



Surrey Covid-19 Community Impact Assessment

Residential Care Rapid Needs Assessment



Rapid Needs Assessment: The impact of Covid-19 on the Residential Care Sector in Surrey, February to June 2020

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Executive Summary

This Rapid Needs Assessment was undertaken into Residential Care Homes in Surrey following the significant number of deaths witnessed during the first wave of the Covid-19 pandemic over March to May 2020. Exploratory analysis showed that the number and distribution Covid-19 deaths in Residential Care Homes in Surrey has been broadly proportional to the number of care home beds/occupants and below the national average. There were no significant correlations found between the number of deaths from Covid-19 witnessed in Residential Care Homes by the care home size, its inspection rating, or nursing capacity. This is assumed to be predominantly due to the rapidity of the pandemic and the paucity of information known during the assessed period limiting the effectiveness of early infection control measures. These findings may alter as residential care homes are provided with more information and opportunity to ensure that basic infection control measures are in place.

Given the paucity of information on infection control measures during the early stages of the pandemic, the frequency of exposure to covid-19 was likely to be the principle factor dictating where outbreaks would occur. The likelihood of residential care homes being exposed to Covid-19 was found to be associated with distance from London and distance from major hospitals¹. It should be noted that a key source of exposure reported by owners of residential care homes early in the pandemic was the discharge of covid-19 positive patients back into this vulnerable communal setting. This was reported to be due to a combination of factors. These factors include unreliable testing/ testing availability, the reluctance of hospitals to test patients due to running overcapacity, the lack of alternative care settings to house covid-19 positive patients, overworked staff, a perceived culture in some hospitals of uncooperative behaviour, and an unwillingness to acknowledge challenges in managing Covid-19 outbreaks within hospital settings.

Although Residential Care homes were affected across the board in terms of size and category, the ability of care homes to access support during the pandemic was strongly associated with the proactivity of management and how linked in they are to wider networks. In some instances, independent residential homes reported forging their own local networks. These networks were formed predominantly to obtain more regular information on regulations for visiting, staff shielding, and supplies of PPE and testing kits. Along with testing and PPE, the key strategies for infection control in residential care homes were reported to be restricting family visits, quarantining positive cases, and forming 'bubbles' of staff to reduce potential exposure to covid-19. Whilst in the main effective, for owners of residential care homes, this strategy has led to the isolation of staff affecting mental health increased/ unbudgeted cost lines for PPE which may not be sustainable in the longer term and led to tensions with residents' families. For residents and families, this strategy has led to

¹ Public Health Intelligence and Insight Team, (03.08.2020), Ecological Analysis of Deaths in Surrey

challenges in maintaining contact, and both reductions in mobility and cognitive ability in residents, particularly those with dementia.

Persistent media attention on residential care homes during the peak of the pandemic led to a fear of entering homes due to the perceived high risk of infection. This factor reduced incoming resident numbers and led to some families withdrawing relatives from care. At the same time, local authorities reduced the rate paid per bed further exacerbating income losses for residential care homes. These factors have impacted on owners' ability to pay mortgages on care home properties. In some cases, this has led to the transfer of costs to private residents and in a small proportion of care homes, ongoing costs will lead to closures. Conversely, demand for home-based care has reportedly increased opportunities in this sector. Expected financial support for residential care homes to ride through further waves of the pandemic needs to be made clear as soon as possible. Whilst last minute measures such as grants proved effective their conditions and timelines need to be outlined early on to facilitate budget planning.

The workload on staff has notably increased due to the need for increased reporting, monitoring, and infection control tools such as testing, disinfection, NHS Capacity Tracker, and local authority data requirements. Requests have been made for more coordination and data sharing among government authorities. It was noted that improving the basic profiling of residential care homes would also improve monitoring and surveillance. In turn, residential care homes would benefit from information associated with early warning systems to disseminate timely information on spikes in cases in their local areas. This type of early warning system would also aid residential care homes to obtain a better balance between regulations and flexibility to improve the quality of life for residents and their families. Obtaining clarity on the flexibility of regulations is a high priority area given the potential impacts on the quality of life of continued measures/ rules around visitation.

