



GSF Care Homes COVID -19 Support Call 2



Wed May 20th 2020

Prof Keri Thomas Dr Julie Barker , Dr Laura Pugh
Julie Armstrong Wilson

Plan of zoom call May 20th

- Welcome and Introduction
 - Ground rules , chat room and questions
 - GSF webpage Covid 19 resources
- Polling Survey 1
- Presentation- Dr Julie Barker
 - Update and new resources + Questions
- Presentation Dr Laura Pugh
 - Self Care and Resilience
- Open discussion
- Polling survey 2
- Your questions, feedback, next steps, and close

Zoom Webinar Basics

- Polling surveys - baseline and follow up
- Do introduce yourself and **good to know your key challenges**
- Use chat room to say this and add your home and location
- Please **stay muted** during presentations/ while others talking
- Times for open discussion and questions – keep succinct
- **Resources will be available on GSF website**
- + if you have something you can share, send to us to send round
- Chat room for other queries
- Tell us any key issues you'd like to discuss next time
- **Next Zoom Support call in 2 weeks Wed June 3rd 10.30-11.45**

All Resources on GSF website

Home Page

COVID information

Support Calls 1 and 2 including resources and powerpoints



www.goldstandardsframework.org.uk



RESTORE2

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Adult Physiological Observation & Escalation Chart

Full Name:

NHS No.

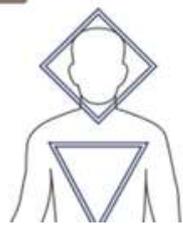
DOB: Room No.

Does Your Resident Have Soft Signs of Possible Deterioration

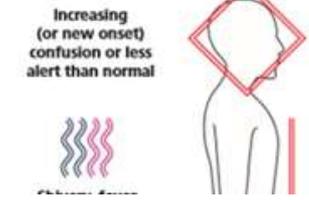
Worse than normal lethargy or withdrawal or anxiety/agitation/apprehension or not themselves

NEW ONSET OF:
Stroke (facial / arm weakness, speech problems)
Central Chest Pain Attack / Cardiac
CALL 999 IMMEDIATELY

Morsening shortness of breath (can't talk in sentences), chestiness or fast breathing



Low or increasing oxygen requirement



Increasing (or new onset) confusion or less alert than normal

Off food appetite

COVID 19 and care homes

- Care homes struggles has hit headlines
- 25% of all deaths in care homes
- About 12,000 due to COVID
- Excess deaths 50,000



Provision of basic needs

Information about COVID-19

**Clear and systematic protocols
for dealing with residents and
staff who are symptomatic**

**Effective communication,
camaraderie, and social support**

Support psychological wellbeing

**Grief and bereavement training
and support**

Self-care

Supporting care Homes during COVID crisis

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

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

Provision of basic needs

- Try to ensure staff have adequate access to food, PPE and take regular breaks to reduce fatigue
- Even with staff shortages, stagger shifts where possible and make sure working hours are not excessive
- 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
- Include information about how to reduce infection and spread
- Ensure staff know how to provide specific care for those with COVID-19
- 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
- Provide training in the safe use and management of PPE
- 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
- Encourage informal peer support, buddying and mentoring between senior and junior staff members
- Facilitate camaraderie amongst staff and take measures to improve staff connectedness and cohesiveness
- 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
- Know what support services are available to staff in your locality. Inform staff about these services and encourage them to access help if needed
- Enable staff to access appropriate online resources, helplines and wellbeing apps
- 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
- Make information about bereavement clearly visible and available for staff, residents and families – include information leaflets, support lines and online services
- Encourage staff to reminisce about residents after they have died, reassure them of value of end-of-life care provided
- Implement effective, compassionate ways to notify all staff of a resident's death e.g. bulletin board, email to all staff
- 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
- Continue to attend to self-care, get daily exercise and engage in enjoyable activities
- Connect with family and friends via technology when helpful. Disconnect and take time out when needed
- Limit exposure to social media and rely on news from trustworthy sources

Poll 1





**Integrated
Care System**
Nottingham & Nottinghamshire

Dr Julie Barker

- GP Newark Nottinghamshire
- GSF Clinical Associate
- Notts EOLC Lead & Care Homes lead
- Beaumont House Community Hospice:
care services lead



Resourcing you: what's new?

