



Research led by Northumbria academics shines a light on the impact of moving patients from hospitals to care homes during the pandemic. Photo: Getty Images.

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Lessons to be learned: research captures harrowing testimonies from care staff on pandemic's impact

As the public inquiry into the UK's response to Covid-19 continues, new research led by Northumbria University academics shines a light on the impact of moving patients from hospitals to care homes in England during the pandemic.

Traumatised and distressed staff felt powerless to stop the spread of Covid-

19 as it tore through care homes, leaving dehumanised residents feeling 'imprisoned' and some facing death in isolation, according to the research.

During the first peak of the coronavirus pandemic – between March and June 2020 – more than 66,000 people died in care homes, with a third of those deaths attributed to Covid-19.

Emotive personal testimonies about the early impact of the pandemic on the care home sector and its residents are at the centre of research spearheaded by Northumbria University academics, working with colleagues from Plymouth Marjon, Birmingham and Newcastle Universities.

A paper, published in the journal <u>Age and Ageing</u>, investigates how the pandemic influenced the transition of care between hospitals and care homes, the study highlights a "deluge of governmental failings" and "unmanageable situations" for care home staff as it considers the impact of transitions on the quality and safety of care provided during that time.

The study highlights the 'new challenges' that the Covid-19 pandemic brought and how the care home sector adapted, despite increased pressure from NHS discharges and a lack of government assistance, compounding the divide between health and social care.

However, with the benefit of insights from 70 people working in health and social care services, it also finds that good practices and better ways of working were developed and adopted, from remote access to healthcare to improvements in joined-up working between sectors.

The study suggests the Government's decision to sanction rapid discharges exposed infection control issues and contributed to inhumane conditions for residents, with hospitals and local authorities involved in the process said to have prioritised those discharges "to the detriment of patient safety".

Some transitions took place without any social contact – understandable for infection prevention, but with "uncaring and callous dimensions", according to the research findings.

One paramedic told researchers: "They're not prisoners, but we were treating them like they were because we effectively put them in a cell."

Residents struggled to endure the new processes, with consecutive periods of isolation contributing to an overall "dehumanising" experience of care and transitions during the first few months of the pandemic.

Participants in the research illustrated a stark picture of stressed and anxious staff working in fear as care homes quickly became overwhelmed by urgent Covid cases and were 'vilified' in the media over strict lockdown policies that left residents cut-off from their loved ones.

Lead author of the *Age and Ageing* paper, Dr Craig Newman, is a Research Fellow based within Northumbria's Department of <u>Social Work, Education and Community Wellbeing</u>. He said: "This research identifies the enormity of the challenges, however, it also highlights that relationships were built between the NHS and care homes with examples of integration and sharing best practice infection control protocols.

"It was apparent that care home staff were committed, professional and resilient during this time to maintain their service for their residents and by supporting families to mitigate the pressures caused by the pandemic."

Dr Stephanie Mulrine, who was a Research Fellow at Northumbria University during the study and conducted most of the interviews with care home staff, said it was a huge privilege to be able to listen to individual harrowing stories.

"Much of what we heard was challenging and difficult to hear, but people were so generous with their time and what they shared, as they felt it was so important," explained Dr Mulrine. "I cannot stress enough how those that got involved did so because it gave them the opportunity to be heard and because they thought it was important – if they shared their experiences in some way in the future, things could be different."

Relentless press coverage which focused negatively on care homes as seeding sites for the spread of Covid-19, while portraying hard-working care workers as heroes, also added to the psychological suffering of staff and residents. These were the findings of a separate research study which was the focus of a paper published in the <u>Journal of Integrated Care</u> by Northumbria Master's student Dr Eniola Michael Abe.

Dr Jason Scott, Associate Professor of Health and Social Care Quality at Northumbria, took the lead on both pieces of research. He said: "What we see is a lack of integration and a dehumanising process that was not always person-centred."

Dr Scott hopes the research will "shine a light" on the issues raised by participants, and lead to a better alignment of health and social care as people transition between services, along with more recognition of the importance of delivering and maintaining person-centred care even during challenging and unprecedented circumstances.

He said many of the problems highlighted – such as poor communication between sectors at the point of discharge – had been known for years but were thrust into the national spotlight after being exacerbated by the pandemic.

Dr Scott explained: "If something goes wrong in health care, there are more robust mechanisms in place to learn, but it's very different in social care, where there's often a 'fix and forget' approach to problems that occur when people transition between services.

"That approach stops problems taking up more resources and means they're often masked from residents because they are fixed before they can cause worry or distress.

"But it means the sector is limited in its ability to learn or influence change, and so the same problems can happen repeatedly.

"Some of those problems came to the forefront during the pandemic because they could no longer be masked.

"Before then, transitions from hospitals to care homes would not have received media attention, they wouldn't have made for a big national story – but then suddenly, they did."

A whole module of the <u>UK's Covid-19 Inquiry</u>, which opened on 12 December 2023, is dedicated to investigating the impact of the pandemic on the publicly and privately-funded adult social care sector in England, Scotland, Wales and Northern Ireland.

Northumbria University is dedicated to reducing health and social inequalities and improving social, economic and health outcomes for the most marginalised in society. Through its new <u>Centre for Health and Social Equity</u>, known as CHASE, researchers will be delivering world-leading health and social equity research and creating innovative, evidence-based policies and data-driven solutions to bring impactful change across the region, the UK and globally.

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