# Rebuilding Together

A summary of insights into how care homes coped during the pandemic and what they need now to recover and rebuild.

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My home life
England

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# Foreword

My Home Life England is a national initiative promoting quality of life and positive practice in care homes and other care settings (www.myhomelife.org.uk).

Alongside other charities and national organisations that support the care sector, the My Home Life England team worked closely with care homes across England from the very beginning of the pandemic in March 2020. This was a time when hospital patients with Covid-19 were being admitted to care homes with, what we knew then and what was only publicly recognised much later on, tragic consequences for those living and working in those care homes.

As time progressed, My Home Life England shifted its role from one of 'being there' as a source of support to care homes during the pandemic, to working alongside teams and enabling them to try and make sense of their experiences, acknowledge their heroic work and consider what support they might need to rebuild.

This report offers insights into these conversations. It is based upon notes and summaries generated and produced for over 200 people that we worked with in 34 care homes across England. It is not a formal research study, but the findings have been validated with some of those that took part.

The report has purposely not focused on the dreadful and sometimes terrifying experiences that these people had, as this has been documented elsewhere. Instead, we have tried to create a report using an appreciative lens that helps the world recognise why we should be so proud of our care homes and those living and working within them. It offers insight into what support care homes did receive which they felt was valuable, in order to inform future responses to crises. It also explores what care homes need right now, knowing that the pandemic is still evident in many care homes, both in terms of Covid-19 infection and the long-term trauma that it has left behind.

The report is one small way for My Home Life England to really thank care home teams for their bravery, resilience, skills, flexibility and extraordinary heart during the pandemic, now and into the future.

# Summary of Key Points

## Introduction

a. During the pandemic, My Home Life England (MHLE) maintained telephone support to those care home and domiciliary care managers with whom we had previously built relationships, via regular telephone calls.

b. Towards the end of the pandemic, MHLE provided face-to-face support to 200 care home leaders, staff and occasionally residents across 34 establishments, hoping to help them recover and rebuild. The learning from these conversations has been captured around the key questions:

- What are we most proud of in terms of how we have managed and are managing through the pandemic?
- What was good in terms of the support we received?
- How can we build upon the best of who we are?
- What do we need now and in the future to help us to feel good about ourselves and to make this care home even more special?

## 1. What were care homes most proud of in how they managed and are managing through the pandemic?

### Teamwork, social capital and values

*"We have connected in a deeper way with each other because we have been through trauma together."*

Despite the massive challenges that they faced, and the limited number of staff available, everyone rolled up their sleeves and got on with managing the crisis together. Survival felt highly dependent upon the goodwill of others to keep the home running. Staff shared information and stood with each other through difficulties (personal and work-related). Where strong teamwork was evident, this was often mirrored by the actions of managers who were making sure that they were regularly communicating with teams.

### Loyalty, commitment and professionalism

Teams often conveyed a sense of putting residents before themselves (and sometimes before their own safety). They demonstrated huge commitment and loyalty, typically going the extra mile, with some staff moving into the home to protect the residents from infection.

Professionalism was evident within staff teams in seeking to uphold quality standards. Despite the increased workload and paperwork, many staff teams aimed to make the care home as close to normal as could be.

## 2. What was good in terms of the support we received?

Support was often absent, particularly at the beginning of the pandemic, leading to people feeling alone and sometimes very scared. Where support was evident, it came from:

- The community: schools, businesses, individuals offering all sorts of support to homes
- The provider/line manager, in terms of a blurring of roles where everyone was simply mucking in
- The wider health and social care system, particularly when communication was channelled through one individual or one meeting

- Team-mates: a high level of self-sacrifice for one another, sometimes to their own detriment and sometimes a feeling that this was the expectation.

### 3. How can the people who live in, work in and visit care homes build upon the best of who they are?

Care home teams spoke about:

- maintaining and building upon the very strong team connection that had emerged, which kept people safe and which can easily fade away;
- creating opportunities to keep the fun and laughter going – something that got them through the huge challenges and keeping going with creativity.

