

Appendix 2:

Healthwatch Brent COVID-19 Community Engagement With Brent Residents and Care Schemes

EXECUTIVE SUMMARY

This report summarises the engagement work Healthwatch Brent undertook between 23 March to 7 June 2020 with Brent residents and care homes to capture a snapshot of the BAME experience of the pandemic.

We interviewed the care homes we had visited as part of our Enter and View Programme and summarised their responses.

- Of the 7 care homes visited, 6 had not experienced any Covid-19 related deaths since the outbreak. Whilst it is not the role of Healthwatch to speculate on this information, the team noted that none of these care homes had raised concerns during the Enter and View visit.
- A case study from Carewatch Brent summarises their experience of continuing to deliver services to some of the borough's most vulnerable residents.
- We interviewed BAME keyworkers who had contracted the disease and summarised their reactions to receiving advice, information and support.
- We spoke with patients with underlying health conditions to listen to how they managed their fears and what they believed would help to minimise that.
- We spoke to different types of carers to better understand the dilemmas they have been facing during the current lockdown and how it has impacted on their mental health.

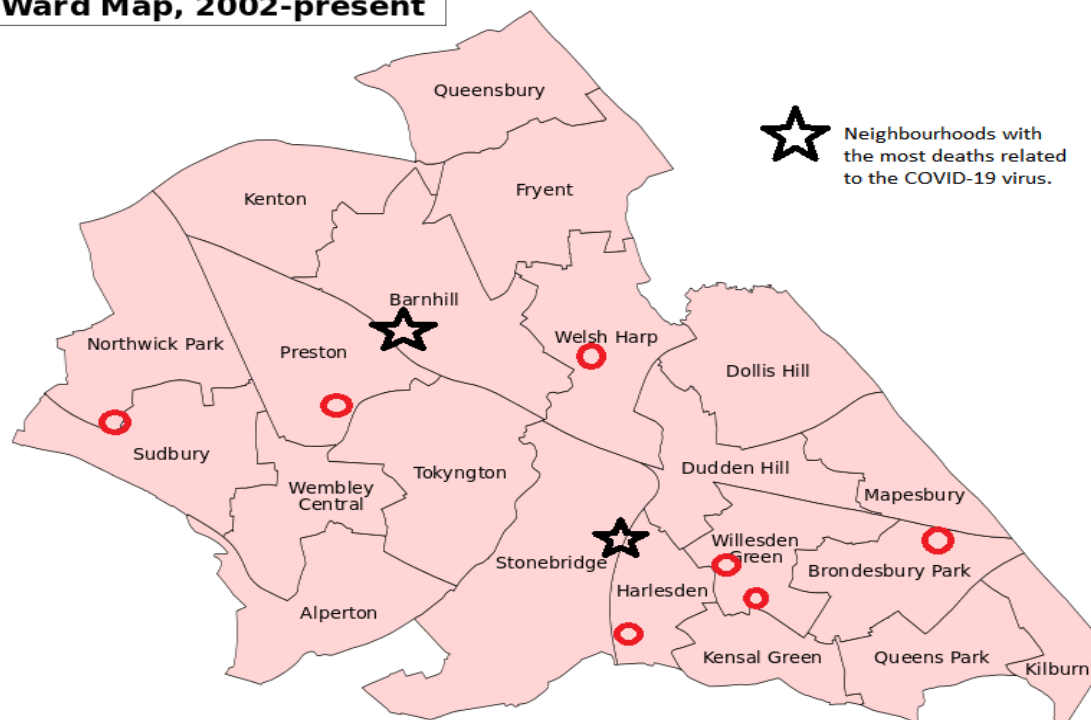
Introduction

Healthwatch Brent has engaged with Brent's diverse communities, with the specific aim of gaining a better understanding of the impact of the coronavirus on these communities. We have used different techniques and methods to gain access to hard to reach and seldom heard groups. With the implementation of social distancing, we changed our approach by using digital media such as WhatsApp, phone-calls, support groups, and contact with prominent community members.