OFFICIAL SENSITIVE



Publications approval reference: 001559

Clinical guide for supporting compassionate
visiting arrangements for those receiving care at
the end of life

13 May 2020

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0030_Visitor-Guidance_8-April-2020.pdf

Testing staff & patients

<https://www.gov.uk/apply-coronavirus-test-care-home>

Government portal

What is your experience of this so far?

Many areas are developing their own testing teams

Surveillance.....

Hospital Staff Infection Rates

Doubts over actual infection rates from SARS-CoV-2 in the community persist, with a new study suggesting that **3% of staff in one hospital trust in England tested positive, despite not reporting symptoms.**

The results were based on swab tests of 1032 asymptomatic staff at Addenbrooke's Hospital in Cambridge throughout April.

On closer questioning, around 1 in 5 reported no symptoms, 2 in 5 had very mild symptoms that they had dismissed as inconsequential, and a further 2 in 5 reported COVID-19 symptoms that had stopped more than a week before.

BGS: End of Life Care in Frailty

<https://www.bgs.org.uk/resources/resource-series/end-of-life-care-in-frailty>

<https://www.bgs.org.uk/resources/covid-19-end-of-life-care-in-older-people>

BGS

- Introduction
- Identification & Prognostication
- Advance Care Planning
- Urgent Care needs & deterioration
- Pain

Latest in React To series : FALLS - now available on an app



<http://www.reactto.co.uk/>

Others in series:

- Red (pressure sore prevention)
- Infection
- Dementia
- Feet
- Moisture
- Malnutrition
- End of Life care (on its way)

Primary Care Support

Named clinical lead for each care home

- clinical leadership from GP practice or community health service
- proactive support for people living in care homes, including through personalised care and support planning as appropriate
- care home residents with suspected or confirmed COVID-19 are supported through remote monitoring – and face-to-face assessment where clinically appropriate – by a multidisciplinary team (MDT) where practically possible (including those for whom monitoring is needed following discharge from either an acute or step-down bed) and
- sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit

The Details.....

- a) **Delivery of a consistent, weekly 'check in'**, to review patients identified as a clinical priority for assessment and care. Remote contact usually. Review patients, care plan, support use of obs incl pulse oximetry
- b) Development and delivery of **personalised care and support plans** for care home residents
- c) Provision of **pharmacy and medication support** to care homes

Sharing & questions.....