Some care home teams talked about care practices that had emerged during the crisis that they wished to keep in place.

## Conclusion

People who worked in care homes repeatedly spoke of the need to be acknowledged – to be appreciated and supported in their work. What this meant in practice differed for each care service and for each individual. There is a vital need for care providers, the wider health and social care system and local communities to invest in the wellbeing of care teams, to actively engage in open conversations with people living and working in care homes and to explore what would help them now and into the future. It has not just gone away.

A final message for now and the future: please review guidance and policy to make it clear, consistent and timely.

# Introduction

My Home Life England were invited to engage with 200 individuals in a short programme of support to care homes called 'Rebuilding Together'. In each of the 37 care homes, a trained facilitator gathered small groups of care staff together during quieter moments of their shift for periods of between 1 and 2.5 hours. We also engaged with some of the people living in the care home. The facilitator team created a structure for discussion that aimed to help people to have a safe space to reflect on their personal experience of the pandemic:

- What they were proud of?
- What support did they value?
- What did they need now to help the care home rebuild?

In truth, these questions helped create a starting point for more free-flowing discussions, enabling people to share what they wanted of their experience in an environment of safety. We made it clear to participants that this was not counselling or therapy and facilitators were mindful not to open up trauma and to move people into a more appreciative or solutions-focused mindset when it felt that the emotional content was potentially challenging for individuals. That said, there were tears, but there were also moments of joy and collective acknowledgement of the profound impact that they had had on the lives of the people living there, including relatives and friends. The feedback at the end of sessions was that, at least in that moment, they felt acknowledged and appreciated and could also appreciate their fellow team members more.

The people in these conversations came from care homes across England. These individuals included frontline care and domestic staff, residents, care home managers and deputies, nurses, administrators, and activities coordinators.

**Table 1: People's roles in the care home that participated in this work**

| Role | Number |
|---|---|
| Care home managers/deputy managers | 40 |
| Care workers/care assistants/ domestic assistants/administrators | 177 |
| People living in the care homes (residents) | 11 |
| Relatives | 2 |

This report outlines the findings from these conversations. The report presents the opportunity for us to reflect on what is needed in terms of evidence-based support and guidance for the care home sector. This report also contributes to validating anecdotal evidence of the experiences of those who live and work in care homes, which may have otherwise remained 'simply' anecdotal.

**Following an analysis of the conversations, 12 overarching themes were identified as they relate to the following five questions:**

1. What were care homes most proud of in terms of how we have managed and are managing through the pandemic?
2. What was good in terms of the support we received?
3. How can we build upon the best of who we are?
4. What do we need now and in the future to help us to feel good about ourselves and to make this care home even more special?

# 1: What were care homes most proud of in how we have managed and are managing through the pandemic?

**From the analysis of the conversations, three themes from the data address this question:**

- Teamwork
- Social capital
- Values

## Teamwork

Good team spirit and working together to make things work were a great impetus to forge ahead during the difficult days, and almost all the conversations referred to teamwork. There was a sense that everyone rolled up their sleeves and got on with managing the crisis together. Perhaps there was no other alternative: people just got on with it without complaint.

They were often short-staffed (because of Covid-19 infection amongst other things) and therefore individual staff would have to take on whatever roles were required as they had no other option but to cope. The effect of this for several teams was a feeling that they "could get through anything now". The conversations showed that when the teams worked better, even the most challenging tasks could be surmounted with confidence. For example, in one care home the staff described a "military operation" to get someone to hospital after a major incident in town which had affected hospital access.

There was a sense of pride. Staff teams adapted and found ways to make things work. For instance, in many homes, some level of activity for residents continued. There were examples of pamper days, eating ice cream, making cakes, gardening, talent show, being creative with PPE, drawing, drama and dance online, keeping fit, and more.