The aim of the engagement was to capture a snapshot of the BAME experience of the Covid-19 pandemic. We were particularly interested in reaching communities that are seldom heard, such as the Somali Community. We contacted Residential Care Homes, Sheltered and Supported Housing Schemes whom we had visited as part of our Enter and View programme in 2018-19 to find out about how they had been coping with the pandemic. We spoke with keyworkers in the BAME community who had contracted Covid-19, carers balancing their responsibilities and ordinary residents to gather information about their experiences between March – June 2020.

Speaking to care homes

London Borough of Brent Ward Map, 2002-present



The care homes consulted were evenly distributed across the borough. Brent has recorded the second highest COVID-19 deaths in London after Newham. The Church End area, has been reported as the neighbourhood with the most COVID-19 deaths - 28 deaths reported between 1 March and 17 April, more than anywhere else in the England.¹ The Avenue area of Barnhill was listed as the fifth in the list of neighbourhoods with the most COVID-19 deaths.

All the care homes were contacted by telephone and explained that Healthwatch Brent was following up after the Enter and View visits previously to find out how they were managing during the lockdown. When we spoke with them in early April, all of them confirmed that they had felt supported by Brent Council and had received regular supplies of personal protective equipment and support from council officers. As figures started to emerge about Brent's high Covid-19 related deaths we decided to re-contact these care homes and spoke with the scheme managers – all of whom were from BAME backgrounds and invited them to share their experiences of delivering residential care during the pandemic.

Outcome of Feedback from Care Homes

Seven care schemes were interviewed. Table 1 provides a brief description of the experiences shared by staff, family and relatives. Six of the care schemes did not have to hospitalise any of the residents of staff due to COVID-19; unfortunately, one scheme [Tulsi House] suffered several Covid-19 related deaths including that of a staff member. All the care schemes interviewed were

¹ The New Statements, 1 May 2020 'These are the neighbourhoods hit hardest by Covid-19' (based on figures published by the Office for National Statistics)

subject to Enter and View visits during 2018-19. No concerns had been raised about six schemes who were also able to confirm that no Covid-19 related incidents had taken place up until the time the Healthwatch Team contacted them. Tulsi House which is managed by Westminster Home Care Ltd had received complaints about their care practices and also had lost one member of staff and several residents to Covid-19. Concerns about Tulsi House had already been raised to Brent Council's Adult Safeguarding Team.

The team also spoke with Carewatch Brent who wrote a report about their experiences of working with Brent Council. The report is attached in the annexe and paints a positive picture of their experience of receiving support and PPE from Brent Council.

Speaking to Covid-19 patients and their families

We wanted to speak to BAME residents who had contracted Covid-19 about their experience of having the disease and whether they felt they could access enough information about services and support.

Individual members of the community were approached by telephone and asked to share either their experiences, or that of a close relative, during the pandemic. We were particularly interested in hearing from seldom heard groups including members of the Somali community.

The majority of people we spoke with included key workers, carers and vulnerable residents.

The questions posed were:

- ◆ How have you been affected by the pandemic?
- ◆ Have the found it easy to find clear and understandable information about keeping safe during the Covid-19 pandemic?
- ◆ Are you or your relative in the at-risk category?
- ◆ Were you or a close relative hospitalised?
- ◆ Were you or your relative satisfied with the services you received?
- ◆ Since the pandemic, have you or your relative received help from; a Covid-19 support group, a family/relative, a neighbour, a paid carer, or other?
- ◆ What other information would you like to share with us?

Case studies:

Patients who had experienced Covid-19 symptoms or confirmed diagnosis

Case Study 1 [Somali Male 45-55 yrs]

Occupation: Bus Driver

Tested positive for COVID-19. Was ill for 2 months. He decided that he would not be hospitalised, because he did feel safe in hospital. His elderly mother was hospitalised and was on a ventilator. He complained that the hospital did not feed his mother properly. He said, "They leave the food next to the patient, and it's up to them if they eat." He also complained about the lack of information and support for relatives. His mother made a full recover, even though the hospital did not expect her to recover. He has relied on close relatives for support when he was ill. He has

returned to his job as a bus driver, and he continued to assist his mother with shopping and other tasks.

