

Covid-19 and
social care:
we must act
now to ensure
patient safety

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It is no secret that social care was under immense pressure well before the spread of the Covid-19.

Those involved in social care have been calling for the introduction of long-term reforms to ensure that it is fit for purpose, that care workers are invested in and that appropriate support is in place for unpaid carers.¹ Going into the 2019 General Election, all parties recognised the need to reform the system and the Conservative Party was elected on a pledge to find a long-term solution for social care.²

As the impact of the pandemic now takes hold, the ability of the social care system to respond to these issues is beginning to come into focus. In this blog, we look at the emerging patient safety issues the pandemic is creating in the sector, focusing on four main areas:

- 1) Staff safety and lack of access to appropriate Personal Protective Equipment (PPE)
- 2) The pandemic's impact on existing social care and provision for non Covid-19 patients
- 3) The impact on carers and families of those receiving social care
- 4) The reporting of Covid-19 deaths outside of hospitals

After going into more detail about these issues, we will then recommend some essential steps that need to be taken now to tackle some of the most urgent patient safety concerns.

Staff safety and access to PPE

In recent weeks, coverage about the pandemic has regularly touched on the concerns front-line staff have raised about access to appropriate PPE. Understandably, this has focused on those directly treating Covid-19 patients, particularly those working in intensive care and other hospital roles. Patient Safety Learning raised a number of safety issues relating to this with the [Health and Social Care Select Committee at the end of March, with specific reference to the NHS](#).³

As the number of identified cases increases, we are now hearing growing concerns about access to PPE for those working with some of the most vulnerable groups in front-line roles, such as staff in care homes and community support roles.⁴ In the last week, it has been reported that the Government is [planning to step up the delivery of PPE for social care](#).⁵

¹ Age UK, Care in Crisis, Last Accessed 7 April 2020. <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/>; Alzheimer's Society, Fix Dementia Care, Last Accessed 7 April 2020. <https://www.alzheimers.org.uk/get-involved/our-campaigns/fix-dementia-care>; Health Foundation, What should be done to fix the crisis in social care?, 30 August 2019. https://www.health.org.uk/news-and-comment/blogs/what-should-be-done-to-fix-the-crisis-in-social-care?gclid=EALaIQobChMlrfeKp8jW6AIVh63tCh28iQHHEAAYASAAEgJy8_D_BwE

² The Conservative and Unionist Party, Get Brexit Done: Unleash Britain's Potential (Manifesto 2019), 2019. https://assets-global.website-files.com/5da42e2cae7ebd3f8bde353c/5dda924905da587992a064ba_Conservative%202019%20Manifesto.pdf

³ Patient Safety Learning, Coronavirus preparations – Questions for the Health and Social Care Select Committee, 25 March 2020. <https://www.patientsafetylearning.org/blog/coronavirus-preparations-questions-for-the-health-and-social-care-select-committee>

⁴ The Guardian, Residential homes 'desperate' for PPE, as two care workers die, 6 April 2020. <https://www.theguardian.com/society/2020/apr/06/residential-homes-desperate-for-ppe-as-two-care-workers-die>

⁵ HSJ, Non-acute services to receive 30 million PPE products, 6 April 2020. <https://www.hsj.co.uk/exclusive-non-acute-services-to-receive-30-million-ppe-products/7027328.article>

However, the details of what this will entail in practice are still somewhat unclear. It's been stated that local planners who receive PPE should follow Public Health England guidance on its use, but it's also been advised that they 'prioritise the local allocation of PPE to ensure those who currently have close unavoidable contact with confirmed or suspected Covid-19 cases'. If there continues to be shortages, this prioritisation advice raises several safety issues that need to be answered:

- What social care roles are local planners expected to prioritise?
- What impact does this have on the roles that are not prioritised? Are there any mitigating measures that are being put in place?
- How can staff who don't have access to the appropriate PPE report this?
- How can we assure staff that they are not at risk if they don't have the PPE they need?

We are concerned that, while there are shortages, many of those in non-priority roles will continue to work without the necessary PPE. This not only increases the risk of transmitting the Covid-19 to particularly vulnerable people, but also of them contracting it themselves and then passing it on to their families and the wider community.