*"Sadly, some felt that this feeling of togetherness was fading. If many of the teams could work so cooperatively and productively through the difficult times, there is a possibility that they could be supported to maintain the good which was achieved during those difficult times."*

## Social capital

Social capital, often considered to be embedded in informal interactions and relationships, was one of the major factors which enabled many individuals to survive the experience of the pandemic. While, pre-pandemic, many care homes would have claimed to have a fair amount of social capital, the value of social capital increased during the pandemic. As the days got tougher, it became more evident that survival was highly dependent upon the value of social networks and bonding between the diverse people who worked and lived in a particular care home. Everyone had to rely on the goodwill of others to keep the home running. This goodwill included sharing information and standing with each other through difficulties (personal and work-related):

*"We have connected in a deeper way with each other because we have been through trauma together."*

Some examples of actions/attitudes which enabled social capital to grow include acts of kindness by management:

*"Our manager called us often and especially anyone who was isolating, which helped us feel less alone and like we were still valued."*

Other actions which bolstered social capital between staff included:

> *"A new colleague had only been working at the home for [a few] weeks, he…was living alone when he got Covid and had to self-isolate. Staff took him hot meals and paracetamol to make sure he was OK." "We called each other more often and stayed in touch, [offering] mutual support."*

## Values

A proverb from an unknown author goes thus: 'True values are revealed in the choices a person makes under pressure. The greater the pressure the firmer the choices and the deeper the revelation of personal values.' Indeed, the pandemic revealed some core individual values which respondents felt proud of. The three main values identified were loyalty, commitment, and professionalism.

Loyalty was especially described in relation to residents. It was often described in terms of devotion; a sense that they needed to be there for residents, offering the best of themselves. The narratives gave the impression of a personal allegiance to support one's residents all the way to the end. One resident commented,

> *"This is a really nice place to live, staff look after you, you can have a laugh with them, they are caring and affectionate."*

This comment was made at a time when the pressure was on, indicative of how staff worked to keep people alive and life as normal as possible for residents.

Commitment was described in terms of doing what was expected but often going the extra mile. In some care homes, this level of commitment was the underlying ethos of the home which helped to sustain people through the pandemic. Numerous respondents described how this got them through,

> *"We have a don't-give-up attitude, every day is a new start."*

While it has been even harder work than usual during the pandemic, a commitment to giving one's best brought a sense of achievement and satisfaction,

> *"By the end of each day, we have a sense of relief because we have worked hard, but also a sense of achievement, we have done our best."*

A commitment to the home was often concerning a commitment to put others' safety first before one's own, particularly at the early stages of the pandemic when the risks of death from Covid-19 were high. The commitment was also shown in how some staff moved into the home, to protect the residents from infection.

Professionalism points to how staff teams and individuals upheld quality standards even when they could have done otherwise. Despite the increased workload and paperwork, being short-staffed and playing varied roles, many staff teams aimed to make the care home as close to normal as could be. There were understandably various reasons to operate at minimal level of service, but for many teams and individuals this did not happen. Instead they adapted and continued to deliver good quality care.

> *"We have learned to be flexible and step into different roles. We understand each other's jobs better now and that helps us work as a team."*

# 2: What was good in terms of the support we received?

**From the analysis of the conversations, three themes from the data address this question:**

- External support
- Leadership
- Self-sacrifice

## External support

In the midst of a pandemic, support plays a critical role. For those in a care home, support was a key determinant of each day of the pandemic. The theme 'support' captures both positive and negative experiences of support. As would be expected, where ample support was offered, things were reported as being better in comparison to minimal or no support. What is particularly noteworthy was the variety of support offered to those in care homes during the pandemic.