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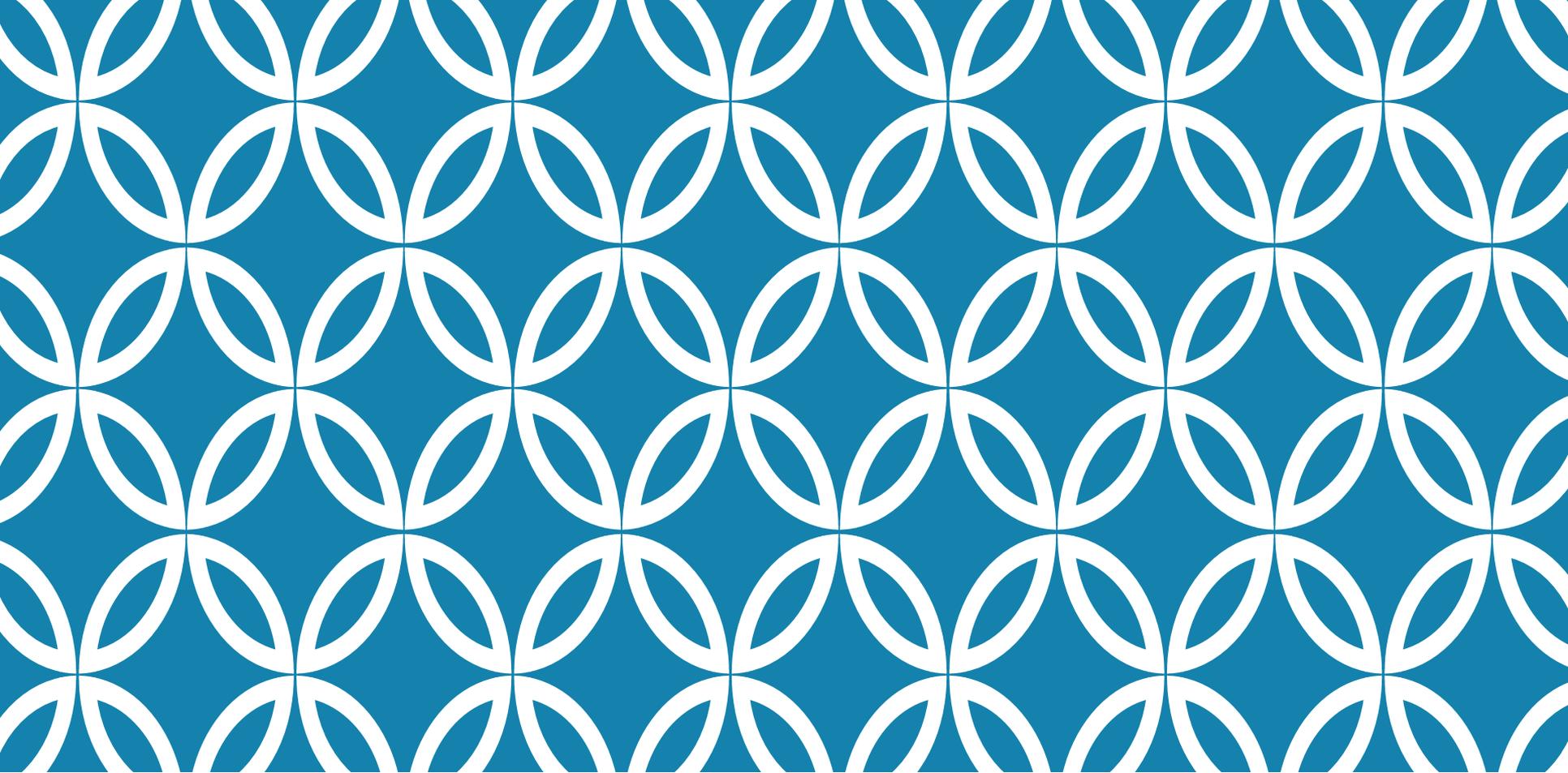
Dr Laura Pugh

GP Sandwell and Dudley

Clinical Director PCN

GSF Clinical Associate

Self care and resilience



RESILIENCE FOR US AND FOR OUR STAFF

Thoughts around how to look
after ourselves in uncharted
territories. May 2020

DR LAURA PUGH GP . DISCLAIMER!

I am not an expert!

I am learning alongside you –for myself and for my organisation and wanted to facilitate some joint learning.

I have listened to colleagues in the care sector and read some useful documents- and have 28 years experience of being a GP- and have put this talk together to see what we can learn.

RESILIENCE: THE CAPACITY TO RECOVER QUICKLY FROM DIFFICULTIES; TOUGHNESS.

I worry about what might happen

Managing the staff worries and safety- and those of the relatives.

Courage is not the absence of fear, but rather the judgment that something else is more important than fear.

— Ambrose Redmoon

There is so much to read – information overload- I can hardly keep up.

“I am not what happened to me, I am what I choose to become.”

— Carl Gustav Jung

Challenges are what makes life interesting and overcoming them is what makes life meaningful.