Case Study 2 [Somali Male 60 yrs]

Occupation: Teacher

A close friend of Case Study 2 was interviewed. The teacher was hospitalised and tested positive for the virus. The wife did not understand what was happening to her husband, and she felt that staff did not try and explain any of the procedures. The husband was placed on a ventilator. He was able to stop using the ventilator at one point. The wife was confused when the nurses then said they did not expect him to survive, and that she should come to look at him through the glass partition. The wife thought her husband was getting better. After two days, the teacher passed away. The wife felt strongly that there was lack of clear explanations; no translator was provided. According to the account received, the staff were cold and distant in their communications. The wife of the deceased relied on close family for support and was not aware of any other support available.

Case Study 3 [Somali Male 30 yrs]

Occupation: Care Worker

This young care worker contracted the virus and became unwell for a short period. His sister also contracted the virus at the same time. Both recovered quickly and were not hospitalised. They have both since returned to their jobs. The virus appeared to have made very little impact on this young care worker and he did not show any anxiety about being exposed to the virus due to his job.

People living with underlying conditions:

Case Study 4 [Somali Female 50-55 yrs]

Occupation: Domestic cleaner

Case Study 4 was diagnosed with cancer at Northwich Park Hospital at the beginning of the year. She was told that the cancer had spread and was untreatable. The resident decided to travel to a German hospital to seek a second opinion as many members of the Somali community are more confident about receiving clinical advice from non-UK healthcare professionals. She was informed by the German doctors that the cancer was localised, had not spread, and that she needed an immediate hysterectomy. She returned to London to make arrangements. Unfortunately, the closure of international borders as a result of the pandemic prevented her from returning to Germany. This experience reinforced this person's view that the UK health system could not be relied upon. However, many members of the Somali community are unlikely to use the statutory complaints procedures which raises the question on how services can improve without a trusted feedback process.

Case Study 5 [Indian Female 50-55 yrs]

Occupation: Receptionist/Organiser

Case Study 5 suffers from some underlying health conditions but has managed to stay healthy during the pandemic. She mentioned how she has followed a clear routine and has invested in masks, sanitisers, and cleaning products. She has relied on close family and did not feel the need to use any outside organisations. She said, “Indian people rely on themselves and close family members. We don’t have any central meeting places or activities which bring us together.” The husband was the member of the family who did all the shopping, while the rest of the family remained indoors and isolated. The daughter was attending university and is now being taught through online classes. The residents complained about the lack of information in community languages, and she stated that she was not happy with how the news media had covered the pandemic. She has participated in The CovidLife research project survey but felt puzzled about what to do apart from following the government’s mantra.

Case Study 6 Asian Female 69 years

Occupation: Semi-Retired NHS worker

Mrs H had been given the ‘all clear’ from her GP earlier in the year after receiving treatment for Breast Cancer. However, Mrs H had not received a letter from the NHS to confirm that she was a clinically vulnerable person who should be shielded. She is a member of an Asian Women’s Cancer Support Group and it was through them that she found out about her status and needed to maintain strict social distancing due to her illness. Mrs H contacted her GP who confirmed her status and contacted the NHS who then sent her the letter of notification which unlocked a menu of support services. Despite also having other underlying health conditions, Mrs H was reluctant to maintain her outpatient treatment as was fearful of contracting Covid-19. However, she now fears that she will be penalised for missing out on her ongoing treatment and is becoming increasingly anxious.

Despite everything, Mrs H has considered herself lucky because despite being a total IT novice, she had her husband to show her how to access services and be socially connected. Mrs H in turn supported her peer group who faced language barriers and gave out information in Gujarati relating to Covid and also helped her peer group to learn some of the IT skills in order to socialise with friends and family. Mrs H mentioned that having support of her own community communication help her reassure about the authenticity of information relating to Covid 19.

