

Study identifies biggest barriers to care home visits restarting during pandemic

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Variability in COVID-19 vaccination uptake by care home staff and family carers was the biggest barrier to care home visits resuming during the pandemic, research led by the University of Liverpool suggests.

This was exacerbated by a lack of help and advice on implementing

[government guidance](#) meaning individual [care homes](#) were left to interpret the limited guidance, where any existed, themselves and make decisions on how and when [visits](#) should be restarted.

In March 2021, the Government made two announcements and allowed at first one essential visitor into care homes, followed by a second essential visitor. With the sector not having received any communication from the government about the changes in advance, care homes implemented the guidance in the way they saw best, with some homes enabling visits and others remaining reluctant to do so.

Funded by the National Institute for Health Research (NIHR), the research partner of the NHS, [public health](#) and [social care](#), this is the first study to have explored the concerns and issues surrounding vaccination and increased testing on care [home](#) visitation while making recommendations for managing care home visits during future pandemics. 62 interviews took place with [family](#) carers and care home staff from care homes across the country.

The researchers, whose work was published in *Age and Ageing*, allocated their findings into five themes as the biggest factors influencing care home visits restarting during the pandemic:

Delayed and inconsistent offers of face-to-face visits: This left some family carers seeing their relatives via alternative face-to-face visits, pod and window only visits, delays, varied visitation rights and general uncertainty as to when the care homes would resume normal face-to-face visits again. For many, this meant that they had not been able to visit their relative for almost a year, as restrictions had not lifted significantly in some homes since the beginning of lockdown.

Procedures and facilitation of visits: Care homes implemented strict testing, PPE, and distancing procedures, and family carers faced lengthy

logistics issues to visit their relatives, involving testing ahead of the visit and having to wait outside until the test comes back negative.

Variable uptake of the COVID-19 vaccine: Despite both care home residents and health and social care staff prioritised for accessing the COVID-19 vaccine, as well as family carers, there was a variable uptake according to study figures. All family carers participating in the research had been vaccinated, whilst not all staff had or colleagues within the same care home, contributing directly towards delays in visits restarting.

Spread of misinformation: Care home staff reported different issues surrounding information about COVID-19 vaccination, with some of their co-workers misinformed about the vaccine. There appeared to be a lack of credible information and sufficient education to fully inform staff about getting vaccinated, with side effects on fertility as well as being microchipped mentioned as reasons for not getting vaccinated. Misinformation seemed to have spread via social media and the internet more broadly

Frustration and anger of family carers: Family carers were angry and frustrated about the fact that they had not been able to enter care homes and have face-to-face visits with their relative despite being tested, vaccinated and careful about adhering to restrictions. This was aggravated by family carers seeing care home staff sitting next to their relative behind a pod screen or window, in close proximity, without much knowledge as to whether staff had been vaccinated or not. In addition, on each alternative visit, different members of staff could be facilitating the visit sitting close to the resident, thereby again increasing potential infection risk when family carers had often little to no knowledge communicated to them about vaccination of staff.

The report authors make five specific recommendations for the care home sector, to benefit staff, family carers, and residents in future

pandemics:

- Face-to-face visits are a human right and the right to see loved ones should only ever be removed as a last resort, regularly reviewed in consultation with residents and carers, and restored as a high priority as soon as possible
- Support for care homes for the effective implementation of infection control measures and access to personal protective equipment alongside health staff, to avoid taking staff time away from caring for residents and leading to stopping visits as a default, lower cost, protective response
- Need for better information support and guidance surrounding vaccination for all involved and improved logistical processes for vaccine delivery
- General need for better guidance and communication to support care home staff in their work delivery and communication between care homes and families
- As per current government policy, vaccination of social care [staff](#) should be mandatory

Lead Researcher Dr. Clarissa Giebel, of the NIHR Applied Research Collaboration North West Coast based at the University of Liverpool, said findings will be shared with the care homes sector, family carers and government.

She added: "We have made clear recommendations for care home management moving forward and in the event of another pandemic.

Whilst more in-depth research is required on the precise impacts of residents from their perspective, there is a clear message that Government guidance must be underpinned by law to protect care home residents' right to family life."

The study was conducted with guidance from [family carers](#) and input from the Lewy Body Society.

Jacqui Cannon, Chief Executive of the Lewy Body Society, said: "As a research charity The Lewy Body Society is very keen to support studies that help advance understanding of the lives of people with Lewy body dementia, their families and carers, in addition to funding research through our grants programme. We were particularly keen throughout the COVID-19 pandemic to understand about the biggest barriers to care home visits taking place and to support this vital piece of research."

Paul Marlow, a public adviser to ARC NWC and a carer for his mother in a care home in Liverpool, participated in the study. He has made a video of his frustrations in navigating the visiting rules to access the care home during the pandemic.

More information: *Age and Ageing* (2021).
[academic.oup.com/ageing/advanc... eing/afab229/6424573](https://academic.oup.com/ageing/advance-article-abstract/doi/10.1093/ageing/afab229/6424573)

Provided by University of Liverpool

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