We would like to thank Surrey Care Association along with the owners of Residential Care Homes, Managers, residents, and their families for their timely support with this study. This has been in the way of supporting interviews and providing context around the current crisis and the impact of government interventions. We would further like to thank the Adult Social Care Team for the provision of data for the quantitative analysis.

Definition

For the purposes of this insight, analysis focuses on elderly residents (aged 70 years+) residing in CQC registered residential care homes in Surrey. However, due to the strong overlap in issues confronted, a small proportion of interviews have also been conducted with individuals and managers in residential care homes specialising in adults with learning disabilities.

Risk Context

Vulnerability to complications from Covid-19

The Covid-19 pandemic has raised significant challenges for the residential care sector. This is predominantly due to the fact that the risk of developing health complications from the virus is strongly correlated with age. The highest risk group are individuals over the age of 85 years². Covid-19 is also associated with an increased risk of heart attacks and respiratory failure in elderly people. Key factors behind this higher level of risk are weaker immune systems in older people and the higher prevalence of chronic conditions. This latter aspect is due to the fact that chronic conditions such as diabetes, heart disease, lung disease, and kidney disease weaken the ability of immune systems to eliminate the virus. Individuals living in residential care settings are likely to have been admitted into full time care for disease management. Residential care homes therefore carry the dual risk of caring for elderly individuals and those with chronic conditions making comprehensive infection control measures critical.

Exposure to covid-19

Residential care homes were affected relatively early in the pandemic. This factor indicated that care home residents had a greater exposure to Covid-19 at this point in time. Several factors were involved in this higher exposure to the virus. These include the fact that elderly people are more likely to require routine hospital treatment. The paucity of information early in the pandemic meant that individuals were discharged from hospitals back into care homes at a time when reliable and timely testing for Covid-19 was not available. Hospitals were also working over their capacity leading to a push to free-up beds. The paucity of routine testing during this period is likely to have contributed to hospital outbreaks of Covid-19. This assumption is supported by reports from residential care home managers that ambulances were avoiding taking vulnerable patients to hospitals known to be experiencing challenges in controlling Covid-19 outbreaks. This risk factor was particularly high in areas of Surrey where hospitals act as a spill-over for London residents. In this context, residential care homes situated on the borders of London in Epsom and Ewell and Reigate and Banstead were noted to experience outbreaks very early on in the crisis. This resulted in a high number of fatalities within a relatively short timeframe with few protective measures put into place at this time.

² Public Health England communications sent out to councils on risk factors for mortality from Covid-19, June 2020

Emergency response and support staff may also have been entering one care home after another, again having the potential to spread the virus before its modes of transmission were better understood. Owners of residential care homes reported that levels of risk were exacerbated by their inability to report positive Covid-19 tests/outbreaks to central government authorities early in the pandemic with information sent on cases left undocumented. The use of agency staff that work in multiple residential homes that have close physical contact with residents has further raised the risk of multiple outbreaks in neighbouring areas. The need for staff shielding and quarantine also increased the strain on retaining core workers within a sector already struggling with recruitment. Issues with staff recruitment and retention have been repeatedly associated with prolonged underfunding and relatively low rates of pay in recent years. A further risk factor stemmed from the context of living within an enclosed environment often requiring the use of communal spaces. This made social distancing requirements and infection control challenging without adequate space and measures in place.

Given the number of care home deaths witnessed during the first wave of the Covid-19 pandemic, a range of protective regulatory measures were triggered in March/April 2020, laid out in the covid-19 Public Health England guidance document³. These measures have in themselves significantly impacted on the quality of life of residential staff and residents. This is in the form of restricted access for family members, restricted mobility, quarantine measures in the case of outbreaks within the home, the use of personal protective equipment (PPE), and frequent repeat testing. After months of imposed measures, it has become clear that a balance needs to be identified between the quality of end of life experiences and the potential longevity of lives. This Rapid Needs Assessment explores the impact of the Covid-19 pandemic and its associated measures in Surrey, UK between February and August 2020.

