COVID-19 and Care Home Conversations 2020 Extended Report: What matters to you?

As the UK faces a winter in the shadow of Covid-19, care homes are once again faced with a rising number of cases within their sector. This comes in the context of massive challenges caused by Covid-19 since the beginning of 2020 – devastating clusters of deaths, an influx of external agencies taking an increased interest in the safety, health and wellbeing of people living and working in care homes, and managing rapidly changing guidance and expectations.

During May and June 2020, a team from the NIHR Applied Research Collaboration South West Peninsula (PenARC), NHSEI South West Integrated Personal Commissioning team, the South West Academic Health Science Network including a care home manager and public involvement held three 'conversations' via Zoom between staff, managers, owners and others from a range of homes in the South West of England. Each conversation focused on exploring 'what matters to people supporting or living and working in care homes?'. Through hearing their experiences and thoughts first-hand, this enabled us to:

- understand people's experiences of how COVID-19 is affecting homes as places to live and work
- highlight what is currently working well or not
- identify and develop a picture of 'what could be' in the future.

An analysis of the conversations identified two overarching themes, with sub-themes, and a set of higher-level themes which are outlined in this report. It is clear to us, in our interpretation of these voices, that for residential and care homes:

- a two-way conversation is critical – listening to the expertise from within is key to improving safety and wellbeing
- multiple relationships – residents and workers, managers and staff, homes and external agencies; homes and commissioners/NHSE – all need tending to
- innovation in response to local circumstance and flexibly deployed resources are the key to generating positive outcomes.

It is more important than ever for people with the role of supporting care homes to listen to the experiences of people that live and work in care homes, to inform action. This extended report and the summary document are designed to help with this, by giving voice to those living and working in homes and provide insights for those who work with them. The table presented below provides important insights into what made or could make a difference for those working in and with homes as the pandemic continues.

Method of Analysis

Each available recording from the conversations was listened to by two 'analysts', who then created an agreed summary of the key issues, challenges and learning; the people involved; and any cause and effect in attendees' responses to the following three questions:

1. What matters to you about living or working in a residential or care home?
2. What are the things we would/would not want to change?
3. What is going to make the most difference?

The summaries were then grouped under several 'domain' headings capturing a particular topic or issue, for example 'Atmosphere and culture'. From reading these summaries, we generated (a) a set of key themes that sit under two broader themes: 'staff and resident health and wellbeing' and 'guidance, communication and support' and (b) six high-level themes about 'what matters'. These are outlined in more detail in the sections below.

Identified themes and specific proposals of what might make a difference

Overarching Theme: Staff and resident health and wellbeing

Theme	Description and sub-themes	Learning	Key quote/s
Residents' health and wellbeing	Balancing resident safety with mental wellbeing and quality of life; enabling interactions and communication where possible.	Many residents are suffering from a lack of socialisation, so enabling interactions between residents and communicating with family where possible is essential; there is a trade-off between protecting people's physical health and the impact this has on their wellbeing and quality of life. Some residents are afraid of never seeing their family members again. For residents without family, contact with care homes staff and other residents is all they have. Some residents are very anxious about the situation and will take some persuading to return to a more normal way of living. There is a stronger reliance on technology to support communication with friends and family, which has been received with mixed feelings from residents. In some ways lockdown has brought about positive changes in that residents have come together; it has given them a voice. Ensuring that people's wishes regarding end of life are up-to-date is important if the worst were to happen.	"Ultimately a gilded cage is still a cage… people living in 'these establishments' are lacking in human contact which effects their mental wellbeing. While maybe safe from coronavirus, they are not having the quality of life that they would want and choose." (Anonymous) "The average life expectancy for residents is two years… which means they may never see their loved ones again." (Care home owner) "One set of advice we've had is to keep all residents with dementia locked in their own rooms…. being locked in their own rooms would lead to more anxiety, would cause them other significant health problems." (Care home manager) "They formed a residents association a few months ago…I've given them crosswords, Sudoku and word searches… residents have distributed these themselves." (Shared residential setting manager) "When you're in a residential setting, when you lose a resident it's like losing a member of your family." (Training provider for care sector)

