

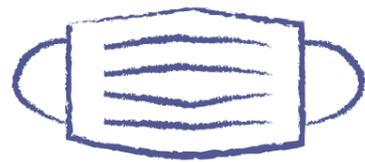
Care Practice: Emerging Insights Series

What are we learning about the impact of COVID-19 on care delivery?



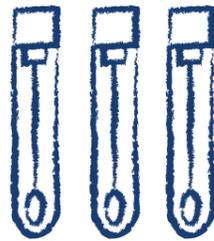
This is the first in a series of emerging insights on the theme of Care Practice.

1 There are a number of specific impacts of and responses to COVID-19 that have been experienced related to care delivery:



PPE

Whilst recognised as a critical part of infection control, PPE has impacted the practicalities of care delivery in many aspects. Its effect has been most prominent in terms of interaction and communication with people supported, particularly people living with dementia and people with hearing impairments.



Testing

Testing has created additional complexities for care delivery due to the challenges of different implementation models in different areas of Scotland and between different parts of the health and social care sector, leading to inequity in approach and timescales experienced.



Isolation

For care homes specifically, COVID requirements around visiting restrictions and isolation procedures have required changes to admission processes and led to impacts across all aspects of care home life, from connection to others to eating arrangements.

2 The pandemic conditions have required specific adaptations to the various ways in which care is delivered in care home and care at home contexts, but in doing so have also highlighted the social care sector's ability to innovate responsively.

3 Some of these forms of adaptation have been positive, providing opportunities to improve how care is delivered now and into the future.

Across both contexts, routines, structures and working practices have been disrupted due to wider service and support limitations.

For care at home, services have adapted to enable different forms of support through different styles of visits. This has included additional flexibility in visit times being enabled by new ways of communicating with people supported, as well as exploring other approaches to ensuring safety and wellbeing through window visits and telephone contact.

For care homes, the biggest changes have been in palliative and end of life care and supporting people with dementia where the practices of emotional and tactile support has been largely incompatible with the restrictions imposed by the pandemic.

"Within care homes, care never had to be the fact that you had to social distance and I think that's one of the biggest elements that sometimes the residents find hard also to understand. That's a change in care practices but it's also a change in their life that they've never had to deal with"
- Care Home Perspective

"I do not feel COVID-19 has had a big impact on the way in which the actual care is delivered - high standards were expected before COVID-19 and were maintained by staff throughout the pandemic."
- Care at Home Perspective

4 However, the forced imposition of many pandemic related changes has also created significant challenges and negative impacts, especially the ways in which it has shifted care towards reactive rather than proactive delivery.

5 Acknowledging that high standards of care are expected at all times, there has been a failure to recognise the ways in which the social care sector has continued to maintain a sense of normality for people supported in the face of unprecedented circumstances.

6 What has remained consistent in the face of intense challenge and pressure is a continued sense of the importance of maintaining the quality and values of social care and a commitment to sustaining person-centred support.

In care at home contexts, limitations in wider parts of the system around assessment and care access have impacted the planning and continuity of care, with a reduction in the necessary resources required for both the care service and the person supported.

In care home contexts, the requirement to focus on restriction for the protection of health and safety has made the continuity of care difficult, as well as resulted in challenges in assessing, evaluating and achieving individual residents' outcomes.

This has led to assumptions and practices that have left many services feeling that they are alone, forgotten or solely responsible in supporting people's health and wellbeing, particularly in care at home contexts.

Care has been compromised on every level. Staff have no time for care. All about the protocols."
- Relative Perspective

"I take my hat off to the carers who have done a marvellous job in keeping things as normal as possible for people at home and in care homes."
- Partner Perspective

"I want others to know that we have continued to provide the highest possible care that we can do throughout and that at all times the residents have been at the centre of everything that we have done."
- Care Home Perspective