# Guidance for Managers and Decision Makers in Supporting Care Home Workers during COVID-19

This guidance is based on a **rapid synthesis of published research**, **expert clinical opinion** and the **experiences of care home mangers and staff**. This guidance is intended for managers and decision makers who are involved in supporting staff working in care home settings. **The care home workforce is a skilled, dedicated and sometimes undervalued group, who are currently at the frontline of COVID-19.** Care home workers face many of the same challenges as front line NHS staff and previously published guidance will be relevant and applicable to both (www.traumagroup.org). This includes prioritising physical health and safety, providing relevant job-specific training, giving clear and consistent communication, promoting existing coping strategies and supporting team cohesion and peer support. **Care home workers also face unique and additional challenges.**

## Unique Challenges for Care Home Workers

- Close personal care makes care home staff especially vulnerable to infection from COVID-19, increasing risk to their own safety and that of their families. This could be exacerbated by a lack of adequate personal protective equipment (PPE) and testing kits.
- Many care home workers will have additional caring responsibilities and may be at risk of financial insecurity if they become ill or are unable to work. High levels of staff absence due to illness and self-isolation will lead to gaps in normal staffing and further stretch an already stretched workforce. Those able to work may be called upon to work extra shifts. Many may struggle to manage competing demands between work and personal caring responsibilities.
- Care home staff are likely to have less access to accurate and up to date information about COVID-19 compared to staff in hospital settings, increasing their own anxiety and feelings of uncertainty.
- Difficult decisions have to be made about whether to transfer a vulnerable resident with COVID-19 from a care home to hospital or not. When a resident is not transferred, staff may be under-prepared and under-resourced for the level of nursing or palliative care they need to provide for the resident.
- Care home staff may be facing tasks that they are not trained for and may be expected to provide levels of care that would usually be provided by nurses.
- Staff shortages and redeployment across the NHS may mean care home staff and residents have less access than usual to additional support and specialist consultation.
- Many care home residents have dementia and communication difficulties. Wearing PPE may make it harder for staff to communicate and be understood.
- Residents who have dementia may present a risk to themselves, other residents and staff if they are mobile and are not able to self-isolate in their rooms. This calls for one to one support but there may not be enough staff to support this.
- Care home staff may have to consider how to restrict movements of residents who want to leave the home. Decisions around deprivation of liberty can raise complex ethical and legal questions. Care home staff may feel anxious making these decisions if inadequately supported.
- Many residents will be finding self-isolation difficult and feeling lonely, anxious and depressed. Many find it hard to adjust to online contact with family and friends. Staff have to provide additional emotional and practical support to residents in these difficult times alongside managing their own anxieties and fears.
- Care home staff usually work closely with residents' families, but this is currently not possible face-to-face. Care home staff will be integral to maintaining communication and bonds between residents and their families but may need more practical and emotional support to do this.
- Care home staff are going to have to deal with deaths of residents with increasing frequency. They may have to have difficult conversations and break bad news to family members over the telephone. They may be confronted with difficult emotions expressed by family members who feel frustrated and powerless. Care home staff will likely experience an increased emotional burden when families cannot visit a dying relative and they are the only people who are present with a resident at time of death.
- Care home staff often develop close relationships with care home residents. Whilst care home workers are experienced and used to dealing with illness and death, the loss of a resident with whom they have developed a close relationship may be particularly emotionally challenging, especially when the speed of deterioration is sudden and/or staff experience multiple losses in a short period of time.
- Care home staff are at risk of 'moral injury' if they feel that they were not able to care for a resident to their usual standards due to practical limitations during the current crisis. This increases the future risk of PTSD.

## Recommendations for Managers and Decision Makers in Supporting Care Home Workers during COVID-19

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| **Provision of basic needs** | ▪ Try to ensure staff have adequate access to food, PPE and take regular breaks to reduce fatigue<br>▪ Even with staff shortages, stagger shifts where possible and make sure working hours are not excessive<br>▪ Consider staff who are at risk of financial insecurity, try to maintain income for those on sick leave or unable to work |
| **Information about COVID-19** | ▪ Provide brief, clear, honest and accessible information. Highlight key points<br>▪ Include information about how to reduce infection and spread<br>▪ Ensure staff know how to provide specific care for those with COVID-19<br>▪ Provide additional on the job training for staff on new skills they might need |
| **Clear and systematic protocols for dealing with residents and staff who are symptomatic** | ▪ Be clear and consistent with staff about their duties and responsibilities, as this helps to reduce stress<br>▪ Provide training in the safe use and management of PPE<br>▪ Have concrete plans for organising the isolation of any resident with confirmed or suspected COVID-19 |
| **Effective communication, camaraderie, and social support** | ▪ Provide regular, clear and accurate information for staff<br>▪ Encourage informal peer support, buddying and mentoring between senior and junior staff members<br>▪ Facilitate camaraderie amongst staff and take measures to improve staff connectedness and cohesiveness<br>▪ Set up regular feedback mechanisms and ensure feedback is acted on |
| **Support psychological wellbeing** | ▪ Provide compassionate and supportive management – pay attention and listen to staff, recognise and appreciate work with positive feedback, be understanding when things go wrong under pressure, normalise but don't minimise distress<br>▪ Know what support services are available to staff in your locality. Inform staff about these services and encourage them to access help if needed<br>▪ Enable staff to access appropriate online resources, helplines and wellbeing apps<br>▪ Role model appropriate self-care, share experiences, acknowledge difficulties and celebrate good practice |
| **Grief and bereavement training and support** | ▪ Provide training and information for non-specialist staff about grief and bereavement<br>▪ Make information about bereavement clearly visible and available for staff, residents and families – include information leaflets, support lines and online services<br>▪ Encourage staff to reminisce about residents after they have died, reassure them of value of end-of-life care provided<br>▪ Implement effective, compassionate ways to notify all staff of a resident's death e.g. bulletin board, email to all staff<br>▪ Advise staff on how to communicate about a resident's death with relatives in the context of COVID-19 restrictions |
| **Self-care** | ▪ Maintain structure and routine outside working hours, prioritise good quality sleep, rest and recovery<br>▪ Continue to attend to self-care, get daily exercise and engage in enjoyable activities<br>▪ Connect with family and friends via technology when helpful. Disconnect and take time out when needed<br>▪ Limit exposure to social media and rely on news from trustworthy sources |

## About the COVID trauma response working group

We are a group of specialist trauma clinicians, trauma researchers and wellbeing leads. The working group is coordinated by staff in the Institute of Mental Health at University College London and we are working in conjunction with academic, clinical and social care colleagues across the UK. This guidance has drawn on published research on care home workers' experiences of working in the context of COVID-19 and other previous similar pandemics, from literature on psychosocial support for care home workers and on clinical and management expertise. Our aim is to provide evidence-based and trauma-informed guidance which will be useful for managers and decision makers in the psychosocial response to COVID-19.

## Helpful Resources

- → www.traumagroup.org – for resources on staff self-care and psycho-social support for staff
- → www.cruse.org.uk/get-help/coronavirus-dealing-bereavement-and-grief - for guidance on bereavement
- → Shout has launched a text messaging support service. Social care staff can send a message with 'FRONTLINE' to 85258 to start a conversation
- → www.mentalhealthatwork.org.uk/ourfrontline - Our Frontline offers frontline health, care, emergency and key work staff round the clock one to one support, but call or text, from trained volunteers, plus online resources and tips to look after mental health
- → www.skillsforcare.org.uk – for guidance on training and support related to COVID-19
- → Recommended apps include HeadSpace, Calm, UnMind, Sleepio

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