Theme	Description and sub-themes	Learning	Key quote/s
		When a resident dies it impacts on all staff and residents; it is like losing a member of the family. There is a need to consider the transition of residents into care homes during the pandemic – how do care homes best manage this and support residents and their family through the process?	
Residents' understanding of coronavirus	Residents can fail to understand or adhere to guidelines, risking others' safety as well as impact on staff-resident relationships.	Residents often don't understand what is going on or do not think that they are at risk and ignore the restrictions. Social distancing in a home is harder in many ways than lockdown, and some residents understand the lifting of some restrictions as the threat has gone away. Guidelines issued from external services could help with residents' understanding and adherence. Managers and staff are worried that imposing restrictions may damage their relationship with the residents. Managing residents and families who wish to visit is also challenging for staff.	"It is hard to get residents to understand the restrictions… [they are] war-time children… [they have the] perception of it not getting them." (Anonymous) "My biggest issue, if we did get it, would be how we would manage it with the people that live here, because of their behavioural challenges…and understanding. For example, we had someone…who potentially had a temperature…during that time when we isolated her, it was extremely difficult…it just didn't happen." (Care home manager) "…if that message is coming from elsewhere as well it makes it easier and maybe residents are more likely to obey those external messages." (Anonymous) "It has been difficult to manage with people wanting to go out… it can damage the long term relationship have with customers." (Extra Care manager) "Many staff are shielding and so are our clients. The current biggest challenge is managing families who wish to visit but the clients cannot understand social distancing and our insurers have said 'no visits'." (CEO of care group)

Theme	Description and sub-themes	Learning	Key quote/s
Staff wellbeing	The pressures, expectations and experience of losing residents are seriously impacting on the psychological wellbeing of care home staff. Psychological and emotional support needs to be made widely available for the sector.	Care home staff have put their own lives on hold to take care of residents, but it can take a toll on their own wellbeing, and many are very anxious about the situation. There is a need to recognise the importance of the psychological wellbeing of staff in care homes and the availability of resources to help. The Public Health England free 'Psychological First Aid' course, Mind 'Mental health first aid course', amongst others have been highlighted as helpful. What other resources are available and how can staff access them? Loss of residents in homes can be very personal for staff who have cared for them for a long time, so the impact is often greater than in other healthcare settings. Staff are struggling with not being able to attend funerals. Staff and residents have come together and supported each other. A psychological support helpline for staff has been set up in one area. The negative media perception of care homes in addition to the numerous pressures and expectations imposed on care home staff adds to the stress and anxiety experienced by workers.	"We've got amazing staff who are going to burn out through this and we really need that support now, not in a month's time or three months' time, we need support for the mental health and wellbeing of our staff and clarity over what do they need to do and how are they going to get what they need?" (Training provider for care sector) "We've got staff who are absolutely petrified to come into work...who are in tears when they talk to us and too scared to tell the manager they don't want to go in." (Training provider for care sector) "We've all given up our lives… I'm terrified…of it getting into the building, so I do nothing else but go to work and come home and come back again… I think I've aged quite a bit, I have to tell you, just through the stress of just trying to…keep everyone safe." (Shared residential setting manager) "We're hearing in the news that social care staff have a higher death rate than health care staff…there's a real insecurity now with our staff…they're really getting anxious." (Training provider for care sector) "The after-care after the resident has died has changed too – staff would attend the funeral and share good memories with families…but couldn't have a usual funeral or grieve in a usual way... They have found it very hard." (Care home manager & staff) "From the carers' perspective – the camaraderie that has developed through COVID has been very positive - it's–become more cohesive." (Care home owner)

Theme	Description and sub-themes	Learning	Key quote/s
			"There's almost a situation where the residents are supporting the staff to a certain extent." (Care home owner)
Pressures and expectations of care homes and staff	Main pressures include access to PPE and testing, staffing, decision-making, staff relationships with residents and negative and inaccurate media messages.	Care homes were initially unable to get the amount of good quality PPE needed to keep staff safe. National systems now in place should hopefully help ensure homes can get hold of what they need more easily in the future.

