## **Care Homes and the Covid-19 Pandemic:**

## **Video Communication**

## with Health and Social Care Professionals



To find out more about the project, <u>click here</u> Written by K. Warmoth, J. Lynch, N Darlington, F. Bunn, & C. Goodman. Designed by J.Morton



# Project summary

Due to the COVID-19 pandemic, health and social care services used video communication technology to provide support to care home residents.

To understand how well this worked, we undertook:

1) a scoping literature review looking at barriers and facilitators to using videoconferencing and communication technology between healthcare services and care homes

2) interviews with health and social care professionals working with care homes on their experiences and reflected on the wider contextual factors to consider

# At a glance



Participants in our study were happy to use video communication technology but wanted to make sure it was individualised to the residents and sensitive to the care home setting.

Participants had concerns about privacy, the capacity of the organisation to support online meetings, residents' ability to participate, and whether key information was being missed.

Future and ongoing use of this technology should complement in-person visits and not be a substitute.

The views of care home staff were unknown and should be sought when preparing any future technology-enabled service.

# What went well? (



Health and social care professionals found the technology acceptable despite the challenges of implementing it



The technology could provide meaningful consultations



Creating a greater sense of collegiality between staff and professionals Health and social care professionals were surprised by what was possible, especially physical examination or assessments







Money

Time

were saved by not having to travel, seeing more people in a day and remote contact supported infection prevention strategies



## Rapid learning & adoption during Covid-19



The unprecedented circumstances of the pandemic left little opportunity to plan. As a consequence, professionals prioritised:

Data gathering and sharing

Having a facilitator present

Scheduling appointments

Access to private & quiet space

Health and social care professionals were expected to deliver remote services rapidly. Contrary to previous evidence, they were able to use video communication technology to communicate with care homes. In previous studies, professionals were apprehensive about employing this technology with care homes, and a comprehensive technology implementation plan and motivational leaders were recommended.



# Issues raised by health and social care professionals

### Fragile IT infrastructure



Reliable internet connection with good video and sound quality is vital.

Consistent support for procuring, replacing and changing software and equipment.

#### Implications for Practice

Further resources and technical support may be needed for longer-term sustainability.

### Role of care home staff



Care home staff played a central role in arranging, preparing, and facilitating consultations with residents. Health and social care professionals rely on care home staff to collect important information, take measurements, and act as the go-between with residents.

### Implications for Practice

Video consultations require collaborative partnership. While health & social care professionals' time was saved it may have increased the workload of care home staff.

### Implications for Practice

Data protection and security were raised as potential concerns as photographs, videos and recordings could be at risk online.

communication is being

Use of multiple platforms

Different types of communication

Staff providing assistance to residents may interfere with their right to confidential consultations and confidence to raise issues of concern.

## Suggestions for future research

Explore the views of care home staff, residents and their representatives as they were often overlooked in the literature and were not interviewed in this study.

Examine whether the use of this technology is sustained or changes when COVID-19 restrictions are lifted. Longitudinal studies using robust methods are required.

Further research is needed to capture a wider sample of experiences to understand the impact of remote consultations across different care homes and technologies.

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