Surrey Residential Care Context and analysis of risk

Profiling of residential care homes in Surrey

Surrey has a relatively large number of residential homes, 420 in total, housing individuals with frailty, cognitive impairment, behavioural conditions, and end of life care. The first wave of Covid-19 was defined by its impact on elderly people and its infection of residential homes across the UK. The presence of Covid-19 in UK care homes was shown in the number of deaths among elderly people in care over March and April 2020. Due to the high number and size of residential homes in Surrey (shown by bed numbers), the county was highlighted early in national level analysis as having a high number of vulnerable individuals. Prior to the pandemic, bed numbers across the UK were estimated to have an average occupancy rate of 89%. The relatively large number of care home beds within Surrey compared to the rest of the UK, is shown by the fact that when mortality rates are utilised to analyse deaths, Surrey

³ <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-for-supported-living-provision> (withdrawn in May 2020)

drops from the third highest deaths in residential care associated with Covid-19 to below the national average⁴.

Figure 1 The number of Care homes and beds and average size of care homes by district/borough

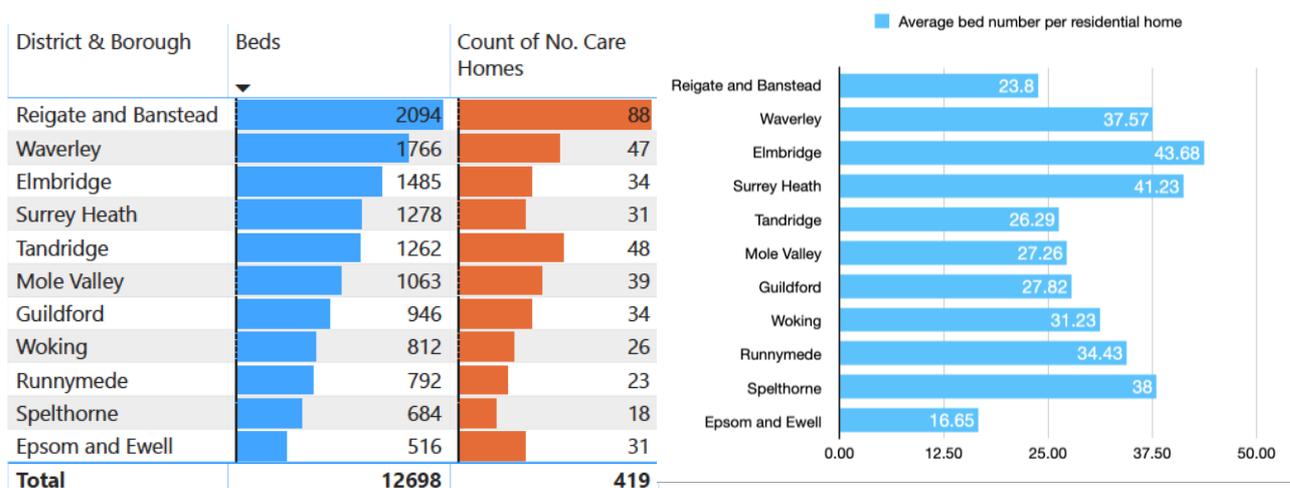


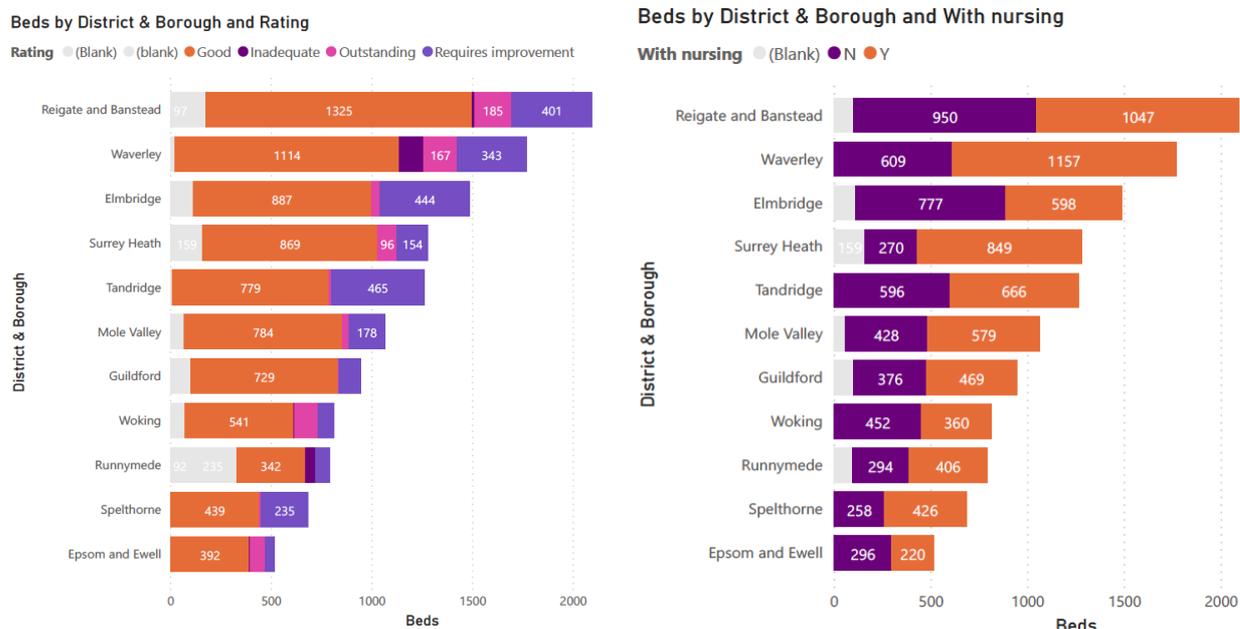
Figure 1 shows the district holding the highest number of Care Homes by a significant margin to be Reigate and Banstead. However, whilst Waverly holds nearly half the number of Care Homes, this district has the second highest number of beds suggesting the presence of very large residential homes. Elmbridge, Surrey Heath and Spelthorne also hold a number of large residential homes. This finding is indicated in figure 1 in the second bar chart showing the average number of beds per residential home by district/borough. Whilst larger homes may, in some cases, have more facilities, this may pose risks in terms of monitoring the movement of both staff and residents for infection control and the ability of homes to maintain ‘bubbles’ or sustained contact with families during long periods of lockdown. Given the scale of the Covid-19 crisis in care homes during the first wave of Covid-19, protective measures became focused on the residential care sector not only in Surrey but across the UK.

Facilities and quality of care

Due to its high number of residential care homes, Reigate and Banstead holds both a relatively large number of beds within homes that fall below standards and the highest number of beds within homes rated as outstanding. This suggests varying standards within smaller care homes. Waverly, Elmbridge and Tandridge, hold the highest number of care homes requiring improvement. This again reflects that issues are being found in a mix of both larger homes (found predominantly in Waverly and Elmbridge) and mid-sized to smaller homes found in Tandridge.

