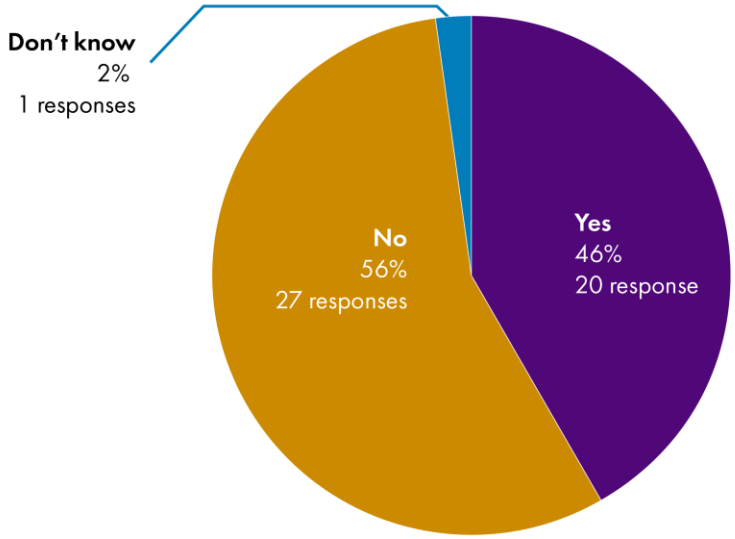
COVID19 Care Home Inquiry Responses from Care Home Managers
(all responses have been anonymised and personal or identifiable information redacted)

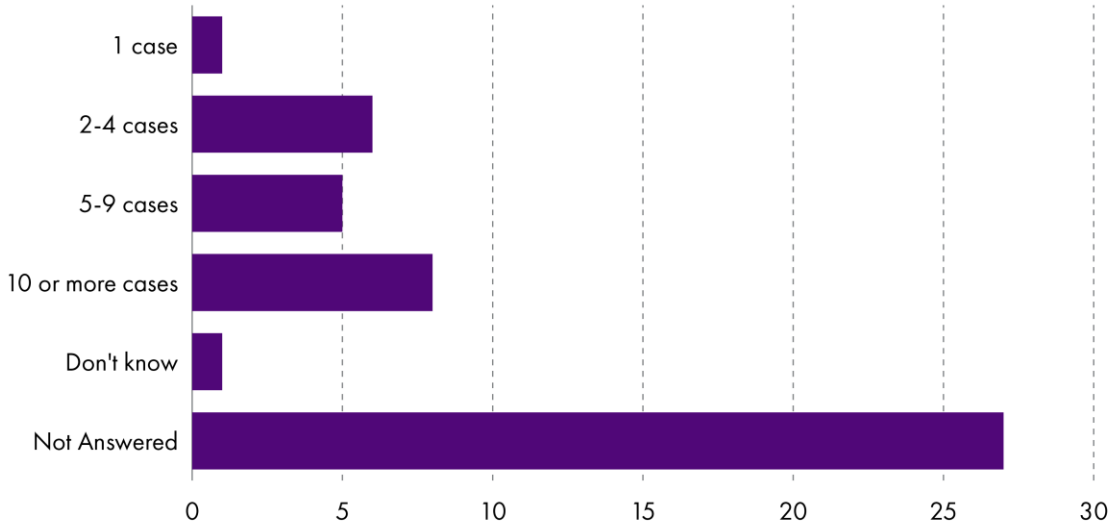
Which local authority is the care home located?

Option	Total	Percent
Aberdeenshire	4	8.33%
Angus	0	0%
Argyll and Bute	1	2.08%
City of Aberdeen	1	2.08%
City of Dundee	1	2.08%
City of Edinburgh	1	2.08%
City of Glasgow	0	0%
Clackmannanshire	1	2.08%
Dumfries and Galloway	2	4.17%
East Ayrshire	0	0%
East Dunbartonshire	2	4.17%
East Lothian	1	2.08%
East Renfrewshire	0	0%
Falkirk	1	2.08%
Fife	1	2.08%
Highland	5	10.42%
Inverclyde	1	2.08%
Midlothian	2	4.17%
Moray	1	2.08%
Na h-Eileanan Siar (Western Isles)	0	0%
North Ayrshire	1	2.08%
North Lanarkshire	2	4.17%
Orkney Islands	1	2.08%
Perth and Kinross	1	2.08%
Renfrewshire	2	4.17%
Scottish Borders	5	10.42%
Shetland Islands	2	4.17%
South Ayrshire	1	2.08%
South Lanarkshire	0	0%
Stirling	3	6.25%
West Dunbartonshire	3	6.25%
West Lothian	2	4.17%

Have you had cases of COVID-19 in the care home?



How many instances of COVID-19 has there been in the care home?

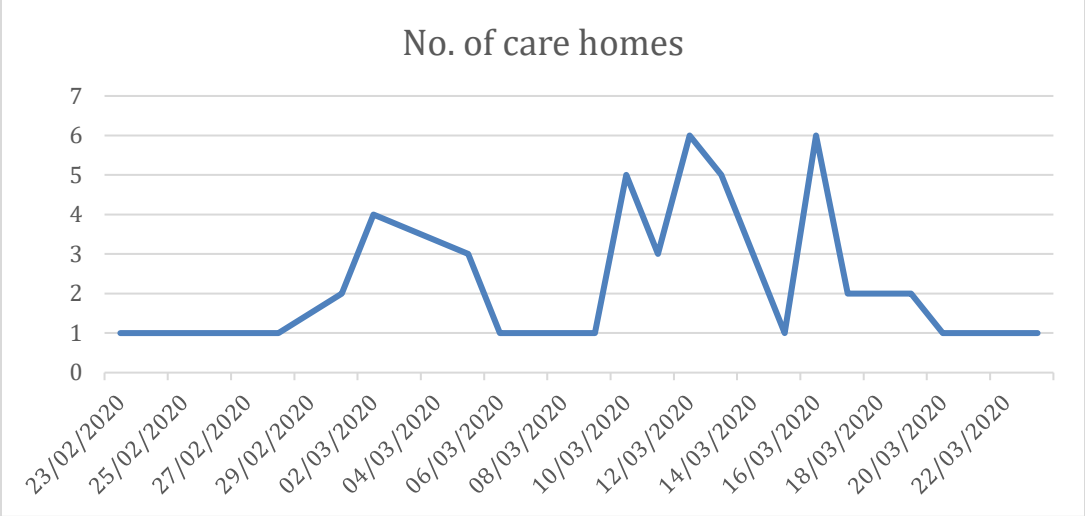


Do you have any indication of how the COVID19 cases have arisen in your care home?

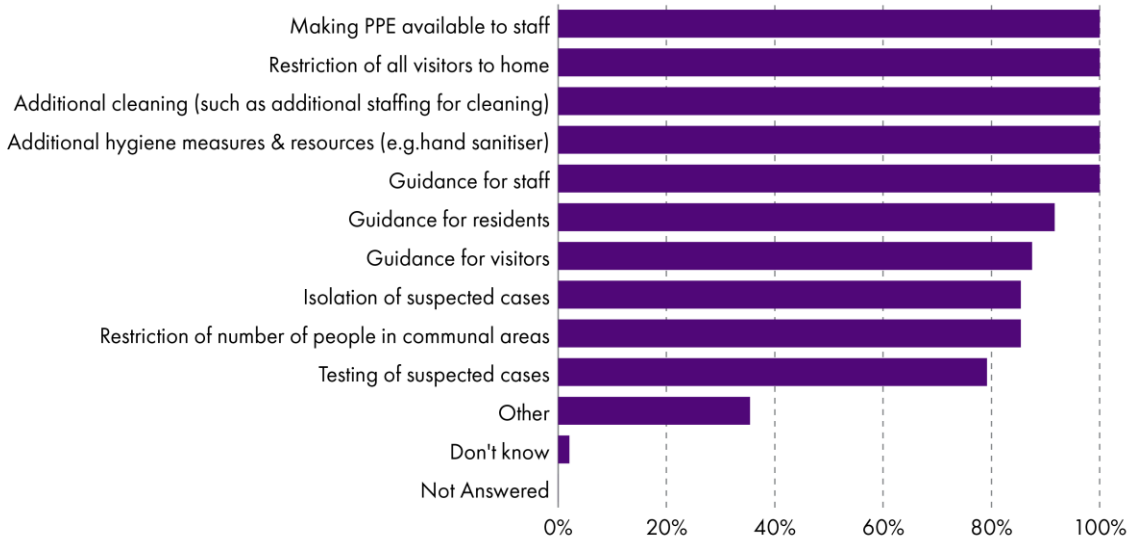
There were 17 responses to this part of the question, five of these simply stated 'no'.