Support came from local communities including businesses, schools, and individuals. For example,

> *"Local businesses left Easter eggs for everyone, water for those working, and blankets and toiletries for those living in the home." "The local Chinese takeaway brought hot meals in once a week for free for us and the residents…so did a local pub. We really appreciated that, we were working such long hours with no time to shop or cook."*

In the local shops, people would ask staff to thank everyone working in their care home, or gave them free food or taxi rides. From schools, children sent letters and cards to those living in the care home and sent in home-made visors for staff. In one neighbourhood, they had a neighbours' clap, which was well-received. On one occasion, the relative of a member of the

staff team raised £6,000 for a sanitising device for rooms where someone had Covid. Much of this kind of support was reported during the conversations. Furthermore, it was not simply about the usefulness of the support offered, there was also something about the thought, which counted much.

When support was not available or offered, respondents described associated negative experiences. At one point early on in the pandemic, care homes were blamed in the media for the escalating infections and deaths. In the following excerpt, not only was support not received, the respondent describes the experience as being punished:

> *"The isolation was one of the worst things. We went through a very scary period, with no PPE. Nobody helped us; we were left to get on with it. It feels like we are being punished for not being perfect, and we are not being appreciated for having got through this ourselves. We kept our residents safe."*

In terms of support from the wider health and social care system, experience varied. Where support was positive, there was regular communication from the system channelled through one individual, or through one meeting, and the communication was about acting as a servant to the care homes, getting them what they needed, rather than adding to the demand placed on them. Where these positive processes were present, there was a sense that they took time to develop.

Many care homes have pointed out that although the restrictions have been lifted generally, the times are still tough for them. There is much that could be done to support our care homes.

## Leadership

Very importantly, support also came via leadership. Leadership was a key factor in the experience of care staff through the pandemic. Several respondents made reference to the sympathy of managers and the efforts of management to offer as much support as possible. For example,

> *"Our manager is very approachable, so if I have any worries, I always feel comfortable going to her directly to speak about my concerns."*

In addition, when leadership support was considered to be adequate, individuals and teams felt that they were all in it together, *"mucked in."* Another respondent recounts,

> *"Our manager called us often and especially anyone who was isolating, which helped us feel less alone and like we were still valued."*

In many homes, the line between management and other staff became blurred during the pandemic. Managers, more senior members and junior members of various teams interacted in ways which demonstrated that 'we are in it together'.

> *"The leadership (from home manager and deputy) has been amazing – they helped us so much."*

From the analysis of conversations with approximately 200 people, it was apparent that when the lines were blurred in this way, even social capital seemed to grow and was much valued. This subsequently had an effect on morale and impetus to keep forging ahead, especially through difficult times. However, when management felt distant, it sent a negative message to staff. Some care homes communicated a lack of support from the head office of the care provider, feeling very alone and uncared for and in one case having to buy basic materials from their own pay,

> *"No recognition from manager or the owners…there are no signs of appreciation, nothing. Manager in her office all day."*

## Self-sacrifice

Often, when the word 'support' is used in relation to care homes, it is assumed that the support is external. While this may be the case, during the pandemic, the value

of internal support was highlighted. This internal support refers to the selflessness of staff, in supporting their residents and the care home in general.

This theme captures the willingness of care home staff to prioritise residents, and often relatives, above themselves. There have been numerous reports of the self-sacrificing attitude of people who work in care homes, but the pandemic demonstrated this attitude in a way that had not previously been known. Care home staff demonstrated care in many ways. One which must not go unnoticed is how, sometimes against advice to do otherwise, care home staff ignored their own personal health problems to ensure the safety and comfort of their residents.

> *"Some of us have been very poorly with our own personal health problems, but we had to continue to go in. We stayed over, days on end, we didn't see family."*

During the pandemic, care staff had to take on new tasks with or without support,

> *"Some of us haven't had a doctor come in throughout the 16 months, we are not a nursing home and had to deal with end-of-life care without support. There were no nurses in for three months."*

As long as they were not a risk to others, some staff kept working when many others could not.

Many were working outside of their comfort zones and taking personal risks. There were moderate to horrific experiences of such personal sacrifice.