Access to timely testing is an ongoing issue for care homes.

Guidance is fast-changing and not always clear, making it difficult for staff to know what to do, such as wearing masks around residents with dementia who may find it very distressing; there is no clear government guidance on this, but staff/the home may be liable if someone was to become infected.

There is pressure on care home staffing.

Staff making decisions around visitation and which visits are essential and which are not is difficult, as there is a need to balance staff and resident safety with providing care and human decency (e.g. at end of life).

Residents have expectations of staff and having less time as well as imposing restrictions can threaten the important relationships between the staff and the residents.

The negative media about care homes does not help with imposing further pressures on care home | "Every time you plan something it changes." (Extra Care manager)

We know that we will need more staff than we would normally need to open, to facilitate things like leisure and wellness. (Care home owner)

"[Our] insurance policy will not cover us if families knowingly breach government guidance on social distancing." (CEO of care group)

"…very close relationship between staff and residents – they're always there if you want them. But…they haven't got the time. They're too busy." (Resident)

"The media coverage has made people very frightened to put people into a care home. People think you're going to pass away as soon as you pass the threshold." (Care home manager)

"We're between a rock and hard place because there's all this propaganda on TV… but when it comes to crunch time… we actually don't have the facilities… our staff think we are not doing our job. That's really difficult because we genuinely love the people we look after." (Care home manager)

"Patient safety issues already identified pre-COVID still stand: Uptakes of inoculations; pressure ulcers; dehydration; meds prescribing – there is already a list of issues recognised not as good as can be pre-COVID." (GP and researcher) |

Theme	Description and sub-themes	Learning	Key quote/s
		owners, managers and staff, such as the risk of new residents not arriving due to fears of the unsafe environment, and the inability to do what is being asked of them. Care homes still have to manage the usual pressures and are expected to care for residents as they normally would.	"If the government doesn't support us properly, 50% of the care homes won't exist in a year's time." (Care home owner)
Atmosphere and culture	Maintaining a fun, homely environment in the care home, with friendly and compassionate staff.	It is important to maintain a balance between nursing and care, and providing a relaxing and fun place to live and work. There is a need to treat care homes as homes rather than solely places of health care, like hospitals. Compassionate touch is important for residents who are no longer seeing friends and family. Lockdown has provided an opportunity for staff to offer friendly reassurance in this way. The relationships between staff and residents are very important for both staff and resident wellbeing and for maintaining a positive environment. Staff need to be compassionate and help to facilitate life being as normal and fun as possible during the crisis.	"Remembering that care homes are where people live, a fundamental difference between a care home and hospital […] it should be fun." (Patient and Public Involvement) "So many of the guidelines directed us to become a hospital. We fought that." (Care home owner) "Because of the lack of interaction with family who would normally provide that level of touch and contact, the staff themselves have been able to relax a lot more, and there's been a lot more friendly banter, there's been a lot more friendly physical reassurance." (Care home manager) "…to stay 2 metres, that would be a level of cruelty." (Care home owner)
Precautions taken to reduce the spread	Numerous methods have been employed to prevent the virus from entering homes and from spreading. Concerns that despite precautions, an	Restricting visitors, closing communal areas, staff self-isolation, staff rotas, the use of PPE, testing and protocols when residents arrive from the hospital have been used to help prevent the virus from entering homes. Access to good quality PPE is essential.	"We're not allowing families in at all, because we don't know what they've got, we don't know where they've been." (Care home owner) "The one thing that we've learnt from where we were is that if you have the facility to isolate and cohort these people together and use the same staffing for those isolated people it certainly