Most cases were not symptomatic and were only identified through proactive testing in a 10-day period. Several staff also tested positive. Infection Control audit concluded all recommended measures in place.
No - 1 staff member tested positive but did not have contact with either resident.
No. We went into lock down on the 12thMarch trying to be proactive
None, as we had been in isolation since 13th and 1st case on 26th April
We can only assume that it was through staff or visitor contact with asymptomatic people.
Must have been staff transmission
Residents tested positive few days after hospital admission
No, possible admission from hospital or staff,
I think he acquired it in hospital, he remains in hospital
No, they started prior to testing and at a time when visitors were still coming to the home
We can't be certain. We had cases quite early after lockdown, so it might have been through visitors or staff who were unknowingly carrying the virus.
No. We have applied the same measures as in other Provider Care Homes who are unaffected. The most likely source is an asymptomatic staff member, but that cannot be verified as there is no way to test, track and trace at the moment.

When did you first put measures in place to protect residents?



What measures have you introduced to protect residents?



If you answered 'Other' please specify briefly (max 10 words) in the box provided

There were 23 responses to this part of the question.

Changes to the process for admissions to the care home
Restriction of social activities outwith the care home
Closed to any new residents
No agency staff or bank staff who have other jobs allowed in home
E-Mail information to relatives, Increased signage
Temperature screening of staff on arrival to shift. Anyone with temp over 37.5 goes home.
Specified training
Staff uniforms laundered within the work place, all staff temps checked at start of shift, all residents temp checked once daily.
Staff required to socially distance in the workplace where possible
Staff not moving within units, staff remain on unit for whole shift

Staff Temps/Masks -Relative weekly emails - Adapted activities - resident Dinning / seating changed - monitoring put in place
Recording of temperatures twice daily for residents. Daily for staff when entering the home. Questionnaire for relatives and essential contractors
Removal of staff over 70 years of age and those with significant underlying health conditions from the workplace completely
Stopped all admissions unless a test was confirmed negative. Screened residents and staff twice daily. Cancelled annual leave
On line training for all staff, infection control
Mass testing of all residents & staff
Shielding of all residents. Reduced numbers in the dining room. Social distancing.
Standard Operating Procedures includes ICP RA's Guidance Support Wellbeing PPE
Temp checks of staff at start of shift, changing of clothes before and after shift. Restriction on the movement of staff within the building from one wing to another.
Temperature checking staff and residents
Set up isolation admission zone
Ceased any use of external staff
Daily Briefing held for staff to keep updated – minutes of these now kept in file for access by all staff

Please briefly summarise how your care home has been impacted by COVID-19.

Staff off due to existing health conditions, obvious anxieties of resident's relatives and staff
Financial sustainability concerns due to loss of several residents resulting in drop in occupancy, unable to take admissions at this time and once open to admissions it will be uncertain if vacancies are filled due to recent outbreak and many homes now waiting to reopen with vacancies as well. The home has had to reduce staff hours delivered due to reduction of occupancy, some staff redeployed to other roles and some staff furloughed for the time being.
So far, we have managed pretty well. Measures were taken early to minimise visitors and contact with the outside world., although this was a difficult decision, residents,

relatives and visitors were mostly understanding, some were even relieved that they did not have to worry.
We locked down early to try and keep all of our people safe, we had 5 deaths within a week which was huge as we are only a small unit in a rural community, we have had fantastic support from the local authority our GP and nursing team public health NHS to be able to care for our residents' at end of life in very difficult circumstances when families have been unable to visit. We have had our moments staff wise as at one point we had a third of staff off either self-isolating or having been tested positive. The remaining team have worked so hard to ensure the appropriate care has been provided when the rest of the country has been playing catch up so by the time we were using PPE everyone else was still trying to find out where to get it from. All the government information and stats were a bit of a distraction when we were trying to support the dying and their families, although we knew and understood the importance of this at the time it was difficult to marry the two together as the questions being asked were too late for us.
Some staffing difficulties owing to staff having to isolate either owing to their own symptoms or due to that of someone they live with. We have had to review and implement different ways of residents being able to talk to relatives, this has included utilizing mobile phones and skype.
We have lost a few of our long-term residents which has been felt by staff. Staff shortages have resulted in agency care being used.
The anxiety for the relative not being able to visit there loves ones has increase the phone calls to the service increasing demand. Stretched service due to staff sickness in turn having anxiety for existing staffing. Lasting anxiety for staff. Loss of residents.
Residents shielding in bedroom, no visitors from family and friends and social distancing in communal areas especially during meal times. this has impacted on the social activities for all residents
Financially impacted due to excessive greed of PPE suppliers. Financially impacted due to being closed to new residents. Day to day disruption to the resident’s lives and entertainment. Initially staffing impacted by self-isolating of staff. Staff being super vigilant both at home and work to ensure all kept safe tiring some at this stage.
No confirmed covid cases
Extra expense for providing PPE we would not normally stock, and worry trying to get adequate stock in place. Restrictions on families very hard for the residents at this time

staff are extremely anxious about providing care to covid positive residents as worried for family back home
There were some issues at the start with staff self isolating but this soon settled. We had engaged additional staff to cover and provide increased infection control procedures. It has been a challenge to isolate residents and restricting visits to only exceptional visits and we have introduced digital technology to enable residents to keep in touch. We have totally changed how we do things in terms of serving meals in rooms, activities and personal care. We have incurred a large amount of expenditure on additional staff, PPE, IT and cleaning materials.
Increased pressure on Staff, sourcing PPE has been extremely difficult due to it all being allocated /purchased by NHS. Suppliers increasing prices e.g. 1 paper mask being charged at £1.80 per mask ,1 box of 100 disposable gloves costing as much as £18 per box and providing limited quantity of supplies of items. Financially this has had significant impact. We also took the decision not to admit new residents to the Care Home to ensure wherever possible we could protect our existing clients.
We have had no cases of COVID-19 in the home and the main impact has been on staffing through people who have received shielding letters
At the beginning we had lost some staff due to symptoms however within the first few weeks all staff were back at work. We had a couple of instances where service users presented with symptoms and they were isolated, but these came to nothing. Staff have been anxious about the whole situation and families and relatives feeling the strain of lockdown. otherwise we are operating as normal
Initially we were affected by staff self-isolating which had an impact from middle of March on staffing levels. We have also been closed to admissions and with the loss of residents this has severely impacted on finance. The extra expenditure on PPE is unprecedented and the rise in normal costs and availability of products has been and continues to be a worry.
We had one case in 1 unit, which we managed to contain. We had an outbreak in another unit, which resulted in 4 deaths and 5 recovered. Staff were distressed at deaths, and remote palliative care, and learning how to support relatives. The biggest impact is the emotional strain of residents and families being kept apart. I have an elderly resident who believes she may not see her daughter again, and I had a girl who believes that she may not get to see her Mum again. The mental health of our residents is deteriorating, and I have huge concerns if the separation is to continue for months.
Anxiety for both the residents and staff.
As we have had no cases we have been largely unaffected however the lack of social stimulation is starting to show on our residents and families are feeling the strain of not being able to visit. I feel that in the beginning there was a lack of responsibility from the NHS when they

were trying to clear wards and refusing to test patients prior to admission to care homes - this action put a lot of very vulnerable people at risk.
Currently we have had no cases
At present we have had no impact, staffing levels remain good. Other than missing visits from relatives- there have been no concerns at present. We have had a few staff anxious regarding COVID-19 however support is offered- which appears effective.
The culture of care has changed due to residents not having visitors. We have needed to refocus on providing more social support as well as the physical help needed. Care practices have changed in that we are only close to each other when absolutely necessary and the wearing of masks is a new thing for us.
Impacted the residents and their relationships with both each other and their families
Multiple cases of confirmed COVID19 with detrimental effects.
2 residents positive for Covid-19 1 staff member positive- seriously unwell in hospital
Residents health and wellbeing has been of the highest priority due to visiting restrictions, anxieties for everyone regarding if Corona virus gets into the home Financially a worry due to added costs becoming detrimental to the survival of the care home. Staff anxieties mentally and symptomatically Fear of not being able to staff the home. Staff carrying added stress and worry that we may be the cause of residents becoming infected Residents monitoring has increased to identify any changes in their condition no matter how small Continually putting in place measures to ensure the safety of the residents and staff which is paramount Putting in place measures to ensure good communication to keep in Touch with relatives and friends Being made to feel we have the black plague - GPs not wanting to enter the home to visit residents. - This has improved since care homes have had such bad media coverage. DNACPRs put in place which were not in place prior to Covid19. Informed residents would not be admitted to hospital even if Covid positive. Residents were not to be tested - Now changed, again i feel due to media coverage Duties carried out by Community nurses now being undertaken by care staff - Wound dressings - Catheter wash outs Medication - Palliative Care medicines for Covid19 - Added paperwork to keep up to date Daily reporting to so many professional bodies with the same information is time consuming. Guidelines on how to manage dementia residents with suspected / confirmed Covid -

Patronizing as most measures outlined would already be in place for a resident who likes to stroll. I would find it surprising if, in any care home a resident diagnosed with dementia/ Alzheimer's would start strolling become challenging due to suspected/diagnosed Covid19.
A better appreciation and understanding of the difficulties we would be coping with on a general day to day basis with residents who experience these levels of behavioral issues should have already been considered. A more holistic - realistic approach on how we would then be able to best manage these concerns that may arise in the care of residents who could cause a serious impact on the care home if a resident would not only be a risk to self, but to other residents and staff in the event they were having to go into isolation. Multi-disciplinary professional support with family and care home input should have been put in place immediately. To be honest and transparent with family from the beginning about the measures that may have to have been put in place to care for residents who would require that extra support and vigilance would have been a much more supportive approach. Families i feel should have been contacted by the GP / Psychiatric Consultant regarding what measures may have to have been considered if there relative became COVID suspected to keep them and everyone safe just as they did re DNACPRs.