It's important to avoid staff becoming transmission vectors of Covid-19. In Spain, where the pandemic is more advanced, it has spread quickly in residential care homes and nursing homes with worryingly similar concerns about PPE availability cited.⁶ In Italy's Bergamo province, where the most deaths and cases have been seen from Covid-19 worldwide, 600 people in nursing homes have died in a 20-day period.⁷

The safety risk of social care workers contracting Covid-19 themselves and having to self-isolate in large numbers could also have another safety impact further down the line in the form of staff shortages. Current estimates, inclusive of existing vacancies, suggest this could leave social care short of more than 200,000 staff if 20% are needed to self-isolate.⁸

Social care and provision for non Covid-19 patients

While attention is focused on tackling the pandemic, it is important that we don't overlook the impact this is having on health and social care issues not related to Covid-19. Patient Safety Learning have recently launched its [#safetystories campaign](#) to share the experiences of patients, their families and carers in this respect, and highlight emerging safety gaps that need to be addressed.

The additional strain of tackling Covid-19 will inevitably impact existing social care. As mentioned previously, there are concerns about the level of care that can be provided if significant numbers of staff are required to self-isolate in an overstretched system, where there are already around 120,000 vacancies.⁹

⁶ Reuters, Lockdown: Nursing homes in Spain a vector for deadly coronavirus, 22 March 2020. <https://uk.reuters.com/article/uk-health-coronavirus-spain-lockdown-ins/lockdown-nursing-homes-in-spain-a-vector-for-deadly-coronavirus-idUKKBN2190N7>

⁷ Anadolu Agency, Nursing homes in Europe struggle with COVID-19 pandemic, 2 April 2020. <https://www.aa.com.tr/en/world/nursing-homes-in-europe-struggle-with-covid-19-pandemic/1790294>; CBS News, Italy's coronavirus death toll is likely much higher: "Most deaths simply aren't counted", 7 April 2020. <https://www.cbsnews.com/news/italy-coronavirus-deaths-likely-much-higher/>

⁸ The Independent, Coronavirus: Social care workers at risk 'due to failure to give them basic protective gear', 24 March 2020. <https://www.independent.co.uk/news/uk/home-news/coronavirus-social-care-protective-gear-unite-union-a9421231.html>

⁹ Ibid.

Further, there is the issue of how residential care homes and nursing homes can manage their existing duties while also providing care for vulnerable people who are in the early stages of the Covid-19. Care assistants are not necessarily equipped to provide this additional care and it is not clear whether district nursing services and GPs would be able to provide cover, given increasing demands on them during the pandemic.¹⁰ This could then have a knock-on impact on the access to and quality of non Covid-19 care.

With ever-increasing demand on the hospital sector, we are also hearing concerns about patients that still need nursing care or rehabilitation support and may be too ill to return to their homes will be discharged 'early'. While there is an obvious need to relieve demands on hospitals, who will deliver support to the people affected by this? How will this be funded? We will consider the complex issues from these emerging discharge challenges in a separate blog.

Carers and families

For carers and family members, the impact of Covid-19, and related social distancing and self-isolation measures, can pose real problems. Recently, we shared [an anonymous blog on the hub](#) where a family member and carer outlines the difficulties of providing care for a parent living with dementia. Their parent is living in a care home, isolated from contact with family.

While self-isolation requirements can lead to separation for some, for others this has resulted in them moving into a 24/7 carer role while living with their loved one. With limited opportunities for support and no respite during this pandemic, the anxiety and stress experienced by unpaid carers will undoubtedly make it more difficult for them to provide the support they normally would.

An often-overlooked aspect of this, too, is the wellbeing of the carer themselves. It's easy for a carer to feel cut off or alone. Social distancing measures will mean that opportunities to engage with friends and have respite will be reduced, potentially having a significant impact on their own mental health. This may be intertwined with concerns they have about their own health and who would take over their caring responsibilities if they became unwell.

Reporting on Covid-19 deaths outside of hospitals

Another emerging patient safety issue from this pandemic is the underreporting of Covid-19 deaths in residential care homes and nursing homes, highlighted in a new study by the Care Policy and Evaluation Centre at the London School of Economics. They state that very few countries appear to be systematically testing people in living in care, making it difficult to estimate both the number of infections and to count how many residents have died as a result of infection.¹¹ The early results from a study of five European countries, focusing on mortality data, suggest that care home residents 'account for between 42% and 57% of all deaths related to Covid-19'.¹²

The UK has reported a much lower rate of deaths of people living in care than the percentages we may expect based on this information. Sector representatives such as Care England have raised concerns about underreporting, advising that the death toll is likely to

¹⁰ The Independent, Coronavirus: Britain faces a care crisis that could overwhelm the NHS, 6 April 2020. <https://www.independent.co.uk/news/health/coronavirus-social-care-nhs-homes-nurses-a9444886.html>