⁴<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland>

Figure 2 Residential Care Home beds by inspection rating and nursing capacity



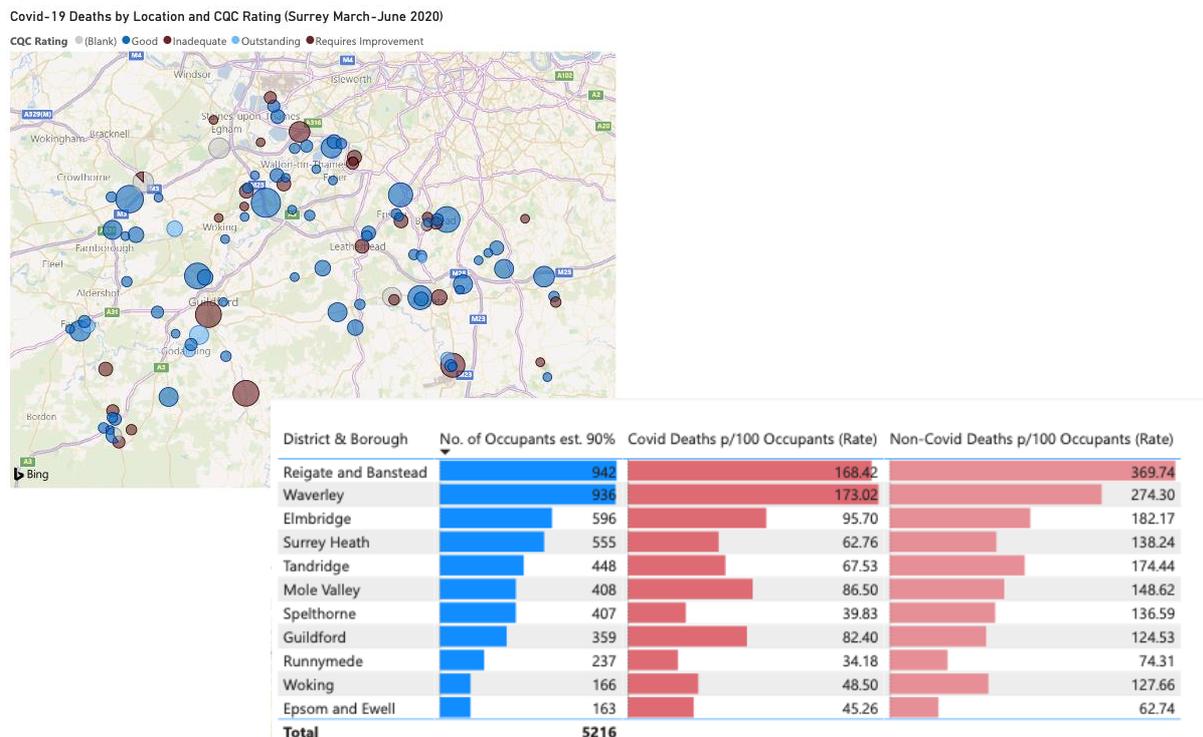
In terms of the ability to immediately respond and appropriately manage more acute medical conditions, nursing capacity is predominantly in the mid-size to larger homes within Waverly, Reigate and Banstead and Surrey Heath. Smaller homes are likely hold more expertise/specialise in caring for individuals with cognitive impairment, other behaviour conditions, and end of life care. It should be noted that homes of all sizes care for individuals with dementia, an additional high risk for covid-19 mortality. 194 homes in Surrey have reported to hold facilities/beds for individuals with dementia, by far the majority (87) of these assigned beds are situated in Reigate and Banstead. This is followed by Tandridge holding 48 beds for dementia patients and Waverly holding 47 beds under this category.

The impact of Covid-19 on the residential sector in Surrey

The first death that occurred in a Residential Care Home in Surrey occurred on the 21st March 2020. Since this time, there have been 399 total deaths from Covid-19 in Surrey Care Homes with the peak of the epidemic experienced in Care Homes occurring in April 2020. The analysis of Covid-19 deaths by Residential Care Home shows that deaths occurred almost evenly in homes across all inspection ratings (outstanding, good, requires improvement, and inadequate). This finding may alter as more proactive care homes put in place infection control measures as more is learned about Covid-19. The majority of Care Home deaths occurred in Reigate and Banstead being one of the first districts in Surrey after Epsom and Ewell to be affected by Covid-19. Waverly situated next to Reigate and Banstead was also heavily affected. It is likely that Residential Care Homes in these districts were impacted prior to the introduction of more targeted infection control measures and investments in PPE.

As seen in the bar chart in figure 3, non-Covid-19 deaths were also highest in Reigate and Banstead, Waverly, and Elmbridge. These numbers are broadly proportional to bed numbers.