> *"[I was left to prepare the body of residents who died for the undertakers who would not come in]…I had only a mask on and had to do all of that. They had full PPE gear. We looked silly with barely any PPE on."*

Other colleagues comment,

> *"He sounded traumatised by the whole experience. He would take a day off and come back to a number of deaths."*

This experience illustrates the gravity of the lack of PPE and the level of self-sacrifice. It was not simply about having PPE for mealtimes or personal care, but the traumatising impact and level of risk in undertaking some critical tasks without PPE.

Personal sacrifice seemed to be an expectation, as many care homes could not be run without the sacrifice of the many staff who went the extra mile over and over again. There seemed to be an expectation that the care homes would survive somehow. This expectation is illustrated by one visitor to a care home who commented that the care home needed more staff, but the staff were managing to cope, nonetheless, *"nothing seems to be too much trouble"*. This expectation gives the impression that the care home sector is heavily reliant on good will; the goodwill of care staff who continue to give their best in spite of minimal or no recognition and appreciation.

# 3: How can we build upon the best of who we are?

**Three themes address this question.**

- Fun and laughter
- Resilience
- Sustained change

## Fun and laughter

While fun and laughter may be considered to be far-fetched, in fact, some teams relied on fun and cheer to get through the difficult patches. When asked what was really tough and how they got through it, various respondents said,

> *"We kept laughing and joking with each other", "…it kept morale going."*

This theme relates to the 'Teamwork' theme, as when there was good team spirit amongst the teams, fun and laughter came more readily. Some respondents highlighted that they were able to laugh and joke with each other in this way due to the bond which had developed between the team, and this experience was something to build upon. Another respondent talked about how working well together in this way could be used to create a positive culture in the home –

> *"We already work well together as a team, and I think that should be utilised in really pulling together to create a culture in the home where all the residents can see that staff work well together in order to ensure they get the best care."*

This experience has also helped with other aspects such as communication,

*"Our communication with each other is better, we know each other even more."*

When asked what else could be built upon, one respondent said,

*"Keep the fun going."*

## Resilience

This theme refers to the ability to bounce back after a difficult experience. Without doubt, the pandemic has been one of the most difficult experiences for many who worked in care homes at the time. There can be no mistaking that many were adversely affected by the experience.

> *"[We] felt pushed to the limit, physically and emotionally."*

One way in which people survived was reliance on each other. Those who worked and lived in care homes supported each other through quite difficult times. There were numerous examples of supporting each other and nurturing resilience. People were not simply asking regular surface questions, but were deliberate in their aim to support a colleague to hold on through the difficult times.

> *"We are kind to each other – we smile, we say 'how are you?', we make each other a cuppa. It really is the small things that make a difference sometimes."*
> *"We are like family – we spend more time here than we do in our own homes!"*

When asked about what to build upon, a respondent said,

> *"It would be good to have more time together [like this] so we could give each other more support."*

Another respondent, linking this to fun and laughter said,

> *"[We] want to hold on to relationships and how we made them…staff being more involved in activity programmes for our residents to remind themselves and realise the fun parts of our job."*

Some respondents reflected a resilient attitude indeed, as they described how much they had grown through the pandemic, and how such a difficult experience brought some good, and demonstrated a readiness to take on future challenges.

> *"We have become wiser and more sensitive…if a pandemic happens again, we will know much more how to deal with it."*

Others described the effect of such resilience,

> *"We have had to become more efficient in how we worked, because we were so short of staff – we developed new ways of working, new processes, and we will keep going with those."*

## Sustained change

The theme 'sustained change' captures varied aspects of living and working in a care home which had changed positively during the pandemic, and which respondents would like to build upon.