Care Home's first positive case was through hospital admission after one of our younger Residents tested positive with what presented as symptoms of a urinary tract infection. He was isolated our coronavirus care plan was implemented and his oxygen levels dropped. A second Resident in another unit tested positive again after hospital admission with the same symptoms.
At this time on reflection our Residents displayed loose stools, samples were taken and returned negative. Some Residents appeared more lethargic and others developed a cough or cold symptoms. Lots of isolation occurred, GPs were contacted. At this time, I noticed that my night staff in the unit were starting to go off to self-isolate. We had a total of 22 deaths during this period of time from detection until the 2.5.20 when our last Resident was certified as suspected coronavirus. with suspicious cases of covid-19 totaling 10.
Personally at the beginning of this journey with the indications from GP,s regarding DNACPR ,verifications of death etc. it did appear very negative for Residents in the home , however this changed as we witnessed GP's visiting our Residents and treatment was prescribed and it felt more positive that something was initially being done .
At the Care Home we care for older adults initially with some younger adults who all have complex care needs both physically and psychologically . During this period of time we did lose Residents due to their chronic conditions and suspected Covid-19. I can honestly say that every one of our Residents died peacefully with a family member sitting at their bedside. The difficult part for our Residents was the isolation and at the same time not having the ability to have their loved ones visit.
During this time I have never been so proud of my team who worked with reduced staffing levels in what was an anxious and emotional time. A lot of reassurance was required for my team during this time as they were keyworkers in an uncertain time and all had families at home. From the onset the care home provider were very forward

thinking and a Crisis team was set up and guidelines were updated as they changed. PPE has never been an issue as there has always been plenty available. Things in the home are very settled and staff morale is very good. Staff were being sent for testing at the drive through however last week mass testing of Residents and Staff was carried out which was very reassuring and provided us with information which would identify covid-19 especially when no symptoms are being displayed.
Difficulty found in filling empty beds as few potential admissions in our client group (advanced dementia) are able to be isolated for 14 days on admission due to cognitive ability or need to wander with purpose. Severe difficulty in sourcing appropriate PPE at an affordable price from supply chains. Some suppliers have not allowed us to order PPE as they state their stocks are being reserved for the NHS (ongoing). We are a small stand-alone nursing home and are experiencing significant costs trying to source PPE for everyday use and source appropriate stocks to be held in reserve in case of an outbreak. We have also received conflicting, contradictory advice from the Health Protection agency about what is required and advice that is not possible to put into practice due to the needs of our residents (such as isolating them in their own rooms).
• Increase in costs of PPE • Increase in management hours to source PPE & other supplies , cleaning materials, medical equipment (syringes, probe covers for thermometers) • Increase in staff absence due to Covid-19 illness (suspected and confirmed) • Increase in staff cost for sick pay • Increase in staff costs due to additional staffing being required on each shift • Increase in management time for reporting to different agencies • 3 members of staff medically shielding • Reduction in revenue from postponing admissions • Staff anxiety levels are very high • Negative effect on resident's mental health and wellbeing especially residents with existing diagnosis of dementia & depression • Negative effect on individual relatives of residents who cannot visit. Mainly older people
The residents have been isolated in their rooms, all meals served in rooms takes more time, we have changes meal times to accommodate. No visitors of any kind. Only essential repair work on our boiler done. daily visits by community nurses stopped with manager giving prescribed injections and performing routine dressings. We feel isolated, the staff are worried for both their own health and the health and wellbeing of the residents.
The home has been restricted to all non-essential visitors since the 20.3.20. This has impacted greatly on the residents and relatives. The staff initially were very anxious about coming to work for fear of bringing it into the home or getting it whilst at work. Ensuring we have adequate PPE. The residents who are shielding having to remain in their rooms. Residents unable to look forward to external events and entertainment.

We have been closed to all visitors for a number of weeks. This affects the care home residents and relatives. Some residents are clearly missing their loved ones. We have had to spend 100% more on PPE in one month. A lot of time is being spent on sourcing PPE. We cannot undertake the same range of activities that we do normally. Some of our nursing staff are shielding which means that some of us have to work more hours and have not been able to take annual leave.
Reduced social contact for vulnerable service users and their families Increased staff stress Increased staff costs Increased costs associated with purchasing PPE, increased environmental cleaning
Residents have been unable to see their families. Staff are worried. Higher costs due to PPE. Reduced from GP`s and other professionals. Reduced visits from company and external inspectors.
Resident's isolated some with lethargy and other non-typical symptoms and linked deaths (with underlying conditions). Anxiety amongst staff, families and residents
Having the residents isolating in the care home has been very difficult for them. Our residents have physical disabilities and some quite complex care needs and some elderly having lived at the Care Home for over 30 years. Our staff however have ensured that they spent time providing activities and entertainment as well as supporting them physically and emotionally. Our unique online platform has meant our residents can communicate with their family and friends on face to face calls some on a daily basis and has also provided them with entertainment, games, hobbies and interests that they can use independently or together.
At present we have had no cases within the home although have been isolating residents with raised temperatures which has had an impact on the presentation of residents and has increased the workload of staff. Residents are now presenting as a little more restless due to the lack of activity within the home in terms of visitors/ external contractors
There has been a huge impact on staffing, we lost around a quarter of staff due to underlying health conditions and we were very cautious about the use of agency staff. This has meant that existing staff have had to pick up extra shifts through overtime and agreeing not to take holidays. We also had a recruitment drive for casual staff but found this hard to recruit to and the process taking longer due to depleted HR support. We have 3 staff who have been redeployed from within the council to this care home. This has brought with it issues of its own. Staff are now feeling very tired but at this juncture we do not have a workable solution to alleviate some of this pressure on staff. Staff were very concerned about their access to PPE particularly early on. Whilst we never ran out we have been low on supplies on a few occasions. This has improved

over the last two to three weeks. Staff find the wearing of face masks demanding and have said that with some residents, particularly those hard of hearing or experiencing dementia that it is a barrier to communication. There has been anxiety over the last few months about the lack of testing particularly as we had to admit residents without testing until recently. The lack of tests for care staff has had a significant impact not only on service delivery but also on staff morale. Staff and residents with symptoms are obviously now being tested and whilst this is positive there is at least a four day turnaround time on tests, with typically a two day wait for the test and then a delay in getting the results. Staff have been extremely committed to caring for the residents but have been somewhat despondent at what they perceived to be as a lack of recognition for the job they do and a negativity towards care homes within the media of those care homes who do experience outbreaks of covid 19. We have experienced some difficulties were residents showing symptoms of covid are being tested but not being treated with what the other symptoms could be until there is a negative test. This could potentially create risk for the health of the resident. Health staff haven't been as accessible by phone and are understandably extremely reluctant to enter the care home. Symptoms are discussed with the GP and photographs of skin conditions etc. shared where required as we can't get Near Me to work due to the poor internet access within the home. We have had one GP visit since March. Visits tend to be carried out by the district nurse or nurse practitioner. We have had to change everything about how we meet the needs of the people in our care. Limiting the movements of people, limiting their activities, not taking them outside the grounds of the care home. This has been particularly challenging when dealing with residents suffering from dementia who are physically mobile. This also makes isolating them when they are symptomatic and awaiting test results very challenging. Like other care homes when are doing our best to ensure some form of contact for the residents and their loved ones. The success of this has been variable. We are worried about the physical and psychological impact on many of our residents as a result of these measures. Staff do their best to meet the individual needs of the residents despite these challenges.
Cost of PPE increase e.g. hand sanitizer increasing by 500%, purchasing of addition PPE equipment e.g. Masks. Additional stress on management to complete documentation and return same whilst continuing with day to day management of home. Additional time to source PPE. Additional time to arrange prepare and deliver information to concerned relatives. Additional support required for worried anxious staff. Additional cleaning costs both supplies and manpower. Additional training in Infection control including use of PPE and audits of how this is put on and removed. Hand washing audits. Residents feel low as no visitors, introduced video calls, additional costs.
One third of staff from care management catering & domestic staff are off due underlying health conditions, not all will have received an NHS letter to support shielding requirement. Staff from other resources have been transferred to stabilize the staffing numbers. Those staff have come from our integrated day services whose

