Challenges and guidance for implementing social distancing for COVID-19 in care homes: a mixed methods rapid review

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Scientific summary

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Scientific summary

Background

Older people living in care homes (CHs) (i.e. homes that provide residential and/or nursing care) often have complex health and care needs and are at high risk of poor health outcomes and mortality, especially if they contract coronavirus disease 2019 (COVID-19). To protect older people from COVID-19, CHs use interventions such as social distancing and isolation, but these measures have been reported as challenging. Research is needed to explore and understand the challenges experienced by CHs endeavouring to implement these interventions while mitigating any negative consequences.

Objectives

The overall aim of the study was to explore and understand the real-life experiences of social distancing and isolation measures for older people living in CHs in England from the perspective of multiple stakeholders, and to develop a toolkit of evidence-informed guidance and resources for CHs now and for future outbreaks. The study objectives were as follows:

(1) to investigate the mechanisms and measures used by CHs currently and previously to socially distance and isolate older people to prevent and control the spread of COVID-19 and other infectious and contagious diseases
(2) to examine the experiences of residents and families/friends of social distancing and isolation measures during the COVID-19 pandemic, including how these measures impacted upon their well-being and how they adapted to change
(3) to explore how registered nurses and care staff adapted to and managed the delivery of personal, social and psychological care for residents with different needs while maintaining social distancing and isolation measures
(4) to identify how CH managers, owners and external stakeholders developed, managed and adapted policies, procedures and protocols to implement social distancing and isolation measures including workforce organisation, training and support, use of communal spaces, visiting, and working with external health and social care professionals
(5) to use the findings to develop a toolkit of evidence-informed guidance and resources, including a mosaic film, detailing which interventions and strategies for social distancing and isolation work well and which do not work in specific situations and contexts to support decision-making about health and care delivery in CHs and to facilitate resilience-building for future planning.

Methods

A mixed-methods, phased design was undertaken to identify the challenges, consequences and solutions to implementing social distancing and isolation measures in CHs for older adults to prevent and control the spread of COVID-19. The study was conducted in three phases:

(1) a rapid evidence review of measures used to prevent or control the transmission of COVID-19 and other infectious diseases in CHs for older people, following the guidance for conducting rapid reviews[1]
(2) in-depth case studies of six purposively sampled CHs in England involving individual interviews with care staff, managers, residents and family/friends, the collection of social distancing and isolation policies/protocols and routinely collected CH data, and focus groups with purposively sampled CH owners and external stakeholders. Reporting guidance for qualitative research was used[2]

(3) development of a toolkit of evidence-informed guidance and resources, and a mosaic film for CHs. The findings from earlier phases were used in two co-design workshops with external stakeholders to develop the toolkit.

Findings from the 103 papers included in the rapid review were synthesised using tables and a narrative summary organised around the review questions. Interview audio-recordings were transcribed verbatim and data analysed using thematic analysis. Descriptive summary statistics described the quantitative data collected. For the CH documents, information was collated around the key themes of social distancing, isolation, cohorting, zoning and other restrictions. Concurrent data collection and analysis informed decision-making about the need for further data and from which source.

Patient and public involvement (PPI) was an integral part of this study, informing its design, method, analysis and dissemination. PPI group members also participated in online workshops to contribute to the co-design of the toolkit.

Results

The rapid review highlighted the following:

- There is a lack of empirical evidence around how measures to prevent or control COVID-19 and other infectious diseases are implemented in CHs. Most papers were grey literature or policy documents, which were mainly descriptive, or opinion based. Furthermore, these interventions were generally mentioned as part of a wider discussion of COVID-19 strategies and were not the primary focus of the papers.
- Key interventions for preventing and controlling the transmission of COVID-19 and other infectious diseases in CHs for older people include social distancing; isolation of residents and staff; restrictions for residents, family members and staff; zoning and cohorting; and surveillance.
- Evaluative research on the use of these interventions in CHs is needed urgently.

The six case study sites were geographically spread and all had a Care Quality Commission rating of good (n = 4) or outstanding (n = 2). All were part of organisations (ranging in size from 7 to 114 CHs per organisation, and between 767 and 5875 beds per organisation). Four of the CHs were part of privately run organisations, and two were part of voluntary/not-for-profit organisations. One CH had a 'dual' registration, three had a 'nursing' registration and two were registered as 'without nursing'. Most provided some specialist care such as for dementia, learning disabilities, physical and mental health problems. The number of beds offered ranged between 37 and 73. One CH comprised a household of 12 residents within a village complex. Care homes varied on the number of positive COVID-19 cases, for example one reported only one case between March 2020 and February 2021, while another reported 27 cases within the month November 2020 alone – this home had opened a specially allocated 'COVID-ward'. In one CH no residents had died within 28 days of a positive COVID-19 test, while 10 residents had died from another home.

Policies and protocols about social distancing and isolation measures were collected from each CH and compared. Key findings were as follows:

- There was significant variation between CHs in the content, length and level of detail presented in policy and guidance documents.
- Capturing the frequent updates in guidance was challenging with documents sometimes being repetitive and unclear.
- Many documents had further, embedded documents or links to government guidance that provided a great deal of information, which might be unrealistic for CH staff to read.

- Shorter documents were less comprehensive and may not provide the necessary detail to guide CH staff.
- None of the documents included guidance on staff training and development.