Listening to carers

Case study 7 [56 years] White Female.

Occupation: Full time unpaid Carer of 29 year old son with learning difficulties.

Ms A is a single mother who has been looking after her only son who has a learning disability. She has been reliant on state benefits for over 25 years and been a Brent resident all her life. Ms A, lives in a council-owned 2 bedroom lower ground floor flat with access to a small communal garden which she has been using during the lockdown for keeping fit. However, the continued lockdown has taken a toll on Ms A’s mental and physical health as she has had no respite for the past 12 weeks.

Prior to the lockdown, her son attended a day centre 3 times a week and supported by a paid carer who would take her son out on for regular outings. All of this support ended with the

lockdown. The son didn't understand why his liberties had been taken away and his behaviour became progressively disruptive and unruly. His enforced isolation also meant that he began to emotionally eat to off-set his boredom. This created an additional strain on Ms A as she could not afford the extra food her son was demanding which caused her additional distress.

To further complicate Ms A's situation, she now has to invest in PPE equipment and is worried that her Direct Payment will not cover her costs.

Case Study 8 Male (Asian 45-60 years)

Occupation: Pharmacist

Mr A is a Brent pharmacist who lives in a multigenerational household with his wife and elderly parents. Following the announcement of lockdown and Brent GPs moving to online consultations – the responsibility for medicine provision and consultations has fallen on community pharmacists. His pharmacy was initially not prepared for the change in service provision and staff did not have adequate supplies of PPE. However, this was soon rectified and Mr A was provided a face mask which he wore throughout his duty rota responding to the stream of patients and residents collecting medication and wanting advice. Mr A was working six days per week to meet demand. Over the period of lockdown he has become increasingly physically and mentally exhausted. He was terrified that he would become a carrier of the coronavirus and inadvertently pass the infection onto his elderly parents in spite of all the precautions he took in accordance with both government and professional advice. Mr A has had minimal contact with his parents since lockdown and this has caused much distress for all the family. Mr A feels the government has not taken into account the risks faced by key workers who are not part of NHS and that all the support is being given to hospital-based NHS workers. There is also no additional support for key workers living in joint households. If Mr A is worried that if he has to continue providing the same level service for a few more weeks, he would suffer from exhaustion and would not be able to carry on working as a pharmacist.

Case Study 9 Female 75 years plus [Afro Caribbean]

Occupation: Volunteer Community Worker

Mrs W is an active member of an Afro-Caribbean luncheon club for the elderly based in Willesden. The weekly social club has had to stop operating since the Covid-19 lockdown. This has resulted in suspension of the luncheon club resulting in the attendees feeling socially isolated. Mrs W as an elder had found solace by volunteering at the club and had formed positive relationships with the attendees and enjoyed caring for them. She now feels anxious that there is no one available to check up on these individuals – many of whom have no wider support networks so felt that she needed to look out for them.

Mrs W provided a telephone befriending service to many of the attendees who were not digitally literate and had no social media accounts. Mrs W mentioned that these attendees were terrified by the media coverage of the pandemic, the focus on deaths and not recovery and the pervasive nature of the virus and refused to leave the house even to pick up essentials. Some of the club members were living in poor housing conditions and she was concerned about their welfare but didn't know where to go for assistance. However, Mrs W with her daughter's support prepared meals for some of the members who were particularly frail and unable to prepare any meals for

themselves or to purchase ingredients. Unfortunately, after few weeks of voluntarily cooking food at home for some of the elderly members, she had to stop as she could no longer afford to give away free food. Mrs W, asked if there were any organisations that would help with a small grant for her continue providing food to the venerable of the Afro Caribbean elderly community? Mrs W experienced a great deal of guilt because she was unable to help the attendees and many of them kept calling her hoping that she could help them.