services are suspended at the moment. We are not using any other staffing at present to reduce unnecessary footfall. This has allowed staffing to sufficient to support the current service. Prior to the lockdown the unit had just come to the end of a 3-week isolation due to a sickness outbreak, so our restrictions started mid Feb although not Covid related. This may have assisted our outcomes and preparations. PPE has been available although a little sluggish in re-supply. Main item difficult to get was face masks but that has been resolved as the need to use them regularly was increased.
It has severely increased the workload on staff, due to PPE use, extra hygiene measures and need to clean surfaces often. It has also increased the anxiety and stress under which the staff are operating. The residents and families are all worried, this places additional pressure on staff who are already working extremely hard under unusual circumstances.
We have had 9 deaths due to COVID 19 amongst our residents and a number of staff members were also severely affected. We were hit early after lockdown by the virus and the first person who died (with other causes as already in palliative care) was only tested posthumously as a precaution as there were breathing difficulties at the end. The resident had advanced COPD and earlier breathing difficulties over the couple of days prior to death were assessed as a symptom of that rather than Covid-19. The GP had been consulted a number of times over that week. By the time the result of the posthumous test was fed back staff had been fully compromised and had compromised the other residents as at that stage as PPE was not being worn as a matter of course as the guidance indicated against this when there were no active cases in a care home. Early testing, and earlier supply and use of PPE would have protected staff and residents in our situation. We were devastated when many residents and staff began to show symptoms and were unprepared for the physical and emotional strain this would place on the whole home. Some staff members worked a full fortnight without a break to help see us through and so that we would not have to call on agency staff. The organization put in additional support and ensured that we had a supply of appropriate PPE. What was disappointing at the outset was the way we are asked to get DNRs in place, were issued with anticipatory (end of life) meds and had poor initial Government guidance. It felt like our older people didn't matter. In trying not to overwhelm the NHS, Care Homes were initially overwhelmed instead.
Covid-19 has been devastating in our care home. We have sadly lost residents and had many others unwell. This has severely impacted in people's quality of life and we have had to consider carefully how we can help them achieve this while people are isolated in their rooms, this has included technological solutions and trying to spend quality time in the absence of family. Impacts have included increased confusion and a general decline in mobility and appetite for some residents. Covid-19 has also impacted on the staff with many being unwell and absent from the service. Wearing PPE and carrying out the day to day tasks is also a challenge for the staff team. Staff and residents have carried anxiety and emotional upset throughout this period, and we found it so much harder to support families as their loved ones were dying due to the restrictions in place.

There have been more clients isolated within their rooms, so we have worked hard to try to meet their needs and keep them connected to family who have not been able to visit since March 16th. Additional iPad etc. were provided by the organization to help with that. We have introduced enhanced infection control measures and have upped the purchase of PPE as well as the organization sourcing that for us. We have had to juggle staff rotas as staff went off self-isolating. There has been a significant extra workload for staff who have been wearing PPE since the last iteration of guidance which prompted wearing in all situations in care homes.
Had 3 x residents and 3 x staff members tested positive
We have had to increase staffing levels and have several residents isolated and tested. This means increased stress on staff relatives and residents. All the residents find it difficult to comply with the isolation measures. This means we have to deploy even more staff to deal with this. The residents are aware that life has changed and that they are not allowed out and no one they love and care for can come in to see them. This has had an impact on the quality of their life added to the measures we take in relation to social distancing makes their overall quality of life poorer. We have adopted technological solutions to keep people connected
Residents missing regular family visits and contact – in some way overcome through the provision of iPad and development of face time, residents supported to write letters to family members. Residents missing regular worship with local ministers and elders. Staff are providing short services instead however due to social distancing residents miss all getting together for this Impact of limited social engagement and enjoyment at mealtimes due to social distancing within dining rooms and more residents eating within their rooms. Changes to activity provision – no outings etc., visiting musicians etc., adapting current activity provision within the home, use of online/TV for activities and streaming of music. Residents missing receipt of daily newspapers – agreed that as would have to keep for 2 days would be out of date Initial anxiety when staff having to wear face masks and other PPE but residents quick to adapt to this. Ongoing anxiety of some due to developing situation at another local care home and wider community
The impact has been enormous and horrendous. I have worked in this sector for 30 years and never seen anything like it. We have had an outbreak that to date has affected 50% of our residents.To date 11 deaths have occurred as a result of covid. 10 staff have tested positive. We were unable to get symptomatic residents tested at the start of the outbreak - we eventually managed to do this by collecting kits ourselves and doing the tests ourselves and then taking them to a laboratory ourselves. All very time consuming. There was no mass testing to help reduce the scale of the outbreak. The symptoms displayed by our residents were not those advised by the media and guidance. Gastric symptoms and loss of sense of taste or smell and lethargy were

predominant symptoms but not highlighted to us. This week a large part of my time has been taken up with dealing with negative publicity in the media which sadly has been driven by an MSP who is trying to score political points. This has caused huge unnecessary stress and distress to residents, staff and relatives. We were constantly pressured to take admissions in early days but refused to do so. Due to high numbers of staff suddenly going off we had to use agency which increased our agency costs. We now have increased costs with a greatly reduced income but no offers of financial support

How has your care home managed people with symptoms of COVID-19?

Anyone with symptoms are isolated as per guidelines, symptomatic staff off work as per guidelines
Close communication with local public health team, proactive testing, all residents were already kept isolated prior to outbreak. Also, close communication with GPs ensuring appropriate treatment and also regular monitoring of temperatures and Sats.
One person went to hospital where he tested positive. Isolation of suspected case in the home. Staff wearing appropriate PPE.
We managed to source appropriate PPE, we had fantastic support from the community nursing team, who enabled us to care for our people right up until the end, it was difficult when the undertakers came in an old white van and no family member was able to see the person either end of life or when they were deceased.
All bedrooms are single occupancy so residents with symptoms have been isolated in their own room. Staff have barrier nursed them and we have minimized the number of staff supporting that individual. Care staff allocated to support individual has also carried out cleaning in that rooms to omit the need for domestics to have to go in. All residents with symptoms have been tested. We have utilized the day care area which is not in use to support isolation for a resident with dementia who was unable to understand social distancing requests. Use of appropriate cleaning products have been introduced as recommended by infection control team.
All residents are encouraged to maintain social distancing with all suspected and confirmed resident's barrier nursed
All residents isolated in rooms and all visiting prohibited. All staff using PPE in line with guidance. Swabs initially taken for 5 residents in line with the guidance at that point. GP and or ANP contacted. Separation of staff into teams of suspected, positive and non covid residents. Additional cleaning of rooms and frequently used area. Stopped movement of staff between areas. Staff room not in use and areas allocated in the service for separation of staff. Additional infection control, use of PPE and hand-washing training either practical or e-learning. Non-essential staff restricted to areas.
Working closely with our GPs to identify quickly any possible issues and getting testing done. Policy and Procedures in place if Covid 19 suspected and adhered to strictly as per

National Infection Prevention and Control Manual. Adhered to advice from Health Protection Scotland on all areas and regularly print updates. Pre-planned for outbreak in January so supplies of PPE stocked up. Lucky to have all single rooms so no isolation issues if needed. We use a separate office for supplies coming in and nothing goes over to the home for 3 days to reduce risks.
Putting residents into isolation and swab testing
We have isolated all in one 8 bed unit as all who tested positive were in same unit within care home. isolation and same staff to look after these residents has proved positive. Extra sanitising of unit and good use of PPE to protect other residents and staff
We have isolated suspected cases and staff in the entire home have been wearing full PPE at all times and isolating other residents in rooms. Communal areas have been closed for several weeks. Since testing has been offered suspect cases are tested promptly.
We have had no service user display signs of Covid-19. Nursing staff also developed a screening tool that we implemented to allow us to detect early signs of Covid-19. We also took the approach that all our residents where shielding.
We have isolated them in their rooms - have only had one person with symptoms, he was tested negative and was a chest infection
We have had isolation processes in place for any suspected cases
Residents have been isolated in their own single en-suite rooms. Testing was carried out when it was made available to us. Staff were also advised to isolate or sent home if suspected symptoms. Staff who were isolating initially from March were unable to be tested but since availability was increased towards end April, Staff with symptoms have been referred for testing.
Barrier nursing. Tried to keep residents in rooms but introduced zones for dementia unit for those who were convalescing - red and green zones, as residents were distressed at staying in their room alone. Minimized movement of staff between units, and restricted agency use., or asked agency for staff who could be exclusive to our home.
The residents have been isolated and tested.
Currently we have had no cases
Isolation for 14 days if any symptoms, isolation if returning from hospital, or being admitted to the home- again for 14 days. Staff and resident testing. PPE and regular observations.
Barrier nursed
Isolation, testing (negative)
Barrier nursing in bedrooms with 14-day isolation periods.
Suspected cases - isolated to bedroom area, barrier nursed as per Public Health guidelines, same staff providing care.
From the beginning we were advised anyone with even a cough to go into isolation which I put in place with immediate effect. PPE measures carried out as per guidance at