— Joshua J. Marine

Everything is changing so fast I worry about making sure I have done everything and have done it all properly

She was unstoppable, not because she did not have failures or doubts, but because she continued on despite them.

— Dean Taylor

When a lot of the staff went off sick it was a problem- I had to cover a lot of extra shifts



REFLECT

What have you found most difficult.....

PSYCHOLOGICAL RESPONSE PHASES TO AN OUTBREAK

THE BRITISH PSYCHOLOGICAL SOCIETY: THE PSYCHOLOGICAL NEEDS OF HEALTH CARE STAFF AS A RESULT OF THE CORONAVIRUS PANDEMIC MARCH 2020

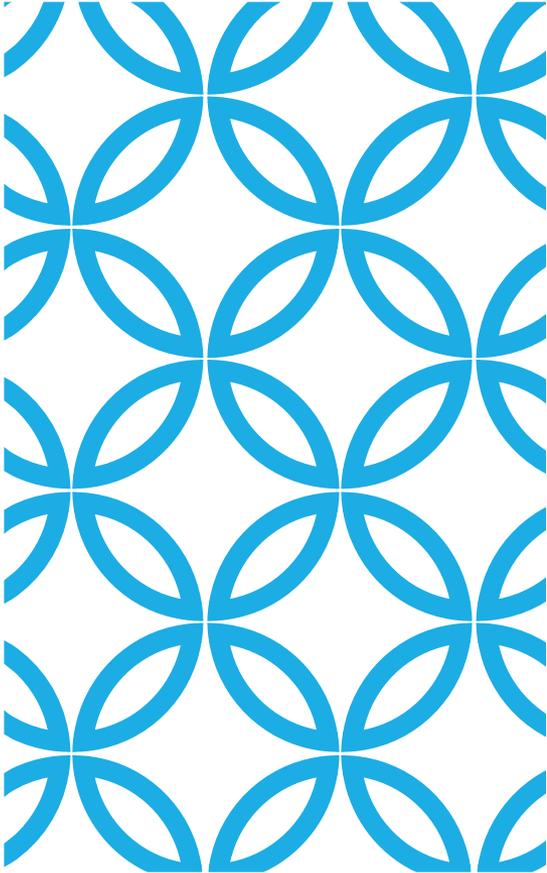
Preparatory phase: Rapid planning - that may lead to anticipatory anxiety, and feeling unprepared and therefore anxious.

Active phase. a: Heroics and Surge to a Solution: Increased camaraderie, sense of rising to a challenge. BUT staff may respond by instinct and be more prone to error. There may be frustrations and role confusion as people try to adapt quickly. Overworking. Poor communication. Witnessing things not seen before and feel out of control.

Active phase. b: Disillusionment and exhaustion. THIS IS THE AREA OF HIGHEST PSYCHOLOGICAL RISK. Staff may experience sudden exhaustion. They may neglect their physical and psychological needs. Moral distress (not being able to perform as you would usually want to)....emotionally disconnected and experience compassion fatigue

Recovery phase and long term psychological impact: The staff have time to reflect- many will be able to cope with what they have been through- some may experience POST TRAUMATIC GROWTH, but some will have feelings of guilt or resentment, burn out, ptsd.

At each phase family/home life will be impacting, previous vulnerabilities may come into play.



REFLECT

Where do you think you /your organisation might be in this trajectory?

WHAT THE BRITISH SOCIETY OF PSYCHOLOGISTS SAY MIGHT HELP

1. Visible leadership
2. Have a communication strategy
3. Ensure consistent access to physical safety needs
4. Ensure human connection and methods of pre-existing peer support
5. Providing psychological care to patients and families is key to staff well being
6. Normalise psychological responses

WHAT THE BRITISH SOCIETY OF PSYCHOLOGISTS SAY MIGHT HELP

7. Deliver formal psychological care in stepped ways as appropriate

- ❖ Basic needs and physical resources
- ❖ Information
- ❖ Support and psychological first aid
- ❖ Psychological intervention

8. Innovate to implement psychological care, but in a co-ordinated way and consistent with organisational policies and principles of compassion and care.