Table 1 Name of Care Scheme	Description of Scheme	Impact on Staff	Impact on Families & Relatives	Hospitalisations due to COVID-19	Other Feedback
Arran Court, Sheltered Housing Wembley HA9 ONU	Arran Court is a sheltered housing scheme with 31 flats – there are 1 bedroom and 2 bedroom flats. The facilities at Arran Court include lift, lounge, guest facilities and garden. New Residents are accepted from 55 years of age. Currently Arran Court has 31 tenants.	Impact has been minimal. Manager keeps in touch with residents while social distancing.	Families bring shopping and leave it outside their relatives door or downstairs. Some residents decided to stay with their family at the beginning of the pandemic	No hospitalisations due to virus.	They were happy with Brent Council supply of PPE.
Avonhurst Sheltered Housing Scheme Willesden NW2 4DF	Avonhurst is a general sheltered housing scheme with 40 residents.	Manager keeps in touch with residents and visits weekly to carry out fire alarm test and other duties. Manager continues to arrange GP appointments, food deliveries, checks residents needs and arranges cleaning for them and any repairs.	Social distancing, no visits unless a health professional.	No hospitalisation due to virus. One person is shielding.	When we go back to normal we will create a 'hub' and arrange art lessons and cake decorating activities. Network Homes has arranged external cleaners to come in 7

					<p>days a week. They are wiping handles, doors, etc., and have put up a notice saying “No visits unless from a health professional”.”</p> <p>“We are very well taken care of.”</p>
<p>Tower House</p> <p>Tower Road</p> <p>NW10 2HP</p>	<p>Tower House Residential Home registered for a maximum of 8 service users. The majority of people at the home were living with dementia</p>	<p>All staff and residents tested negative.</p> <p>Staff constantly test the temperature of residents, and they keep monitoring them closely.</p>	<p>Families have given feedback to Manager. They were happy with all residents testing negative for the virus.</p>	<p>No hospitalisation due to the virus.</p> <p>All residents tested negative.</p> <p>Two residents went into hospital for other issues - they both tested negative before going to hospital and were still negative on returning to the care home.</p>	<p>Very happy with Brent Councils supply of PPE</p>
Tulsi House	<p>Tulsi House is an extra Care scheme with 24</p>	<p>The Manager (Network Homes) works remotely, and speaks to the tenants</p>	<p>Some residents are shielding. Relatives in contact through</p>	<p>The care services are provided by Westminster Home</p>	<p>It took a while for get adequate supplies of PPE.</p>

<p>Wembley</p> <p>HAO 2RA</p>	<p>hours / 7 days care; it has 36 flats.</p>	<p>and carers every day. Westminster Home Care is responsible for the care services.</p> <p>Some staff are currently unwell and have tested positive for the virus.</p>	<p>phone. Several residents tested positive for virus.</p>	<p>Care Ltd. Several residents have tested positive for the virus. A number of deaths due to the virus including the loss of a care worker.</p> <p>1 or 2 residents are currently in hospital.</p> <p>"Sometimes we complain to the hospital if we believe a resident has been released too early. If we feel they are still poorly, we inform the hospital on behalf of the resident."</p>	
<p>Visram House</p> <p>Acton Lane</p>	<p>Extra Care Scheme with 84 one bedroom and 15 two bedroom purpose built, self contained flats. Day time staffing to deliver ongoing care and assistance. Night time staffing to help with evening routines, assistance in bed,</p>	<p>Staff have remained free of the virus.</p> <p>Staff all OK.</p>	<p>Social distancing in place - with no visitors allowed.</p> <p>A risk assessment is currently being carried out, so as to assess the possibility of using the communal area for</p>	<p>No hospitalisation due to the virus.</p> <p>No one has tested positive for the virus.</p>	<p>Excellent supply of PPE.</p>