While some other themes within this report capture some positive changes made, it is worth noting that respondents referred to change which spanned technical aspects of work to soft skills. For instance, regarding technical aspects of work, a respondent says,

> *"We have learned lots about infection control and staying safe…. We've improved many aspects of how we behave day in and day out, that will reduce all kinds of infections and that will be really positive for all."*

A member of another team concurs,

> *"[We are] definitely not changing our infection control procedures within the home. Staff now leave uniforms here and change their shoes on arrival/departure. We will keep doing this."*

Other examples demonstrate the willingness to embrace and sustain other non-technical changes. For example,

> *"[We want to continue] our monthly newsletter to families, contact with*

*others, and community links." "Keeping the different forms of communication we've made with families. Seeing how staff have developed and taken on new roles. Newsletters brought families back in contact with us, families whom we hadn't seen for a long time."*

Change can be difficult to embrace, especially when triggered by such a difficult experience as a pandemic. However, care homes demonstrated an awareness that some effort was needed to sustain some of the positive changes which they were experiencing during the pandemic. For some care homes, it meant additional effort to put some systems in place, for instance,

*"The management team created new job roles to help deal with the pandemic…the infection control assistant, the specialist, and the activities coordinator…all roles to specifically support our residents."*

For other care homes, it was being more proactive about adapting systems which were already in place, to make them even more suitable, for instance using more IT systems to enable residents to communicate regularly with their family, including family who were far away and could not be reached regularly.

*"We are so much better with technology – we've all learned how to use things like FaceTime and Zoom to communicate and help residents use them too."*

Also relating to residents, one respondent comments,

*"I would love the home to really take a stride in making our activities 'outstanding'. The people we care for should be enjoying their life, not being pushed to the bottom of the pile."*

# 4: What do we need now and in the future to help us to feel good about ourselves and to make this care home even more special?

**One theme which addresses this question has a focus on the individuals.**

- Value and appreciation

## Value and appreciation

It is no surprise that the subject of appreciation was recurrent in the conversations. When people have offered so much of themselves, sacrificing so much at their own peril, a commensurate level of appreciation is understandably in order. Sadly, however, being valued and appreciated was not the common experience especially for those who worked in care homes. Many recounted how it was greatly beneficial and encouraging to be valued and appreciated,

> *"We constantly get praise from our manager about how hard we've worked. [Also] the district nurse came in not long ago and said how nice a home it is; it gives staff a sense of pride and encourages us further to keep it that way." "When we did take people out for a walk, people came up to us and said, 'we appreciate what you are doing'."*

Despite the many positive experiences of appreciation captured in the conversations analysed, the majority pointed to a lack of appreciation.

> *"I think recognition from external parties would be a start."*

A lack of appreciation was both internal (by members of the care home community), and external (others in relation to the care homes).

> *"So many of our staff left, it became apparent that the few who were left would have to cover every shift, meaning lots of time spent at work. I had to hand my kids to my parents for weeks, I was devastated, I felt like I had given them away, I don't think I will ever recover… The public don't understand how hard we worked to make sure our residents were supported." "The public were clapping for NHS staff not us. Although everyone now says we are critical to the system, they don't believe it. We certainly don't feel it."*

Many respondents expressed sadness in this lack of appreciation, but even more disturbing was when those within their community did not appreciate them. Some comments from the conversations illustrate the issue of appreciation from those who mattered,

> *"No recognition from manager or the owners…there are no signs of appreciation, nothing. Manager in her office all day."*

On other occasions, appreciation seemed superficial, a tokenistic action taken to tick a box,

> *"Management is corporate across all care homes, there is no personal recognition. They send thank you emails, but there is no sense of personal recognition." "Owners never turned up, no real appreciation. They send videos, but no real interaction."*

Most of the conversations emphasise the point that care home staff are indeed the unsung heroes. While there was a consensus on the need for more pay for the level of personal care offered by care home staff, the majority of respondents wanted more appreciation and understanding of what they did and do, and to be praised.