9. Come back to your core NHS, organisational and professional values in making decisions

10. TAKE CARE OF YOURSELF AND PACE YOURSELF-THIS IS A MARATHON NOT A SPRINT

HOBFOLL FIVE
2007
5 ESSENTIAL
PRINCIPLES FOR
PSYCHOSOCIAL
CARE FOR PEOPLE
FACING TRAGEDY
OR DISASTER

A sense of safety: Be transparent. Address risks and on going threat as best you can. Make it safe for your team to speak up. Reassure- and help staff no you have their best interest at heart.

Promote calming: Be clear with your message and make sure your team members feel heard. Offer relaxation/mindfulness opportunities

Remind your team members of their sense of efficacy individually and as a team This is an opportunity to be responsive, ensure cohesion ad repair regression as a group. Recall examples when the team worked well in adversity.

Connectedness: Members of your team have a unique , shared experience you can build on- focus on a way that brings them together rather than fragmenting, polarizing or blaming

Talk about hope and a sense of purpose: Remind your team time and time again why their work matters. If you can maintain hope you can stimulate will and create pathways for action.

REFLECT

What have you found most helpful for supporting yourself and your team so far?

Are there things you could share with us all?

What do you think would support you most going forward?

MENTAL HEALTH HELP- NHS WEBSITE

https://www.nhs.uk/oneyou/every-mind-matters/?WT.tsrc=Search&WT.mc_id=Brand&gclid=EAlalQobChMI4drwtaG76QIVlvtCh36Cw0iEAAYASAAEglw3fD_BwE

At a later time you might like to do a mental health first aid course.

INTERESTING THOUGHT: What is the opposite of stress?

Neurophysiologically- KINDNESS is the opposite of stress!

SIX DOMAINS OF RESILIENCE?



"Start where you are.
Use what you have.
Do what you can."

**RESILIENCE IS A VERY PERSONAL
THING...**

Can you take some time to think what you...and then what your organisation.... needs to be resilient?

Can you work out what steps need to be taken to achieve that?

PRINCIPLES FOR RESPONDING WELL IN THE RECOVERY PHASE

- ❖ 1. Allow time for taking stock and reflecting
- ❖ 2. Organise active learning events
- ❖ 3. Organise thanks and rewards for everyday going above and beyond
- ❖ 4. Needs assessment of staff- what did they find helpful, what ongoing input would they want now?
- ❖ 5. Provide spaces for ongoing peer support

REFERENCES AND SOURCES

1. How leaders can support team resilience in a pandemic. Nicole Forget April 15th 2020

2. The psychological needs of healthcare staff as a result of the coronavirus pandemic. British Psychological Society

3. NHS Briefing paper for NHSEI and NHS staff wellbeing offer during Covid 19 response Dr Sonya Wallbank.

4. https://www.nhs.uk/oneyou/every-mind-matters/?WT.tsrc=Search&WT.mc_id=Brand&gclid=EAlalQobChMI4drwtaG76QIVIevtCh36Cw0iEAAYASAAEglw3fD_BwE

5. <https://drchatterjee.com/how-being-kind-helps-your-immune-system-reduces-stress-and-changes-lives-with-dr-david-hamilton/>

How are you doing caring for yourselves and your staff ?



Poll 2 Follow up



Next Steps

- All powerpoints and resources on website
- Add to chat room or feedback
- Repeat in 2 weeks? Wed June 3rd –same time.
- What key questions/ issues would you like to raise ?
- *Do pass this on to any colleagues or other non- GSF care homes you think interested to register*

**Thankyou -we salute you !
Keep up the good work !**



Gold Standards Framework
www.goldstandardsframework.org.uk
info@gsfcentre.co.uk