Figure 3 Map of Care Homes in Surrey by Rate of Covid-19 deaths p/100 occupants and CQC Rating



However, relatively high numbers of non-covid-19 deaths in districts with smaller bed numbers such as Tandridge and Woking may require further investigative analysis.

Government measures introduced to control the Covid-19 pandemic in residential care homes

Following the high number of deaths in residential care over March and April 2020 and high level of media attention on the crisis, a broad range of government measures were introduced to control the pandemic. These measures included:

- Guidelines:
 - outlining restrictions/ temporary stops to visitation
 - infection control measures for visitors
 - on quarantine following symptoms or a positive test among residents, resident families or members staff
 - outlining rules on social distancing
 - outlining measures for cleaning
 - outlining rules on PPE
 - outlining staff entitlement to shielding
- Information -requests and provision
 - The commencement of NHS Capacity Tracker to document testing for outbreak data
 - The coordination of information through government websites and care home networks

- Resources for infection control:
 - The provision of infection control nurses in residential care homes and guidelines on sanitation measures
 - The provision of PPE for staff and visitors during the early stages of the pandemic
 - The provision of testing kits for staff, residents, and resident families
 - The provision of funding to introduce measures to control covid-19 outbreaks in care homes

Findings from interviews and focus group discussions with owners of residential care homes, residents, and their families

The impact of measures on residential care staff

After a series of stakeholder interviews and attending several general meetings conducted by Surrey Residential Care Association, more in-depth interviews were conducted with residential managers covering 18 homes.

Workload

Across the board, staff reported increases in workload as a result of covid-19 measures. Extra workload at the management level was due to several intervention areas. These areas included the need to regularly check government guidance and participate in networks to ensure the information on regulations was up-to-date. Further weekly extra work hours were added in the form of data request requirements with the need to input test results into NHS Capacity Tracker, respond to requests for information, and providing data to various levels of local government. Within residential care homes, managers were also required to supervise deep cleaning and increased measures for infection control, ensure weekly testing was carried out appropriately and seek means to procure additional test kits when necessary, supervise the appropriate use of PPE and seek means to procure additional PPE when necessary, and supervise visitation. Some care home managers further reported experiencing the need to compete with NHS staff for PPE during periods when supplies became scarce.

A further key strategy for infection control has been to limit the number of staff working in care homes. This strategy of avoiding the recruitment or use of new agency staff is employed even during periods of other staff absences to limit chance of infection in the home. This strategy has again increased the hours for remaining staff forced to cover for those in quarantine. This situation has improved with the use of more reliable and regular testing.

Mental health

It was reported that whilst families were understanding of the need for drastically reduced visitation during the peak of the pandemic, as measures have continued, relations between families and managers of residential care homes have come under strain. This is particularly noted as families observe the impact of continued isolation on the mental and physical health of their relatives. In this respect, it was felt that residential care homes were in the main left to justify to families what have been increasingly recognised as relatively severe infection

control measures. This is in part due to the paucity of reliable information around the transmission of Covid-19 and required levels of control measures during the first wave of the pandemic.

It was noted that staff also reported that the need for continued isolation from possible sources of infection as having a significant impact on their personal lives with less time spent with family members and outside of the workplace. This is likely to have affected staff mental health particularly among those with concerns for the wellbeing of members of their own family. Tensions were also reported among staff within some residential care homes likely due to limited outlets for debriefing or support in the form of social networks.

Financial pressures on the owners of residential care homes

As expected, following the high number of deaths in residential care homes, prolonged media attention, and associated government measures, a significant number of families made the decision to remove their relatives from residential care. There have also been indications of a switch towards a preference for home-based care with individuals prioritising the maintenance of regular contact with their families. The result of this switch has been an indicated increase in the number of individuals presenting to residential care homes later when families find themselves unable to cope with increased care requirements. A significant number of residential care homes also opted against taking on further residents during the peak of the first wave of the pandemic and in its immediate aftermath. As a result of these changes, the bed occupancy rate within care homes, reported to be around 89% following the government survey of the social care sector in 2018, was reported to range between 50%-70%. The rate paid per bed by authorities has also reduced in light of changes in demand. This latter aspect has led some owners of residential care homes to feel that that authorities have been unsupportive during this period of financial crisis for the sector.