that time. Infection Control guidance has since changed CONSTANTLY. Keeping in line with it all has been stressful. I now have Covid Station Kits ready to put in place when and if required for suspected/ confirmed Covid cases. PPE has been an ongoing issue particularly, MASKS as they are not part of my daily PPE usage. That has been my biggest worry! I felt added pressure constantly questioning and doubting myself was i keeping everyone safe, due to the worry of PPE stocks. Carried out refresher PPE training to incorporate ALL staff were correctly donning and doffing PPE. Training also involved going through all measures to be put in place for suspected / confirmed cases of Covid 19. residents were moved to enable me to isolate a floor with 4 rooms for new admissions from hospital / community. I did this as I felt there was an expectation to take in new admissions. Residents isolated for 14 days if suspected case. Staff NOT to come into work if showing ANY symptoms of Covid19. Staff immediately signposted to the local NHS testing station. Staff to complete health check on entry to start shift. Residents now tested if GP request test to be carried out.
Isolation has not been as difficult as firstly anticipated due to the number of Residents diagnosed with Dementia and Cognitive impairment. Coronavirus care plan and a good stock of PPE including visors. All bedrooms are ensuite throughout the home
The residents who have presented with symptoms, should have been isolated according to the guidelines. This has proved impossible to achieve due to their advanced dementia and their need to walk with purpose and the challenging behaviors they can present with should their routine and daily structure be disrupted. It has been a source of some considerable concern, that we are being told to isolate residents who in reality it is impossible to isolate, and we have received no support, from other professionals who clearly do not fully understand the complexities of managing individuals with advanced dementia who are still fully mobile. We have tried all the techniques such as behavioural management, redirection and even recruiting additional staffing.
• All suspected symptoms, however mild, have been assumed to be Covid-19 until test results have confirmed otherwise. • Symptomatic residents were immediately prescribed antibiotics, steroids and where needed O2 therapy. • Barrier Nursing has been put in place immediately with all available PPE. • All suspected cases of covid-19 in residents have been isolated • All suspected cases of covid-19 in staff have been sent home or remained at home to self-isolate if due to come to work • As soon as testing for staff became available staff who were symptomatic were referred. First tests 2/04/2020
We had a suspected case very early on who was transferred to hospital. Resident remains there having been transferred to a community hospital for rehabilitation. Resident initially tested negative and they wanted me to take him back, but was in a Covid ward and at that time 30% of hospital staff were testing positive we refused to take them back. They have subsequently tested positive for the virus. We were told

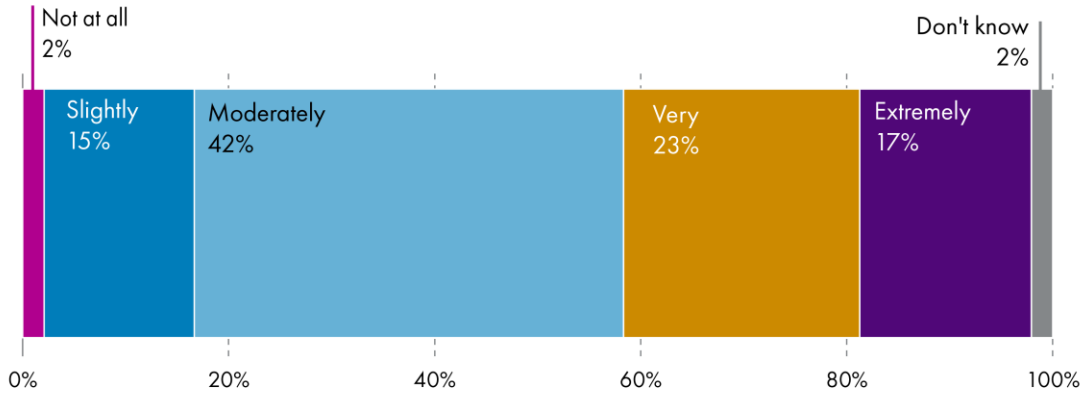
within 10hrs of them being in hospital they was palliative, but they remains in the community hospital 4 weeks later. We have had no other cases, but we did take someone from another home, an intermediate facility who was not tested prior to transfer despite me asking for this. After a risk assessment we admitted the Resident and were able to isolate for 14days and use full PPE when in their room. This was difficult but at least they could understand the need to stay in their room. We had advice last week 6th May to watch for atypical symptoms that had presented as Covid19 after an outbreak in another Care home and at the time had some residents with infections so took the opportunity to have 5 residents tested which all came back negative in 24hrs. Had this presented itself the previous week before we were offered testing we would have had to isolate these residents for the 14 days which would have been impossible. Residents in our setting particularly are up and about constantly exploring the home suffering from dementia and do not understand about social distancing or staying in their rooms to protect themselves. The ones tested last week were following the testers out their rooms as soon as tested and other than locking them in there is no way to properly isolate them within a care home setting. This is our biggest challenge and not infection control measures and which folk don't seem to be getting. Luckily, we have not had the virus, but I feel only down to good luck and not better judgement (apart from not taking the resident back from the Hospital) We as the care team worry all the time about asymptomatic transmission and as yet have not been offered testing without symptoms. I actually am just glad when another day is over, and we remain virus free, but this is not any way reassuring. I know folk don't have the answers I want, and I don't blame anyone but testing of asymptomatic workers would have helped
We have not had any COVID-19 positive cases. However, we had residents who had symptoms that may have been, so they were immediately barrier nursed.
People were cared for in the privacy of their own room Social isolation has been managed by staff visiting and supporting people to use large open areas e.g. garden to maintain well-being. Use of ZOOM, Facetime, telephone calls etc. to maintain family & friends contact, in addition to no contact window visiting Staff wearing full PPE for supporting people with symptoms. All residents have individual PPE stations at their room entrance with waste disposal facilities inside the room. Additional cleaning throughout the care home in all personal and public areas. Have established a temporary waste disposal store to hold potentially infected material for 72 hours prior to disposal. All linen & clothing of people with symptoms has been laundered in a disinfecting wash. Additional staff training has been utilised to improve knowledge of infection control, staff hand-washing technique has been audited. Weekly staff briefings have been established to update staff and involve staff in business decisions
Resident had symptoms. Had a negative result but isolated for the two weeks. Residents returning from hospital isolated for two weeks even though negative result. Isolation for admissions despite negative results. Member of staff isolated with symptoms. No test was able to be carried out.
Isolation in their rooms (residents) or homes (staff) and infection control procedures including hand-washing, social distancing, PPE and additional disinfection
None of our residents to date have had Covid 19 or symptoms. We have had residents admitted to hospital for other medical reasons however on return to the care home we have isolated them for an initial 7-day period to ensure that they do not develop

symptoms following discharge. Our staff follow all infection control procedures as well as using PPE at all times.
Isolating them in their rooms where possible and ensuring that PPE is available outside the rooms and a clinical waste bin is available within the room
We have put forward a number of residents for testing who were symptomatic of COVID-19 however all these tests have returned as negative so far. Whilst awaiting a test and for 14 days thereafter we are following public health guidance and ensuring that residents are isolated within their rooms as much as possible. We use the traffic light system within the care home, this guides the level of PPE required when dealing with different residents. If we are experiencing difficulty keeping a symptomatic resident in their room this resident will be supervised at all times and any area that they are in a different level of PPE is used. For face masks, eye protection etc. The symptomatic residents' overall presentation is closely monitored to ensure that their physical health needs are met, and we link in with our NHS colleagues should we be concerned about this. We remain mindful that there are other conditions or health problems that can mirror COVD 19.
Isolated residents. Staff isolated if symptomatic. Testing for staff and residents. Deep cleaning of rooms each day. Dedicated staff to support person who has tested positive. Clothing washed at dedicated timed double bagged going to laundry. Waste disposed of at dedicated time double bagged removed by nearest exit disinfected at exit point, stored separately for 72 hours post removal. Emotional support provided to staff. Staff remaining in units, not sharing staff with sister homes. Relatives supported to visit at end of life provision of PPE, temperature check, questionnaire and guidance when visiting. Entrance to home via entrance closest to room. Cannot leave room during visit. Appropriate hand washing before leaving home. Reduced use of communal areas including lounges, dining rooms where residents insist social distancing in encouraged difficult at times due to cognitive impairment of residents. No large group activities.
Not applicable no cases.
Initially isolate residents, then request testing (a protracted process). Ensure PPE (procured through our normal channels) is properly used with symptomatic residents, in accordance with the latest (changing) guidelines. Await test results.
Once we realized that we were at risk residents were isolated in their rooms. Initially designated staff members were attending to residents who began to show symptoms. The decision was taken very early on in the subsequent he outbreak to isolate all residents, whether symptomatic or not, and care for them in their rooms with every one of them being treated as if having symptoms We have employed rigorous infection control procedures from the start and all staff were issued with and have used PPE equipment since the first case was recognized. An emergency staff rota was introduced to limit staff traffic within the home.
We have isolated people with symptoms and also encouraged people to stay in their rooms even when they haven't been symptomatic to decrease the risk. There was no really clear protocol from the government initially how to manage this situation well for people with dementia (we are a specialist dementia unit)