¹¹ LTC Responses to Covid-19, Mortality associated with COVID-19 outbreaks in care homes: early international evidence, 12 April 2020. <https://ltccovid.org/2020/04/12/mortality-associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence/>

¹² Ibid. The study looks at deaths in Belgium, France, Ireland, Italy and Spain.

be much higher than the official figures, suggesting that for the week ending 27 March this may have been around 1,000 deaths, compared to the official total of 20.¹³

More recently new figures from the Office of National Statistics (ONS) have indicated there were 2,100 more deaths linked to coronavirus in England and Wales by the week ending 3 April than originally reported.¹⁴ The ONS noted 6,235 deaths, compared with 4,093 reported originally by the Department of Health and Social Care. The increase resulted from the inclusion of deaths in community settings such as care homes and private homes.¹⁵

Underreporting of Covid-19 deaths in residential care and nursing homes represents a significant patient safety problem. Without accurate data to work with policymakers are more likely to underestimate the resources required in social care to tackle the pandemic.

There is a clear and urgent need to increasing testing in the sector if we are to address this issue and provide an accurate picture of the spread of Covid-19 in social care. It is also important that we avoid deaths in social care being as Sir David Behan, Chair of the UK's largest care home operator states puts it, being 'airbrushed out'.¹⁶ The British Medical Association has issued clear guidance on verification and certification of death and cremation during the pandemic.¹⁷ It is vital this is widely disseminated and followed to ensure causes of death are correctly being registered as Covid-19 or presumed Covid-19 related.

The essential steps we can and must take now

There are no silver bullets to address these issues. However, there are some essential steps that can be taken at a national and local level to tackle some of the most urgent patient safety concerns:

Staff Safety

- PPE distribution to social care should be treated with the same urgency as it is for healthcare.
- Clear guidance should be provided on PPE requirements for specific social care roles.
- Clear guidance should be provided on what steps staff can take to report problems accessing PPE.
- Steps must be taken to ensure that there is enough staffing and volunteer capacity to enable staff to work safely.

Patient safety

- All patients and social care service users should receive the care requirements outlined in their care packages.

¹³ The Guardian, Hundreds of UK care home deaths not added to official coronavirus toll, 9 April 2020.

<https://www.theguardian.com/world/2020/apr/09/covid-19-hundreds-of-uk-care-home-deaths-not-added-to-official-toll#maincontent>; Office of National Statistics, Deaths registered weekly in England and Wales, provisional: week ending 27 March 2020, Last Accessed 14 April 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisterweeklyinenglandandwalesprovisional/weekending27march2020>.

¹⁴ The Independent, 2,000 extra coronavirus deaths recorded outside hospitals in England and Wales, official figures show, 14 April 2020. <https://www.independent.co.uk/news/health/coronavirus-deaths-uk-outside-hospital-care-home-latest-a9463621.html>

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ British Medical Association, Covid-19: death certification and cremation during the coronavirus pandemic, Last Accessed 14 April 2020. <https://www.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-death-certification-and-cremation-during-the-coronavirus-pandemic>

- There should be clear guidance on what steps families and staff can take to report problems in service provision or to report safety concerns.

Mitigating the impact on existing care and treatment

- The rollout of testing for Covid-19 in social care needs to increase as soon as possible to identify and isolate outbreaks.
- We need to work with care providers to support the continued provision of services and provide adequate staffing levels during this period.
- We must work with third sector organisations to help provide guidance and support for carers and families.
- We need to ensure that the extra funding committed to the healthcare system is also available to provide to social care.

By taking these steps, the Government can demonstrate that it recognises the acute pressure faced by the social care system due to Covid-19. We need to ensure that we tackle the pandemic across all areas of society and avoid social care becoming the weak link in this. As Julie Ogley, President of the Association of Directors of Adult Social Services, recently commented:

‘There are two fronts in the battle against Covid-19. The first is in our NHS hospitals and intensive care units which are dealing with the most acute cases. The second is in people’s homes, including care homes, and in our communities where social care staff are working tirelessly, at risk to their own health, to keep older and disabled people safe and to prevent the escalation of this crisis. Failure to prioritise what happens in our communities will leave millions of us at risk and the NHS unable to cope.’¹⁸

¹⁸ The Independent, Coronavirus: Britain faces a care crisis that could overwhelm the NHS, 6 April 2020. <https://www.independent.co.uk/news/health/coronavirus-social-care-nhs-homes-nurses-a9444886.html>