Theme	Description and sub-themes	Learning	Key quote/s
	outbreak is still possible.	Fogging machines are now available that can sterilise a room in minutes. GPs/health professionals are reluctant to enter homes due to the fear of spreading COVID and some homes are keen to keep people out if observations can be done internally and the wider health care team can engage remotely. However, in some situations, the staff also feel that face-to-face visits are urgently needed. Visiting could be possible with precautions, such as using other entrances to protect others. There is some uncertainty about how residents would respond to new ways of communicating, e.g. through Perspex screens. Even taking every possible precaution, if the virus enters a home it can be almost impossible to prevent it from spreading.	reduces the risk… the potential for cross-contamination is suppressed and will use for any potential second wave." (COO of regional Care home infrastructure organisation) "Practical solutions to problems need to be found rather simply saying visits can't happen, such as Chiropodists dropping off equipment 3 days before appointments so it can be quarantined, wearing PPE provided by the home etc." (Care home manager) "We have separated our larger houses but cannot in the smaller one. If we have an infection we will not be able to stop spread even if we do everything possible." (CEO of care group)

Overarching Theme: Guidance, communication and support

Theme	Description	Learning	Key quotes
Guidance and communication	Care home managers and staff are overwhelmed by guidance, which to keep on top of means taking them away from their caring role.	Guidance is overwhelming, contradictory, often changing and too general – visitors, as well as staff, are uncertain what they need to do and what precautions others should be taking. Greater clarity and consistency of guidance is needed from the government that can be flexibly	"Staff are spending hours and hours a day reading updated and new advice from 26 different [places], so from our point of view I'd like one set of very broad advice with a lot of latitude to allow the managers to do their jobs". (Care home owner)

		applied by care home managers to suit the very different physical construction of homes and resident profiles. Similarly, clear plans for PPE and testing are important as well as local flexibility. The use of a single-point of local communication can help to clarify and condense the mass of guidance from government. Care workers/managers should have more of a say on local and national policy regarding care home restrictions - there is a need for government to acknowledge practice-based knowledge. The fragmented nature of the sector and variable access to technology makes communication more difficult.	"All this advice on the television makes it very difficult to decide what you can or cannot do". (Resident) "There is no one clear line of communication". (Care home manager) "Each provider is duplicating work and it's such a waste of time". (CEO of care group) "I felt we were missing at the party when some massive decisions were made. We were being done unto… we have suffered really badly… probably one of the worst cases in the world, and it needn't have been like that." (Care home owner)
Within-sector support and communication	Care homes can benefit from support networks with other homes.	The complexity of the sector and awareness of this in itself becomes a barrier to working within and with the sector. Support networks between similar types of homes who understand each other's needs can be a great source of support for care home managers. WhatsApp chats and Facebook manager groups can be used to share resources across homes – they may also provide a way of organising practical help across the sector. Managers have found it helpful sharing experiences/issues/concerns. Homes being open and honest about having the virus can allow others to learn from their experiences and reduce the stigma.	"It is a challenging sector to work across because it's not very integrated and quite fragmented and lot of homes one person owns and runs it." (Care home manager) "I think it would be really important that small homes would either work together or network, 'cause I don't feel like much goes on in that way, I think it's got better over time, but I don't think its a key focus, and it improves the way people support each other." (Care home manager) "Members on the Facebook groups upload files which are so helpful. I've found the issues in care are similar in most settings and other managers can be useful sources of information." (Care home manager) "Working coherently across a sector that is very spread out or split up…developing a whole sector approach… the