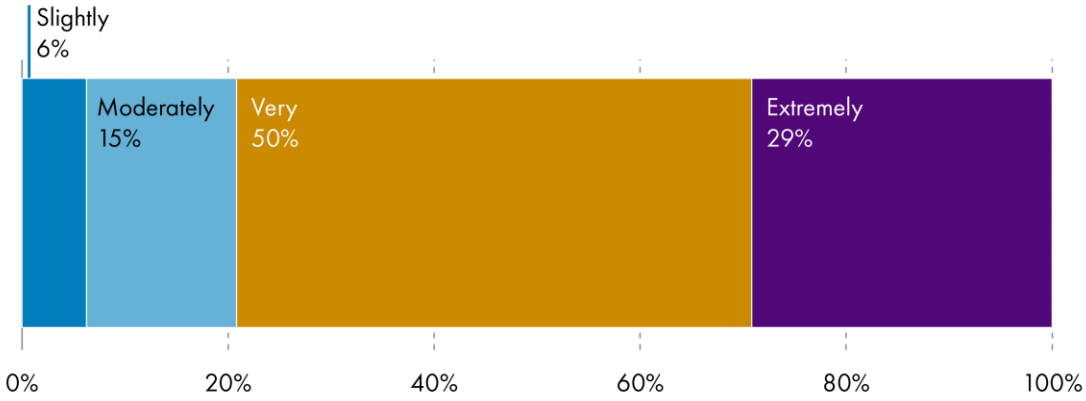
We have put in several additional policies to ensure that infection control is managed appropriately and that the residents are also treated with dignity in what is their own home. The specific guidance on managing people with cognitive impairment in Covid-19 situations was developed by our organisation in conjunction with Scottish Care and Care Inspectorate. We have only allowed essential visits into the care home, in palliative care situations with enhanced infection control measures in place. This has put some strain on staff to help ensure that families remain in touch via technological solutions, but staff are managing this. We have only just managed to access testing for residents last week, initially if they were symptomatic, but now everyone including the full staff team have been tested as we have been classed as an outbreak. This is an additional helpful tool as should any further outbreak occur we will be able to pick it up and respond much more quickly
We have had no residents with confirmed symptoms. Where we had one suspected case the individual was confined to their room and Heath Protection Scotland, Care Inspector and local GP were informed. A test was done which came back negative.
Suspected cases - residents are barrier nursed and the unit is locked down to reduce footfall from staff from other teams including kitchen, laundry and maintenance teams. Public Health is contacted to request testing of resident. Appropriate PPE is provided for staff to maintain barrier nursing. All teams within the home are informed of suspected case and the need for a test. Care staff are not moved to work in other units during their shift Teams are informed as soon as test result is known - if negative, barrier nursing is lifted. If test is positive - barrier nursing continues for 14 days. Unit remains in lockdown for 14 days.
We have followed all guidance regarding isolation, care staff barrier caring for them and following all infection control procedures. So far, we have not had anyone who has tested positive though we have had 3 tested.
• Self isolated for 8 days minimum • Testing has been carried out • Allocated staff providing care • PPE was very quickly sourced by our organisation and provided in individual ‘care box’
Residents have been barrier nursed in their rooms. We have been very well supported by the local GP service who have assisted us to care for them. Good systems were put in place giving access to palliative medications. We have supported relatives with telephone calls, skype, and palliative visits. Some staff have stayed in the care home for weeks on end to provide stability

How helpful was the official Scottish Government guidance provided

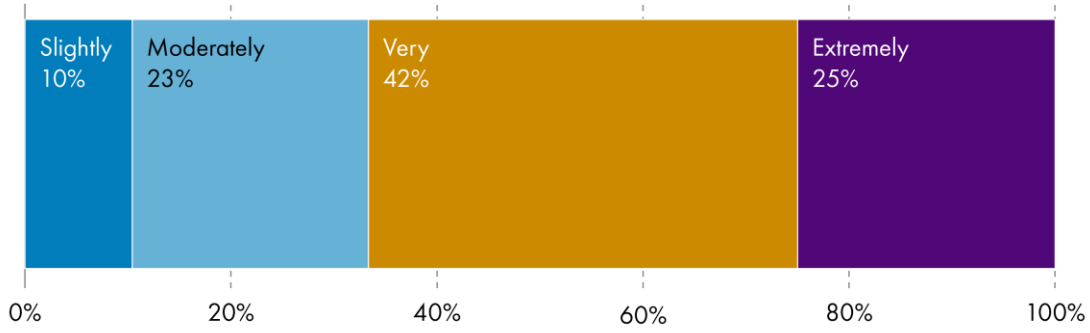
How timely was the publication of Government guidance?



How easily available was the Government guidance?



How useful was the Government guidance?



Further comments on guidance
There were 30 responses to this part of the question.

At first it was difficult because we were getting information from a lot of different sources.
By the time we were receiving the guidance we were will into the virus outbreak, so it was very much retrospective from our point of view
I've found the guidance very good and useable. Alerts of updates have come through multiple routes so have always been informed in time to review and implement the new updated information.
At times there was conflict between both the Scottish and English parliament guidelines therefore at times became confusing. I was not sure what guidance I was to follow. Westminster or Holyrood?
Current update guidance for PHS and Care Inspectorate has been really useful for me as a manager.
There has been at times a lack of clarity around the government advice and also what is coming out from local health and social care partnerships, health protection Scotland and NHS. We have adopted a belt and braces approach and that has provided clarity for staff, but government advice has sometimes been confusing. Lack of linkage / timing between government views and local views. E,g PPE to the care sector - organisations left to own devices and limited stock available locally.,
Fully aware that managing this Pandemic we have to change our practice and follow updated guidance however the amount of information that is disseminated is vast. And you find that you are required to read the same document numerous times to find one small amendment.
Confusing/ repetitive and receiving from all different areas
There has been a lot of guidance from various areas early on that it was difficult to keep up with.

Some of the guidance was quite long.
Very slow in dealing with care home settings, all the focus was on the NHS and as a result care homes quickly became a hot spot in the fight of the disease.
We had already put measures in place before the guidelines were finalised
Total lack of support and understanding of Care Homes. Given no respect for our contribution to the Health and Social Care sector. As always, we are treated as second class citizens given no respect or understanding of our contribution to society. I felt pressure from Local Authority at the beginning to take in new admissions from hospital and the community. I did not take from hospital but did from the community. There was no mention of testing or monitoring prior to admission. At no time was there even a mention to the risks of my permanent residents with new admissions coming into the home. The priority was again to get beds empty for the hospital which was never a priority before when my care home was sitting with empty beds. All of a sudden POA not in place etc. didn't seem to matter. Left to muddle our way through trying to do our best to protect, residents, staff and relatives till media started to be horrible towards care homes and the poor care we provide to the most vulnerable in coronavirus outbreak. It is not new, we in care homes only get negative press however this has been particularly brutal. A lot has been highlighted because of the Covid19 outbreak due to the most vulnerable age group, elderly dying in care homes, and how things may have been managed a little differently for `everyone in the sector not to be made to feel we don't care for our precious elderly. Our NHS is fabulous and deliver an amazing highly regarded specialist service. However, it did feel as if NHS had been supported to get ready for the onslaught of Covid19 and the impact that was going to have on the NHS but no oh dear no thought had been given to the serious consequences it was to have on care homes and the high-risk vulnerable elderly we care for every day of every week. That is ... until NEGATIVE press reports started slating us for our inferior service provision. Nothing new there then!!! Care Homes are always top of the list to get negative media coverage. Change did occur, HPS got in touch several weeks in though initially i did feel I was not looking after my residents as I should have been according to their guidance. I took that personally as I had been trying my absolute best to do best I could with what I had. Now all these weeks on HPS are one of the best support networks i have. Lack of funding in the Care Home sector for local authority residents has to be reviewed to enable care homes to provide a fair service provision to all residents. Self-funding residents' fees having to go up yet again to pay for additional costs cannot continue. The cost of an NHS bed per week in hospital???? compared to the £635 per week paid for a local authority funded resident in a care home is not viable. It is not right the financial security of a care home has to be subsidised by self-funded residents which is another reason care homes may not get through this crisis. Guidance was FOCUSED primarily to suit NHS provision of Covid19.
The constant changes to it have made it difficult to keep up on the latest edition.
Some has been helpful, but some has been confusing or absent. Obvious breakdown in communication between agencies, we were informed by the Scottish