Research at the case study sites included individual interviews with 31 CH staff. Key findings were as follows:

- The impact that the COVID-19 pandemic had upon CH staff must not be underestimated. Staff reported trauma and emotional distress.
- For many staff, the difficulties experienced during the pandemic were compounded by the government's response to CHs. Some staff felt they had been abandoned by the government, while others criticised the 'blanket approach' to government guidance and the rapidly changing rules for CHs.
- Care home managers valued the support of their senior leadership to help them interpret and implement government guidance.
- Staff talked of the difficulties of 'policing' social distancing measures while simultaneously trying to maintain a sense of 'normality' for their residents. Although staff and residents were supposed to maintain a social distance from each other, this was often impossible to uphold when providing personal care.
- Care homes were perceived as a resident's home rather than an institution, which made some staff question whether social distancing was appropriate.
- Many staff felt that social distancing measures denied residents (and themselves) of the important need for touch, as hugs were felt to have a vital role in CH life.
- Understanding fully the impact on residents living with dementia was recognised as a challenge and not always possible to achieve.
- The design and layout of CHs meant that there was not always the physical space for social distancing to be implemented.
- Staff felt that new admissions to CHs had the most difficult experience with isolation regulations.
- For some managers, isolation measures went against the ethos of the CH environment and ruined the family feel of the CH.
- The requirement for residents to isolate when returning from hospital could lead to a reluctance in residents to attend hospital appointments and a disinclination of staff to refer residents for hospital care.
- Several different resident restrictions were implemented in CHs, but restrictions around residents leaving the home, changes to food preparation/delivery and visitor restrictions were perceived to have the greatest negative impact.
- On occasions, staff became a target of anger and frustration from residents and their families, who could not comprehend that they were being prevented from seeing each other.
- Good support from CH management was considered by staff to make the process of implementing these measures easier.

Individual interviews were conducted with 17 residents and 17 family members. Key findings were as follows:

- The experiences of residents and families were varied, and their impact was influenced by the existing pattern of relationships residents and families maintained within and beyond the CH.
- Residents and families valued the work of the CHs in keeping residents safe. They accepted the need for restrictions.
- Residents and families appreciated the support they received in communicating with one another virtually and the importance of this communication for residents' health and well-being.
- Measures relating to isolation were particularly difficult for residents, particularly for those unable to communicate with the outside world through technology.
- Measures to make isolation less difficult for residents included ensuring that they were entertained purposefully with regular socially distanced visits from staff and various resources to occupy their time.

- Creative approaches to activities for residents not isolating were also evidenced, for example indoor gardening, yoga and quizzes.
- Social distancing made aspects of CH life and social visiting difficult and sometimes unsatisfactory; residents and families missed physical touch and other non-verbal forms of communication. This was particularly important for residents with cognitive impairment.
- Residents and families were involved with staff in complex judgements of risk, choice and control, which were complicated by two factors. First, families (and some residents) were aware that those in CHs were in the twilight of their lives and that time was ebbing away. Second, many families and residents were also learning how to manage their relationships in the new living context of a CH.

Two focus groups were conducted with a purposive sample of 13 external senior health and care leaders. Key findings were as follows:

- Isolation of the sector: the sector felt cut off from the National Health Service (NHS) and pre-pandemic sources of service and support.
- Government guidance for CHs and communication processes: 'chaos' described the approach to cascading information to CHs, especially in the first wave of the pandemic.
- Visiting: regulations evolved throughout the different waves of the pandemic and led to variations in interpreting and implementing visiting guidance.
- Trauma: as the pandemic wore on and the different waves and variants emerged, there was a need to take account of the broader health and well-being of residents, families, visitors and the workforce. Trauma impacted at several different levels – for staff, residents and family members.

Implications for practice and policy

For practice

Implications of the study findings for practice are captured in our toolkit for supporting CHs with social distancing and isolation measures. These are framed around six areas: caring for residents when they are social distancing; caring for residents when they are isolating; supporting residents, families and friends to communicate when visiting is not permitted; supporting visits from families and friends when visiting is allowed but with restrictions; caring for care staff; and caring for managers.

For policy

The study findings can inform discussions involving CH providers, managers and external stakeholders to enhance understanding of social distancing and isolation measures for residents – consequences, challenges, solutions and learning. Our findings also have implications about how guidelines are developed and disseminated. They reinforce the need for CHs and social care to be considered as an integral part of integrated care systems, to ensure that actions taken during national emergencies fully account for the impact on all parts of health and social care. Our findings can inform discussions about developing digital technologies to help residents with different needs stay connected with families and friends, and for CHs to communicate effectively with residents' families and friends.

Our findings can contribute to the content of the digital hub for the social care workforce.

Recommendations for further research

This study has identified that research is needed in several areas including the following:

- Evaluations of the toolkit.
- Evaluation of social distancing and isolation measures used in CHs to prepare for future pandemics.

- Research to develop and evaluate remote social interaction for residents living with dementia and their families.
- Research to understand what a trauma-informed approach looks like for the CH sector – to care for residents, families, friends and staff in CHs caring for older people.
- Research to co-design and evaluate an intervention to enable residents with different needs to transition to living well in a CH.
- The study of an intervention that cares for families and friends.

Conclusions

The CH sector was ill-prepared and under-resourced for the COVID-19 pandemic. During the pandemic and for any further surges, it is paramount that CH services are safe, effective, caring, responsive to individual needs and well-led. The loss of older people living in CHs due to COVID-19 has been substantial; it is essential to learn from this devastation, to understand the consequences, challenges, solutions and to evaluate these solutions. Evidence to support learning and recovery of the CH sector from the pandemic and to inform policy-making is paramount. Care homes need evidence-informed guidance that sets out what and how social distancing and isolation measures should be operationalised, while meeting residents' individual needs. Our toolkit is designed to capture such innovative approaches. Our study makes an important contribution to this learning and recovery, as one of the first to study the challenges and solutions to implementing social distancing and isolation measures for older people living in CHs in England.

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