		There is a need to recognise the value of smaller care homes and give them more of a voice. There needs to be more unity in the care home sector so that they can talk to each other and share resources – this has started and will hopefully continue.	solutions are there but are not being put into place, and there's not the political support." (GP & Researcher)
Cross-sector support, relations and communication	Need for improved relationships, communication and collaboration between care homes, social care and other healthcare professionals. Cross-sector support varies geographically, and services do not always provide a consistent approach. The pandemic has opened up the lines of communication between services via the use of technology.	Understanding about care home staffs' needs and pressures from other healthcare professionals is essential. Communications and relationships between the health and care sectors need to be improved, supported by clear policy and pathways, especially when moving patients/residents from one setting to another (e.g. hospitals to care settings). Services need to provide a consistent approach and work together; collaboration and corroboration of messages and guidance across services could help with adherence. Support provided from services or GPs is dependent on what area/town where the care home is situated – there is not always access to medical support/treatment when required, and services are not supporting each other when they need to. One positive thing to come out of this is to bring health and social care together so that there are improved relationships, more cooperation and working collectively. The use of technology has facilitated opening the lines of communication	"There is pressure from other healthcare practitioners who do not understand the pressure and exhaustion staff are under." (Care home manager) "If things were clearer, in terms of how people are discharged from hospital, sent into social care, how the NHS steps in terms of our inpatient settings, and if there's a clear pathway, then we wouldn't have much confusion." (NHS worker) "[We need] support from councils. Managers are asking staff to do things and not having back up to give weighting … when making decisions." (Care home manager) "We have a resident who is 104 and became poorly on a few occasions… the reactions is "if she has Covid, she is end of life"… despite having four [negative] tests… we still had to treat her as if she did have Covid… that's not acceptable in my view." (Care home manager) "I know of providers who have had the police turn up at their door when they refused to take a resident from hospital… We also have a legal responsibility to keep our staff safe too." (CEO of care group) "I do think coming out of this a positive will be seeing health and social care coming together, but there's still a lot of muddy water in-between the two, and they need to kind of

		during the pandemic to enable cross-sector conversations.	value each other and recognize each other's strengths." (Training provider for care sector)
The use of digital technology	The use of technology has increased in order to communicate between care homes, GPs and other healthcare professionals, to keep in touch with residents' friends and family, and for staff meetings and training. Technology can be used going forward to help keep homes sterile.	Both staff and residents have mixed feelings about the increased use of technology for communication, such as iPads. Some older people have embraced this way of communicating, whereas others have struggled. Some care homes have seen improved attendance and engagement at family meetings and staff meetings; others have experienced significant difficulties in changing the way that things are done. The use of technology to share care plans and help communicate could be beneficial in the longer-term. Digital consultations could resolve issues with GPs not visiting during the pandemic and avoid unnecessary hospital trips. Lines of communication have opened up during the pandemic to enable cross-sector conversations and IT facilitates this to happen. Access to technology is a challenge for many homes who don't have the hardware or Wi-Fi signal to enable them to participate. The use of technology such as fogging machines can help to sterilize environments to make homes safer and more accessible.	"We underestimated how much technology older people would embrace." (COO of regional Care home infrastructure organisation) "To me, it's communication with my family which has been very difficult, almost impossible…usually by computers, emails, things like that really." (Resident) "In terms of staffing and engaging professionals it's been so much more of a challenge… to learn new systems, what people are using what are they not using… can you access the same systems that they can access." (Care home manager) "We're using video linking… already today, I video linked to two different care homes for two different problems – an injured wrist and end of life… so there's ways and means to do things and if we genuinely do need to visit, then somebody on the team does visit with PPE." (GP) "WhatsApp groups for registered managers… have proved to be a really good source of support … not only helping each other to fight through the fog information and conflicting advice … but also to answer questions and let each other know that they're not alone, and it's really helped morale I think." (Skills for Care) "We don't have a webcam, and the signal here is absolutely appalling." (Care home manager)

| Valuing the care home sector and workforce | Inequalities between health and social care in terms of funding and the recognition of staff and the care they provide need to be addressed. | There is an imbalance between the importance placed on health care and that placed on social care, and the skills of the staff within these sectors. This can be seen in the way the government has talked about social care in the media, and in the lack of funding provided to the sector.

Social care staff need to be acknowledged as the skilled, caring professionals that they are, and praised for the amazing work that they do looking after society's most vulnerable.