**What else would help?**

- Awareness
- Guidance and processes

## Awareness

*"We didn't feel like carers were recognised by the wider public"*, a respondent reported. Almost every conversation raised the subject of awareness in some way. While those who work in care homes do not always publicise their great effort, being recognised was outlined as important. It was about

> *"Being seen, being valued."*

Support was strongly linked to awareness. There was much negativity towards care homes and their staff (addressed in the theme 'value and appreciation'). However, once people were aware of the intensity of the role of the care staff in the midst of a pandemic, more support was noted. Respondents noted that families began to give praise, volunteered to help (although this was not possible), and left numerous gifts and cards for the staff teams.

It seemed clear that if only people understood what staff did, attitudes would change positively,

> *"It would be great if people could volunteer for a day and see what we do."*

Other respondents believe that awareness is indeed improving, as the pandemic

> *"Has opened a lot of people's eyes to what carers do."*

## Guidance and processes

> *"Honestly, it was horrendous. A lot of our staff 'walked' because they were scared, there was little consistent guidance, so we had to manage. Doctors wouldn't visit, neither would the D/N [District Nurse] service. They did not turn up one day and just handed over all the insulin to us. Suddenly, we were good enough to carry out that task."*

It can be argued that professional teams were staying away from the care homes to keep themselves protected. However, the clinical competence demonstrated by the care staff in the midst of the pandemic calls for a review. There is much debate around the clinical competence of care home staff. The excerpt above demonstrates that when there was no alternative option, care staff were indeed considered to be clinically competent to undertake some tasks. This presents an opportunity for investing in the upskilling of care home staff and formalising some clinical competencies.

Issues around guidance also related to its interpretation. The conversations illustrate that there were not only issues around the content of the guidance which was produced during the pandemic, but how it was understood and consequently cascaded to frontline staff.

> *"We were great, but out there people were misbehaving, flouting the guidelines without a thought. Here we are trying to protect, I think we were fighting a losing battle."*

There were also issues around the frequency with which new guidance was released. Managers expressed a desire to see government guidance only being issued on the first working day of the month and not changed for a month. The frequency with which the guidance changed and being the named individual responsible for the care home created a sense of anxiety. Guidance was sometimes published at 5pm on a Friday, with the expectation that the processes be implemented by the following Monday. Despite the impracticality of this, managers were acutely aware that they were the named persons responsible for the care homes, and had to work tirelessly to implement the guidance and make it accessible to their staff by the specified date. While this was a challenging experience for managers, it helped the staff teams,

*“Our manager made sure she was up to date with all the policies and kept us informed, she really supported us.”*

Other respondents concur,

*“Our manager ensured we were all kept informed which allowed us to work within guidelines”, “too much guidance and hard work too, we relied on our manager to help every day to work out what we needed to do next.”*

The narratives point out that clearer guidance would be an important factor in helping staff.

# Conclusion and recommendations

There is no doubt that people who work in care homes needed to draw on significant personal and professional resilience and leadership during the pandemic.

There was and remains a powerful sense of inequality expressed by people working in care homes – that they were and are seen as less important than people working in the NHS.

Of course, prior to the pandemic, leaders working in care homes were already facing significant workload challenges. A care home manager who attended one of our leadership programmes identified the range of roles that he typically played:

> Manager, leader, guide, auditor, listener, decision maker, analyst, doctor, nurse, carer, senior carer, medication dispenser, plumber, interior designer, administrator, disciplinarian, teacher, coach, mentor, property manager, assessor, banker, advocate, innovator, project leader, marketing manager, personal shopper, career advisor, referee, adjudicator, commiserator, comic, quality assurer, agony aunt, problem solver, hug dispenser, entertainment provider, entertainer, facilitator, bridge builder, publicist, fairy godmother, policeman, team builder, co-ordinator, bell ringer, doorman, gate keeper, investigator, diviner, story teller, mediator, first aider, tea and coffee maker, cleaner, handyman, cook/chief, physical and emotional supporter, negotiator, technician, electrician, receptionist, telephone attender, creative director, activities facilitator, singer, dancer, litter picker, key holder, car park manager, traffic controller, security officer, diplomat, kitchen assistant, student, learner, trainer, pharmacist, guardian angel, finder of lost things, magician with magic touch, hoarder, family member, fireman, lift operator and engineer, gardener, laundry worker, friend, protector, porter, bereavement counsellor, priest, preacher, IT specialist, computer wizard, actor, taxi driver, waiter, hospitality manager, advisor, undertaker.