	toileting and monitoring for wandering.		one to one visits from relatives/family members.		
Lee Valley Care Home Wembley HA9 7QU	A Residential Care Home for those with enduring mental health problems and Dementia. Currently there are 7 users. They have expanded into the neighbouring property, with 3 residents.	A risk assessment was carried out for staff who do not have safe access to transport. No staff sickness.	Most residents do not have close relatives. One resident has a sister in Ireland, and face-time calls are used.	No hospitalisations. No one has tested positive for the virus.	“Brent Council has been wonderful with the supply of PPE and with support in general. Only one resident has the capacity to go out to the shops unaccompanied.
167 Willesden Lane [CMG]	A supported living service providing personal care support for people with profound and multiple learning disabilities.	One member of staff was afraid to come to work because of the risk of travelling on public transport. The staff member decided to resign due to her anxiety.	The service was closed to all visitors. Manager has arranged video calls to relatives frequently. One relative looks through the glass doors, while keeping a safe distance, so as to see her son.	No hospitalisations. One staff member had a cough and temperature; but tested negative for the virus. All resident test negative for virus.	Abundant supply of PPE

CAREWATCH BRENT – COVID-19

1. WHAT CONTIUES TO WORK

- Devoted Workers – both office and field-based have shown a ‘business as usual’ attitude to work despite the challenges with COVID-19 and continue to support clients as though nothing changed
- Implementation of our contingency (Business Continuity) plan - Following the Government announcement of a pandemic, we prioritized services to our most vulnerable clients. Some family members who live with our not-so-vulnerable clients agreed to help due to a high initial staff absence.
- Receiving referrals both from the local authority, the CCG and the private sector and have been able to provide support to some clients depending on need
- Supporting 2 of our clients in the community having recovered from COVID-19 (and confirmed no longer contagious). We have achieved this as we have enough Personal Protective Equipment (PPE) and are following the Public Health England (PHE) Guidance.
- PPE we have, include goggles, gloves and aprons, hand sanitizers, face masks and face shields. We have enough to last us more than a week
- Continue to maintain contact with clients, suppliers, commissioners and the public through the diversion of our main line to mobile phones to promote remote working from home for some office staff
- Retained 80% (20% are off due to sickness, lack of child-care, shielding, self-isolating or because they are scared to be on the frontline) of our workforce still providing a service on the field. This is just enough to support 80% (20% are either self-isolating, shielding, cancelled visits or have family members supporting them) of our clients who are still requesting daily visits.

2. THE CHALLENGES

- During the first few weeks of the pandemic many staff were absent for various reasons and excuses; but things are settling down now, with a small number of staff shielding and/or isolating and others returning to work. Majority are key workers whose regular clients are refusing care from cover staff.
- One member of staff is off sick with COVID - 19 (test confirmed positive) also a key worker with numerous calls on his rota. We have no idea when he is coming back to work
- Some staff are on sick leave due to stress and this is in part because they are working their normal shifts on top of covering for absent staff
- There is a lot of scare mongering and negative press about the virus. Staff are not convinced it is safe to work even with the correct PPE and guidance from PHE. E.g staff travelling by public transport believe that they can catch the virus on the bus because a lot of bus drivers have lost their lives to COVID-19, or because other people travelling on the bus are already infected by the virus and may pass it on to them. Majority of the staff travel by public transport to visits.
- Office Staff are enabled to work from home to minimise any need for travel and being exposed unnecessarily to any risk of catching the virus. However, there is a need to maintain some presence in the office to provide field staff with PPE and other supplies, deal with the posts and any emergencies, and to receive items from suppliers.
- Only 2 out of 100 staff took the COVID-19 test despite everyone being offered the opportunity to be tested. The few that agreed to be tested did not have access to a car to drive to the test centers. Home testing kits would have been helpful in these situations.
- Some staff did not take the test for fear that they would test positive. A few felt they would be exposed to the virus if they visited the test centre
- We are unable to force staff who are ‘isolating’ to take the test as there is currently no guidance on this; and we have no means of proving whether they genuinely need to be off ‘sick’ or for other reasons