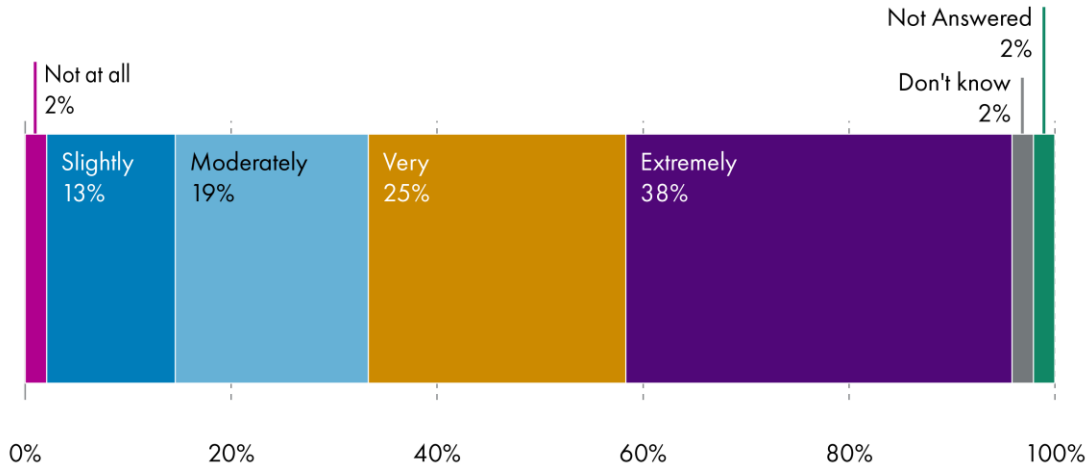
Government that all staff and residents can be tested and yet no plan to make this happen for nearly 2 weeks now. One staff member was rejected for a test as she had no symptoms even though she had been nursing 2 residents who were positive. For 8 weeks we are given daily updates from Council, Care Inspectorate and Public Health. We have been providing daily data to all agencies and have been interviewed on the phone by Public Health. We have been asked to provide enormous amounts of data to different agencies who do not appear to communicate to each other. We appreciate the need for the data but feel that this could be better organised and less time consuming if we were reporting to one Government department instead of three. Regarding PPE we were told that the Triage helpline was available to assist with shortages. However, in reality this was a minimal delivery which was 100 aprons/ 100 gloves/ 100 masks. 49 residents and 57 staff these resources are single use. What is said on the media from the Scottish Government does not materialise at the practice level. The guidance from Government was constantly changing. Too little too late for Care Homes.
I think all advice has been in screeds of documents difficult to identify the advice required to find quickly as to what we needed. Earlier testing of residents prior to moving into homes from everywhere but especially hospitals and care worker testing should have been done. This was done in England, not Scotland. That has been very confusing too the different rules etc. We in are homes should have had the same status as the NHS from the beginning and not classed as second-class citizens or used as collateral damage as I fear we have been. The biggest worry to me is how the virus could get in here and I have taken all necessary steps to stop it but many things out my hands and all these infection control teams set up to "advise" and monitor are a waste of time. I have more knowledge and skills than them all put together having 403 yrs. of nursing experience. I have only been a care home manager this last 11 months working previously in an acute ward in hospital and have enough savvy to do the right thing but keep telling these "new found experts" that infection control not the issue. Its keeping it out of the homes we need help with. Once in the homes unless you have a member of staff to follow the infected resident about wiping all surfaces behind them as they touch them then it’s almost impossible to prevent spread. My inbox is full of PPE emails and documents about all sorts. I have highlighted today there is no advice around resuscitation and PPE required for this along with the ethical issues around staff being frightened to perform this task. nothing has been written or spoken about this. We do not have enough PPE. My company have no issues with me ordering PPE for anywhere, but this has been difficult as the procurement of gloves from our supplier's supplier has been taken over by the NHS. Although this is a private care home 85% of the residents are socially funded and hence I feel the social work department should be supplying PPE for our routine use. They ask we obtain it from suppliers 1st and only come to them when and if having an issue. I initially got 100 gloves, 50 masks and 200 aprons and had this repeated once again prior to last week when I asked for more. This is not satisfactory. We have to listen to ministers saying the complete opposite. As I say I have nothing but support for our

company with our Operations managers and also the CEO who has allowed us to buy what we wished or required. We as a company had to buy masks off Amazon way back in early March to have a supply. This in my opinion is not suitable. I could write for months about all this as passionate about the inequalities of Care homes versus the NHS. We can't get a Dr to attend. The GP surgery is closed. We get pushed from the health centre to NHS 111 for vague symptoms with neither wanting to take responsibility and this involves a senior being on the phone for extended periods of time when they have other things to do. Not good. We are sending photos to the health centres. When we ask for prescriptions it takes days to get. We have waited 3 days this week for a pain killer prescription to be done and signed by a GP. This is not good enough when in the meantime we know they are seeing very few patients. All the receptionists are in work, what are they doing? the service has been very poor, and everyone blames the Covid19 pandemic for everything. I have probably said too much but this has been and still is incredibly difficult to manage. I have huddles with my staff every few days to alleviate their fear and anxieties which are around the things I have discussed mostly asymptomatic transmission and tell them to stay at home if they feel the slightest bit unwell. Carers by nature have always come to work when ill knowing these is very little chance of the shift being covered otherwise. They have to not do this on this occasion. I had 4 staff in the 2 week who had to stay at home for 14 days without testing as living with folk with symptoms. Had they worked for the NHS they would have been tested. This put a huge strain on my workforce who all thankfully stepped up. Again, this is a second-class system compared to the NHS. I have lost faith and I know the local hospital has been sitting with numerous empty beds and not been under terrific strain, may I say thankfully. This is hard to take when I know how short we were in the 1st two weeks and offered no help. We were to have our own company plan in place but other than magic folk to be employed it was impossible to cover. We can't drag folk in off the streets to work with vulnerable residents. Why couldn't the NHS support us? these as I say are social care resident. It talks about Health and Social Care, well it's not. All the NHS have offered is this useless infection control advice and placing the blame on poor infection control. These cares have never been used to wearing PPE and need reassurance they are doing the right thing or reminding nicely they are not, not blame. This is a whole new thing for them many who have not worked in a health care setting. I am lucky to have the experience and knowledge to reassure them and apply the common sense that needs applied to it all and the basic risk assessment. I keep telling them to think of the risk. Our company has nurse as managers in all their homes apart from one and all ops managers are nurses which can help provide support in this infection control nightmare. Other homes do not have this expertise and this maybe should have been looked further into. We were told we were in a time of sustained transmission here in the Borders and thus the staff had to wear PPE for their own protection. This may be the case out in the community where the risk is unknown, but this made no sense to me and when I asked for it to be explained I got two reasons, one our elderly population and the farming community as the blame. This made no sense and as yet no explanation has been given that I am aware of for the reasons for sustained transmission. This

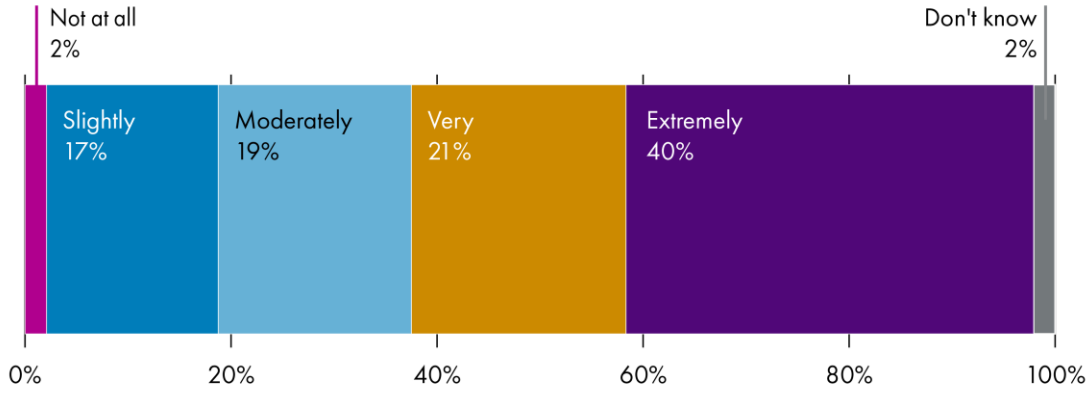
phase then became apparent all over Scotland and not just in the Local Authority Area but still no explanation. If it is spreading still why? other that failure to adhere to social distancing asymptomatic transmission must be the case I feel. I see the risk in supermarkets, any plans to test all workers exposed to the public?? I fear you have to be considering this. I feel everything has not been about scientific advice but capability and supply. This has driven decision making
The guidance is updated frequently which means we need to ensure that we have the most up to date guidance. Sometimes we are not always getting the most up to date guidance and this is a worry. I do not think that experienced people who work in care homes have been consulted with enough, and that guidance should have been written with advice from our sector - people working in care homes.
Government guidance was good but reviewed by our head office and used in developing organisational operating procedures
Timing of guidance has at times has caused some issues. Changes published late in the week has not provided sufficient time to allow us to obtain the updated PPE requirements. Albeit guidance provides time to get the necessary equipment and implement changes however employees at times expect this to be implemented immediately.
Whilst guidance comes out quick it also changes very quickly, and it is a challenge to ensure you have the most up to date guidance. Guidance broadly helpful however sometimes the guidance can be unclear. Guidance often focuses on what you shouldn't do but is less focused on how we work towards providing a quality service for the people we care for against a back drop of new working practices and drastically reduced staffing pools.
Guidance appeared to change rapidly and appeared that not all health boards implemented guidance as it was intended e.g. staff testing in care homes not available initially however NHS workers prioritised. Staff felt let down as they were shielding most vulnerable group of individuals. Would like to know if care home senior staff were consulted prior to publishing documents.
Updated guidance often contained little minor changes and the changes would have been better highlighted to ensure that they were concentrated on by the reader. As the detail was often lost in the wide narrative.
Guidance understandably changed at short notice, adequate good quality PPE was not always provided in line with this. Guidance from the Government and Scottish Government was not always synchronized. At times this created confusion amongst carers.
From the perspective of a manger I found that there was a lot of conflicting information, frequently changing information and general information overload. The organisation supported by issuing bulletins and additional protocols, but as one of the first hit I don't think that the initial guidance went far enough to protect residents and staff in care homes.
I feel that the guidance has been helpful, but it was not as responsive as I think it could have been some It took some time to come out, and this put pressure on the service as we had families calling asking for lockdown or to isolate their loved ones to be put in place but we didn't have the government backing for these things to

