How we will do this ...	Lead partner	By when?	Questions?
<b>Safety</b>					
Lack of PPE was a concern for staff early on	Ensure homes have an adequate stock of PPE.	PPE will be checked as part of monitoring regime as well as the National Capacity Tracker. To be checked as part of Care Quality Visits	Care Home Monitoring Team	Ongoing	
Visitors were no supplied with adequate PPE	Visitors to be made aware of the importance of wearing suitable PPE	Ongoing dialogue with homes and information campaign. Best practice to be shared at webinars and newsletters	Care Homes & Partners	Ongoing	
<b>Recognition and Preparation</b>					
Only 73% (117) felt that available mental health and wellbeing services are supporting their needs effectively	Develop mental health and wellbeing offer for care home staff	SLaM to create mental health and wellbeing offer for care home staff to include; supervision tools for care home managers, access to therapies and support, and raising awareness of exiting mental health and wellbeing resources	Slam	tbc	
Some respondents in the survey reported that they did not receive full wages when isolating.	Ensuring all care home staff are paid full wages where they are required to isolate (e.g. due to a positive test)	Continue with Care Home monitoring visits and report back any issues	Care Home Monitoring Team	Ongoing	
Some care home staff felt underappreciated during the pandemic	Look at ways that staff can be recognised more and rewarded better	Work with the sector to encourage them to become LLW providers. Develop national (NVQ?) training programme for care workers	LBC, CCG, VCS,	Ongoing	

## 4. Quality assurance

A Quality assurance statement has been produced for each of the four insight reports which can be seen within each report.

These cover questions concerning relevance, appropriateness, proportionality, sample size, bias, risk assessment, the decision-making process behind this insight work, data collection, collaborative working, independence, quality assurance and conflicts of interest.

All reports have been published on 24 June 2021 on the Healthwatch Croydon residents.

## 5. References

Department of Health and Social Care (2020) *Coronavirus (COVID-19): adult social care guidance*.

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>

# Appendix 1 Questions for the survey

## Residents

We asked the following:

- Which care home are you resident in?
- How would you describe your care home experience a) before Covid b) after Covid
- Were there changes in staff because of Covid-19 that has affected your experience?
- Were you able to socialise with other residents and participate in group activities?
- Did you have contact with your doctor and access to medical care and medication when you needed it?
- Did you have to self-isolate?
- Have you been given the opportunity to speak to your friends or family, via phone or video call?
- Have you been visited by family members or friends in the last couple of months?
- For future planning, what one improvement would you like to see the care home undertake to support you?

## Residents with Learning Disabilities

We asked the following:

- What has it been like living in the care home?
- Changes in staff during the lockdown?
- Spending time with other people in the care home.
- Access to GP appointments and prescriptions
- Social Distancing within the home
- Contact and engagement with friends or family
- Visits from friends and family
- How could things have been made better? How could the situation be improved?

## Friends and Family

We asked them the following questions:

- Which care home is your family member/friend resident in?
- Since COVID-19 began in March, do you feel your family member/friend has been safe in your care home? Tell us why:
- How would you rate the care home for your family member?
- Before COVID-19, 3b: - Since COVID-19, 3c: - Tell us more about why you gave this rating:
- Did the care home keep you informed of your family member/friend? Please tell us more.
- Do you feel you had enough time to speak to your family member or friend, via phone or video call? Please tell us more.
- Which services positively or negatively impacted on their health and wellbeing?

- Some questions on visiting family members: Have you visited your family member or friend in the last couple of months? If yes, were you supplied with PPE and were other precautions taken? Please tell us more.
- For future planning, what improvements would you like to see the care home undertake to support your family member/friend?

## Staff

- Which care home do you work for? \*
- How much do you agree with the following statements: \*  
(Agree/ Neither agree nor disagree/ Disagree)
  - I have been able to cope during the coronavirus pandemic.
  - I have felt supported by my employer during the coronavirus pandemic.
  - I have felt safe at work during the COVID-19 pandemic.
  - If I have raised concerns, these have been addressed by my employer.
  - I know where to get support for myself during the coronavirus pandemic.
  - I have been able to access COVID-19 tests when I have needed to.
  - When I needed PPE, I was able to access it easily and on time.
  - I believe the self-isolation process put in place at the home was effective.
  - I am satisfied that my workplace is prepared if there are future outbreaks of coronavirus.
  - I feel that the available mental health and wellbeing services are supporting my needs effectively.
- Please give more detail on why you chose these ratings:
- How were isolated patients cared for? \*
- Since mid March, do you feel that you have been well supported by the NHS and Social Care services in Croydon? \* (Yes/No)
- Please say why:



- For future planning, what improvements would you like to see the care home undertake to support you in your work and provide a good service for the service users? \*
- What is your age? \*
- What is your gender?
- What is your ethnicity?

Where questions are asterisked, these are ones that required an answer, rather than be optional.



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