Further costs have stemmed from the continued cost of PPE which was provided for free during the initial stages of the pandemic. Extra staff time for infection control measures such as regular deep cleaning also needs to be incorporated. Some care home managers have also purchased test kits privately since not enough have been provided to incorporate the need for regular testing- a key infection control strategy. There was also noted to be a gap in the distribution of test kits due to the recall of the previous testing kits. This again has led to the private purchase of alternative test kits to cover the month of September. Whilst a grant was provided to residential care homes, this is understood not to have covered the cost of PPE.

There is expected to be a series of home closures following a reduction in the number of residents willing to enter care homes and ongoing additional costs. Some managers interviewed reported expected defaults on loans and mortgages which they are unaccustomed to managing on such small margins. It is likely that financial pressures will have a significant impact on staff mental health in the coming months as the crisis moves into its second wave. This has led the sector to request a further grant in order to get through the

second wave of the pandemic. It was further noted that some care home managers felt let down at being effectively requested to carry the burden of the pandemic whilst not receiving adequate government support.

[Support in accessing resources](#)

Challenges confronted by owners of residential care homes has heavily depended on how linked in they are to wider care networks. In this respect, challenges confronted in accessing PPE, testing kits, information on updates in regulations, and access to financial support have been in the main greater for independent homes. Some managers reported that they were forced to lobby local MPs for PPE and testing kits and in one case a manager complained that purchased PPE has been commandeered for use within the NHS. It was reported in some cases that resident families stepped in to fill the gap making PPE from clothing and other materials.

More positive aspects related to access to GPs with owners of residential care homes reporting good continuity of care. Efforts were taken to provide care within the home avoiding residents having to attend waiting rooms where there is a higher chance of exposure to Covid-19. GP practices also ensured contact online and by telephone.

The impact of government measures on care home residents and families

The findings in this section draws on interviews conducted with care home residents and their families over June to August 2020.

[Dementia patients](#)

In part due to the paucity of information on the transmission of Covid-19, visitors were limited/stopped altogether during the peak of the epidemic and in the months in its aftermath. This strategy has had a profound effect on residents and their families. Those with dementia in particular are reported to have experienced worsening memory loss affecting their relationships with family members. This loss of recognition has been exacerbated by the use of PPE and social distancing making other forms of contact such as body language, facial expressions, and touch challenging. In this respect, some relatives reported experiencing 'artificial bereavement' with many lobbying to have relatives of dementia patients provided with key worker status. Appropriate strategies and levels of infection control may need to be urgently reviewed in light of the continuing waves of Covid-19 outbreaks being experienced globally. This is an issue also raised by owners of residential care homes however, many were cautious about being perceived to not conform to government regulations if rules were not followed. This has been of particular concern in light of the unbalanced media attention residential care homes received early in the pandemic.

[Adults with learning disabilities living in residential care](#)

Adults with learning disabilities were reported to have experienced a loss in life skills. Adults with learning disabilities tend to rely heavily on very set routines which could involve undertaking for example a set journey or activity on a weekly basis outside of the home. The strong requirements for infection control within residential care homes combined with the

loss of public transport and access to previous centres or shops led to an interruption in routines which may have taken years for people to establish. It should be noted that this aspect has been highlighted as a factor that has not only affected adults with learning disabilities living within residential care but those living with their families also. Strict curtails on mobility for this group has led to a loss of independence which may take years to re-establish if at all. Loss of independence was associated with increased isolation, higher care requirements, and higher levels of depression among those interviewed. Residents in this category were noted to be highly vulnerable having little understanding of the pandemic and therefore experienced high levels of anxiety towards the thought of going outside. Conditions associated with heightened sensitivity were also reported to lead to anxiety towards repeat testing, which at the point this work was completed, was quite an invasive procedure and the requirement for PPE.