Social care needs more of a voice, and more funding is needed to train and support staff to do their jobs.

Inequalities, such as those around providing personalised care for people in care homes, need to be addressed.

In the future, there is a need to work towards more equal relationships between the care and health sector.

The pandemic has raised the profile of social care and is presenting an opportunity to address some long-standing issues regarding how the sector and workforce are valued by other services and by society more generally. | "The unbalanced relationship between health and care… should be equal partners, in doing different but complimentary things… there needs to be an equality…and a joined up-ness and cooperation… there's a very one-sided relationship at the moment both in terms of finance and in terms of influence, with the NHS holding the majority of the cards." (Patient and Public Involvement)

"Truly what would make the most difference is for social care to be seen as a profession as it should be and given the funding and the value and the respect that it has always been deserving." (Skills for Care)

"I think it's a shame that it's not acknowledged, the amazing work that carers of these vulnerable people do." (GP - palliative medicine)

"Care workers are often called 'unskilled' when they are enormously skilled." (Care home manager)

"In the media, there's been some really poor use of language around the status of care workers, and even things like the kind of benefits that shops offer to NHS staff are not available to care workers which just really, it's really not acceptable, it needs tackling." (Anonymous)

"While care home staff have been praised for going into work while it's dangerous, everything they're doing wrong has also been highlighted; providers are spoken at, are not listened to, are treated as if they don't know what they are doing'." (Care home owner)

"I'm sure £1 spent on social care would save £5 in the NHS and police forces as we will support people before they become so unwell they need clinical support." (CEO of care group) |

			"We need a big voice like the NHS has but because we are lots of small separate providers we become diluted." (CEO of care groups)
			"While it's unfortunate how it's happened this crisis has brought a lot of focus on social care, both positive and negative… but it's certainly raised the profile of social care." (Training provider for care sector)
			"Family members have come a long way to recognise them, during this, and that's been a real positive." (Anonymous)

High-level themes of 'what matters'

1. Feeling safe

The sense of threat induced by the risk of Covid coming into a home created great insecurity among staff and residents. In many homes, this was initially compounded by a lack of PPE. Having access to and availability of testing and medical advice when required were identified as enabling staff to feel safe and confident in their roles. The impact of feeling safe was particularly strong for residents who previously had a large degree of independence and staff were concerned about re-enabling people to have the confidence to go out shopping. Safety concerns have also driven changes in how individual homes approach visits from family members. Some have installed screens or allowed people to visit in the garden. Others made the difficult decision to not allow visitors, particularly where residents were living with dementia or learning disabilities and perhaps had a more limited understanding of the need for and practice of social distancing.

2. Feeling equipped

People within homes can feel safer through feeling equipped. This includes enough PPE and testing and also a request for clear and consistent guidance which gives a framework within which owners and managers can make decisions relevant to their context. The difference across the South West was noticeable. One CCG provided a frequent bulletin of information for care homes managers who knew this was the 'go-to' email to read for the latest guidance. However, homes in other areas felt overwhelmed with conflicting and vague information and felt that better support locally in interpreting guidance would be appreciated. Some staff are being equipped to take on clinical tasks, which, alongside the next theme of better connections between homes and health staff, mean that staff could create a sense of safety for residents.

3. Feeling connected

The need for connection was identified as a key theme for care homes throughout the pandemic. During the lockdown, care homes closed their doors to all but essential staff and health care professionals. This meant that the connections between residents and staff grew stronger, as staff became even more involved than usual in supporting the residents. Of course, these connections made it much harder when a resident died which can feel like losing a member of your family. For families who were unable to visit, creative ways of keeping in touch were identified by people working in care homes, particularly through residents embracing the use of digital technology to keep in touch with loved ones. This, however, proved more of a challenge for homes where there was a high number of people with dementia or for people with learning disabilities. These homes have also found it difficult to open to visitors as their residents would not understand the need for social distancing. Digital approaches have improved connections between care homes and health and care professionals, for example using it to facilitate multidisciplinary team meetings, and having a 'nhs.net' email address to communicate with hospitals. At times face to face contact was requested by care home staff, with an inconsistent response from external health and social care professionals. Conversely, some homes found that improved communication reduced the need for such professionals from outside to come into the home. Another positive connection that has arisen is connections between people working in different care homes themselves. Many areas set up WhatsApp groups, to support each other and share ideas and information such as risk assessments.