- Sourcing of PPE was difficult immediately post-lockdown; largely driven by a scramble from many sectors looking to secure PPE. It was evident that suppliers were benefitting from the situation, which ultimately led to increase in costs and in delays in delivery. We initially spent a lot of money to buy more than our usual supplies. As demand exceeded supply, suppliers asked for payment in advance of delivery which took away the privilege of a 30-day interest free paying facility
- PPE suppliers are currently not living up to their promises over what they can deliver and when. Hand sanitizers we ordered left the warehouse but were never received. It took a while for us to be able to provide staff with hand sanitizers
- Concerns around recruitment - While Carewatch Brent is paying a better wage since 1st April 2020, provides good terms and conditions of employment, the sector as a whole is hard to recruit to and we consistently have vacancies meaning even a small number of staff absence has a large impact on the services we provide. We are monitoring rotas and moving staff around where need be; and have planned contingencies but we still have anxieties about the number of people we can recruit.
- Where we have managed to get new recruits through a free DBS (COVID first request), we face other challenges around providing relevant training as we no longer provide classroom -based training. Some recruits are unable to access training on-line (which we have sourced external training providers to assist us with). Workbooks and training resources provided are not returned for assessment and therefore, the recruitment process can often not be progressed.
- Some prospective workers send applications for the sake of it and will not respond to text messages, emails or telephone calls once CVs are received and shortlisted.
- Growing issue around childcare - School provision for frontline staff is not consistent and what is available does not necessarily support our workers, especially in the evening and night. A lot of the parents also simply refuse to send the children to school for fear they may catch COVID-19. Affordability to pay privately for child-care is an issue for many of our staff especially those who would normally rely on family members for childcare and are not able to do so at present due to social distancing rules.
- Assessment of client needs - In some cases, we have moved reviewing of care plans to a phone-based system. This does lose some of the human contact but is working for now especially where family members are off work and free to contribute to the assessment process when they would otherwise not be available or be able to afford the time.
- There is currently a lot of tracking and reporting of staff and client absence and COVID-19 issues; creating extra work for staff and it would be good for some co-ordination of these requests are quite repetitive. We currently have no idea whether this data will be shared, in what format, and whether this will be helpful information for us

3. THE SUPPORT WE GET AND STILL NEED

- Brent Council has kindly given providers an uplift in fee rate of 0.40p (2.56%) per hour from 1st April 2020. We have increased our pay rates by 0.50p per hour in line with National Minimum Wage requirements and to make us a more attractive employer. We would benefit from a review of the fee rates especially due to the significant loss of business and the extra costs incurred from changing the way we normally work, paying extra overhead costs etc. We are keen to negotiate with the local authority should they give us the opportunity
- Even though Brent is kindly helping us to recruit new staff, and is certainly helping us to access valuable training, it will be helpful if we could access some simple and easy to follow care certificate training for new staff. Carewatch has provided some external training resources but these are currently very stretched as most providers in the network have a great demand for it.
- We have weekly Urgent Home Care Forum meetings via Microsoft Team meetings where the Local Authority staff talks through updates. These meetings are very helpful.

- Brent Council also organized a Public Health infection control training session (emphasis on COVID-19) for providers (also held through Microsoft Teams) which was very valuable. We are planning to have another session for our field staff.
- We have weekly Microsoft Team meetings with Head Office and other franchisees in the Carewatch Network where we share ideas/ experiences and practices. Different offices appear to be dealing with different challenges across England and Scotland; Shortage of PPE being the greatest challenge it appears.

4. PPE – BRENT COUNCIL SUPPORT ETC.

- Brent Council has exceeded our expectation in terms of support over these difficult times.
- In terms of PPE Supply, we have been given enough gloves, aprons, hand sanitizers, goggles and face masks. We are usually invited on a weekly basis on a Friday to pick up supplies from the Civic Center. This is very well organized with planned time slots for providers so the waiting time is minimal. We could not ask for more and are very grateful.
- Brent Local Authority deserves a round of applause for supplying enough PPE and for many more things; and we should be remembering them at 8.00pm on Thursday evenings when we clap for our health care heroes.
- We hope to resume to better 'normality' after lockdown with a focus on being a better digitally connected business; implementing lessons learned and embracing efficient processes.

Jane Mensah

Registered Manager

Carewatch Brent