In addition to the above, managers and leaders working in care homes across the country have shared with us through the different programmes we run how their leadership has developed through the pandemic. The findings from these discussions and our interviews confirm people have developed:

1. Improved understanding of policy and government guidance and ability to translate into plain English for others.
2. Even more courage and skill to interpret what was often unclear guidance in order to do the right things for people living in the home and the team working with them.
3. Enhanced creative problem-solving, including getting the equipment, staff, food and other supplies that were desperately needed, particularly in the first few months, and in covering shifts when staff needed to home-school.
4. Courage to assert themselves to people employed by the NHS and the local

authority about what they needed and why they needed it and what didn't help. Collaborating with colleagues in different ways and trusting.

5. Enhanced skills and confidence around understanding deterioration and end of life care.
6. Emotional connection and commitment towards the team – being the leader that brings the troops together, when people were scared.
7. Injecting fun and lightness and even moments of celebration in the service during the hardest periods.
8. Advancing skills in communicating complex issues to colleagues – for example, about taking the vaccine, exploring rights and the risks.
9. Even stronger diplomacy and communications skills with relatives, partners and friends desperate to come in.
10. Advanced skills in supporting those individuals who, because of cognitive impairment, struggled to isolate in the home.
11. Additional skills and ways of working that had previously been undertaken by people working for the NHS or Local Authority and enhancing capacity to assess risk every day.
12. Crisis management and business continuity skills, squeezing in more admin, more meetings, more of everything.
13. Advanced inner resilience.
14. Greater tech know-how to ensure the home and service users could communicate with each other.
15. Greater understanding of wellbeing and counselling.

Many leaders tell us they have gained confidence and connections throughout the pandemic that they have built on; others tell us how worn out, drained and unhappy they are.

## Nurturing, supporting and collaborating into the future

Teamwork, loyalty, commitment and connection to one another were critical for people living and working in care homes throughout the pandemic. However, some felt that this feeling of togetherness was fading quite quickly.

With this in mind, continued attention is needed to ensure that care home teams are helped to feel resilient, supported and cared for. Individual care staff need to be continually acknowledged for their skilful work and helped to have fun at work. As a team they need to be appreciated; the insights from this work indicate that this will have a knock-on effect.

For providers, this may mean having the courage to look at their own culture, and to consider how behaviours, attitudes, practices and policies from 'boardroom to bedside' can support teams to thrive and feel well-supported.

For the wider health and social care sector and wider community leaders, this is about actively being appreciative of care home teams, and reaching out to them to understand better how they are feeling and what support would work for them.

These courageous open conversations will help boost the morale of care teams, their sense of work and their confidence; and this, in turn, will help them to pioneer new ideas and developments and to be more prepared and resilient in time for the next pandemic.

The support and inclusion in the local community was valued and felt like a change. Small acts of connection and kindness from schools, local businesses and community organisations made a big difference. Wouldn't it be great if this could be maintained and built upon?

For the regulator, while many things have changed since these discussions happened, it remains important that local

inspectors acknowledge and recognise the breadth and depth of the impact of the pandemic on care homes, how scared people felt, and how they were learning new things every day.

For people who live and work in care homes, the pandemic has not gone away. There needs to be continued support and opportunities for people to reflect on and acknowledge what has happened and what is happening now.

My Home Life England is part of an evidence-based, research informed international initiative focused on supporting quality of life for people who live, die, work in and visit care homes.

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