Maintaining contact with relations

Both residential care home managers and families raised the issue of challenges in families maintaining contact during the pandemic. Some residential care homes reported families using tablets and phones to video call relatives which in some cases has worked well. However, it was noted that elderly people are not accustomed to spending long periods of time using screens making the experience tiring when relied on as a sole means of contact. In some cases, residents were reported to feel pressurised to maintain their use of this technology as families struggled to maintain contact. Pre-recorded videos were reported to work better with some residents able to see inside family homes for the first time. It should be noted that digital tools were found to be less appropriate for people living with dementia due to attention span and recognition. In these cases, it is clear that face-to-face meetings

Figure 5 Word Cloud of Responses from owners of Care Homes and Managers

are the only suitable method of contact.

Figure 4 Word Cloud of resident and family responses



Recommendations

- The need for humane measures when it comes to infection control needs guide future strategy for residential care homes. Vulnerable individuals and particularly the elderly have repeatedly been highlighted as having legally and health wise little voice in their own care. For this reason, it should be ensured that this perceived position of powerlessness is not exacerbated by pushing the elderly to effectively carry the burden of the pandemic through overly severe measures. In this respect, ongoing dialogue and flexibility is required in future regulations that take into account the voice of care home residents and families.
- Greater financial support needs to be provided to residential care homes if control measures continue as they have done to date. This is to cover the gap in care home occupancy during the course of the pandemic since the demand for care is expected to increase once the pandemic has lowered to acceptable levels, it is critical that there will be spaces for individuals requiring care. This is likely to be relatively high given the increasing number of people living with chronic conditions as a result of Covid-19 and delays in treatment exacerbating chronic conditions due limits on hospital capacity.
- Transfer facilities are required for individuals leaving hospital care and who have tested Covid-19 positive without significant symptoms or are awaiting test results, as is current practice in parts of London.
 - In respect of the risks and level of care available to patients in the context of Covid-19, it is recommended that Surrey consider practising *advance care planning*. The need for better planning to inform decisions on patient care and hospital admission was raised in discussions with resident family members with a request made for the MacMillan-style approach to be implemented as is current practice in Sutton⁶. This is suggested as a further means to provide both residents and their families with more of a voice in their own care and treatment.
- Due to the proportion of Covid-19 positive cases that are asymptomatic, testing is utilised as a key strategy for infection control in residential homes. For this reason, it is critical that test kits are supplied to residential homes to enable routine testing of staff, residents, and visitors when required. This would also enable families to visit their relatives more frequently.
- It should be ensured that adequate supplies of PPE, cleaning products, and hand sanitiser are provided to residential homes if they are expected to implement relatively high control measures. Residential care homes must be supported to ensure that families can continue to visit their residents and maintain contact.
- Clarity on regulations and their flexibility for highly vulnerable residents that rely on visitors to maintain mental clarity and are not able to use digital tools for

⁶ <http://advancecareplan.org.uk/advance-care-planning/>

communication is required. The appropriate use of PPE also needs to be clarified in this context.

- Greater efforts should be made to link independent residential care home into information/ support networks.
- Clear advice on available financial support and issues/rights related to loans/ mortgages needs to be made available to struggling residential care homes. It was noted that the rapidity and severity of financial struggles confronted had a significant impact on the ability to forward plan and on owners' mental health.
- Provisions need to be put into place to assist residents who have experienced a deterioration in their health/ chronic conditions. These conditions, also highlighted as a risk early on by Public health England, are reported to have resulted from extended/ increased periods of isolation and reductions in routine appointments and supportive care.
- Due to the longevity of measures, support mechanisms need to be put into place to protect the mental health of care home staff and families.
- Data on the profiling of residential care home occupants needs to be improved to strengthen assistance for residents living with dementia.
- Local early warning systems need to be setup to enable appropriate levels of proactive measures are taken to counter the threat of outbreaks.