4. Feeling valued

For people living and working in care homes feeling safe, equipped and connected all contributed to a sense of feeling valued within the sector, but being valued is not always experienced for those working in the sector and a negative impact of Covid-19 has been a perceived increase in negative attention. Some staff spoke of a desire for increased recognition that care homes are good and not all bad, that staff are amazing and that it is not low skilled work. The raised profile of social care was seen as a potentially positive step towards feeling valued, although managers and owners had yet to be convinced that this increased esteem would continue. Some staff felt valued by families and residents for the extra support and care they gave.

5. Feeling heard

As with the other themes, feeling heard has to take place at all levels in the system – locally, regionally and nationally. Being listened to was often perceived to take second place to being talked to or at by external professionals. There was a particular call for people working in care homes to come together to form a greater voice within the public sphere so their perspectives can be heard in the arenas where key decisions and policies are being developed that impact significantly on the sector. A key issue identified is the need for a stronger voice for care homes and a sense that at times the media was listened to more than those working in care homes by residents and family members and the public.

6. Feeling 'able'

The tension between being 'done to' and 'done with' was identified from the conversations. As highlighted above, there was a feeling of the perspectives of those working and living in care homes not being involved in critical decisions. Despite the challenges, there were multiple instances described of how those working in residential and care homes had taken local leadership relevant to their context. This included creating their procedures for ensuring the safety and wellbeing of people living and working in care homes; developing digital capability and rapidly learning to be digitally literate; managing people from external organisations - asking for help when needed and ensuring any proposed interventions don't necessarily disrupt the life and care of homes.

Strengths and weaknesses of the approach

This work was carried out during the first wave of the COVID-19 pandemic. It is a form of needs assessment to increase understanding and was not formal research. The immediacy and key willingness of workers to participate was a strength. We were not able to access voices from as many residents and family members as we would have liked. The analysis of the conversations aimed to capture likely causal influences operating on and within homes but was not carried out to formal research standards. The work was not funded externally but carried out through the goodwill of volunteers and by staff from each of the participating organisations making their time available.

Conclusion: 'What matters'

Within this report we presented two main themes - 'staff and resident health and wellbeing' and 'guidance, communication and support' – and six high-level themes - 'feeling safe', 'feeling equipped', 'feeling connected', 'feeling valued', 'feeling heard', and 'feeling able' - giving an understanding of 'what matters' to people living and working care homes during the first wave of Covid-19. The passion and desire to make the situation the best it could possibly be for staff and residents shone through the conversations. 'Feeling able' to innovate and work within the system is a key theme. But care homes are one part of a much bigger ecosystem of relationships. In the context of Covid-19, 'what matters' is feeling supported through these relationships, as does feeling respected as equal partners. It is important to recognise that care homes are the 'homes' of people living there and how changes in other parts of the health and social care system, due to Covid-19, may impact on their ability to keep people safe. Also, these themes are interdependent, so less time spent reading, digesting and operationalising guidance could mean more time with residents. As the Covid-19 pandemic continues to challenge the care home sector, this report provides important insights into what made or could make a difference from experiences during the first wave. It is through listening to what people living and working in care homes say, and providing appropriate support, that we as a community could achieve our shared aim of supporting each other to stay safe and live well.

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We have created a Facebook page to encourage comments and conversation – please follow and 'like' the page at https://www.facebook.com/Care-Home-Conversations-118196990039987/

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Further information:

https://www.arc-swp.nihr.ac.uk/research/care-home-conversations

https://www.plymouth.ac.uk/research/primarycare/care-home-conversations