happen for a while. We took the decision to lockdown before the actual guidance was issued to that effect. Our organisation has been very supportive in terms of sharing links to the guidance through issuing regular bulletins (28 in total) and helping us understand it. They have also put enhanced protocols in place. They have also put a lot of effort into lobbying for and sourcing PPE from the very start so that we have had adequate PPE throughout. Whilst the guidance did reference use of PPE it did not tie up with available supply leaving a lot of risk with the provider. Despite the guidance I believe that GP's were not supportive in the initial stages as there were no visits to really assess a person's medical condition and the process was to put people on end of life drugs and verification of death forms were issued to the service. I think this was disappointing as people have a fundamental right to health care and it feels like our older people were not seen as important. There is a better system in place now and we have good support from the local HSCP and hospices and GP's are now more receptive.
Guidance could have come out sooner, with clearer guidance for care homes rather than treating them as hospital settings and with some support on how to manage clients with dementia and being able to self-isolate. The organization had to write the protocol for managing people with dementia to sit alongside the Government Guidance and this has been adopted by other care homes is Scotland.
All documents are easy to read and understand and are easily implemented into practice.
The guidance assumes that care homes are equivalent to hospitals in terms of accommodation and that we can move people/beds around at will. This is not true we have a philosophy to make this their home so they have their own furniture and belongings and it is their personal private space. It is their home. This makes it impossible to implement the guidance in full.
Staff benefitted from receiving guidance and protocols etc. through the service provider which was obviously taken from government guidance, but which was accessible and from which additional protocols were developed.
The guidance is useful. It was not timely it should have been there sooner. It is also very hard to plough through the emails and numerous amounts of information available esp. when so so busy trying to manage staff and very ill residents

Do you feel the people you care for have been adequately protected from COVID-19?



Do you feel the staff in your care home have been adequately protected from COVID 19?



Finally, what would help in the future to ensure the people you care for are adequately protected from COVID-19?

Ensuring PPE is readily available as 'business as usual' supplies are often delayed and only certain quantities available to be ordered. Regular - routine testing of staff and residents regardless of being symptomatic. We have had many residents test positive with no symptoms and over 14 days there were no symptoms identified. Many staff that tested positive also only felt fatigue, sore throats, some thought they simply had hay fever or a head cold if not tested as a precaution.
Testing for symptomatic staff and residents

I gave the answer that I don't know because I am unclear if anyone does, as our journey through covid continues we are finding out more, asking more questions but the virus seems to be throwing things at us all the time. Only one of our residents had a cough none of them spiked temperatures' the signs and symptoms seem to morph from one person to the next, it is like walking on shifting sand and no one has the answers so far
Adequate PPE available, appropriate infection control training, Introduction of handwashing facilities at main entrances. Ongoing testing.
Not sure, possibly earlier testing of staff and of course a vaccine
Better systems for accessing PPE and testing from the being.
Proper stock pile of correct PPE (filtered face masks, overalls) as stated in the media the equipment we have is not suitable to safeguard us from this virus. better and quicker testing measures for all staff/families and residents.
There needs to be a much quicker response for testing for ALL staff and ALL residents. There needs to be a much better supply of PPE with less hassle and form filling and running about. The shutdown must continue to be strictly monitored as it is like Gala day most days in Local Authority Area with people putting the rest of us at risk. The re-opening of the care sector must be phased in slowly to allow us to monitor residents, staff and visitors. These tests for us will be temperature checks of everyone working and living in the home on each shift and any visitors who must be staggered too. Would like to see disinfection of outside spaces in general and no one allowed out or to visit unless wearing a face mask/covering. We have come too far with all our protection and cleaning processes for our residents/staff to now pick up the virus and set everyone back months.
No requirements for visitors to be allowed to reenter - this should lie with the care company themselves and individual care homes.
I think our care home has been adequately protected. we've had good guidance and our Owners have ensured our PPE stock in excess has been available for us
I think my answers to questions 7 and 8 are more down to the measures we have taken as an organisation rather than any advice, guidance or support from Scottish Government. The ongoing cost of PPE and staffing will impact on our ability to protect our residents going forward and the government needs to provide assistance to cover the cost of this. The provision of PPE and Testing has come too late for some and there needs to be a commitment on this. Local communication has been good with the partnership and they have supported us where they can but don't seem to have the resources to provide all that is needed. The lockdown in care homes needs to continue to protect our residents to prevent a second wave and we appreciate the impact that has on residents and families but fear easing the restrictions too far will undo all the great work that has been done.
Access to PPE as in line with NHS staff .This has greatly improved due to government provision of PPE via our Local Hub .Protection from companies profiteering . I can only speak from our Care Home given that we employ highly qualified Nursing

Staff there is no reason why nursing home staff could not undertake testing of residents and staff. Better inclusion when planning and implementing actions alongside our partners in NHS and Government ministers .
An adequate regular supply of PPE being delivered to the home to ensure staff and residents are well protected
For people coming into the home to continue to use precautionary methods in place
Access to face masks and PPE as a preventative measure and not as a reactive measure. Initially we were advised only for residents displaying symptoms that it was to be used for which as we now know that elderly have not been displaying typical symptoms then staff may have been inadvertently spreading Covid. Also, as Homes struggled to buy adequate volumes of PPE paying exuberant prices for it, We would like to be included in the procurement process for PPE that the Local Authorities are able to tie in to.
We will not rush to open the doors for visitors, but we would like to nominate family members to be able to visit, to maintain emotional health.
Ensuring adequate supplies of PPE and up to date guidance
continual testing prior to admission and prompt testing of all suspected cases residents and staff. Continued support from local authorities with the supply of PPE
To not be treated as unskilled workers and be valued in what is one of the most vulnerable groups in society. Value what we do and pay for the true cost of caring for this group.
We need to ensure that ALL PPE that is required is readily available to avoid anxiety in the workforce. Currently eye protection is not readily available.
I feel that there should have been a quicker implementation of items into care homes and more concern from the start. We were an afterthought despite us having a large population of vulnerable adults and this is now having devastating effects across the country. All focus was on the NHS.
Access to testing immediately for staff and residents, results received within timely manner rather than 72hours later would help ensure staff are available to look after residents. Less paperwork to complete for Health and Social Care Partnership, less duplication in telephone calls
Lock down earlier not only for residents but everyone. Clearer guidance with external professionals. It is still continuing conflicting opinions on what we are to do. They seem to be confused and don't always know? Testing of residents and staff right away. We are working in this sector with the same residents everyday of their lives not like a hospital environment where the patients come and go. Residents to be treated with the same respect as every other citizen. Not to have to plead for a GP to visit when it is felt it is required for a medical health issue NOT COVID related. Not every death is Covid 19 people still have natural deaths. PPE is supplied to ensure we are all doing exactly the same at the same time throughout Scotland. It should make no difference which constituency we are in, in the event of a pandemic emergency we should all be carrying out exactly the same

procedures in every care home throughout Scotland. Scottish Government needs to have set procedures which is sent out to all their local authorities setting out exactly what each local authority will be providing. it cannot possibly be different in one from another we all need the same support and equipment to get us through the crisis. There should be absolutely no differences on where we are who is leading etc. etc. it should be blank across the country. It's an absolute disgrace, I listen to the Scottish Care webinar twice a week and it's the same things that arise week in week out this far into the worst crises that's hit our country. How can this be? I find it distressing, scary and unforgivable. There is no way we should still be questioning what PPE to wear? Am i doing right by our residents? Am i doing the right thing day in day out? How do I get PPE? I have to carry out a daily audit on how may gloves i have in stock. I'm now confused do i count them as singles or pairs with the yet again new form i have to complete. Terminology to be looked at- we are not all from the nursing profession, but documentation can have a lot of nursing speak?
I have recorded moderately for the last 2 questions reason being that the staff did the very best they could do, and PPE was available however due to the lack of knowledge i.e. symptoms not recognized early on as covid -19 it was a confusing time which could have been easier to manage if testing was implemented sooner in the care home setting
Ready availability of PPE. Availability of testing for all residents and staff and (especially staff) on a routine and regular basis, with or without symptoms. This is still not available to us and it feels, that given the recent outbreak in a care home in Skye, lessons have not been learned as so many staff and residents who tested positive for Covid were asymptomatic
• I feel that we have done all we can to protect our residents and staff, but it was obvious that Care Homes were not a priority until the media became aware. I do not feel that the Government protected us soon enough and did not support us. • We were asked by the NHS to put in place Anticipatory Care Plans which would prevent people being admitted to hospital as they were coming from a vulnerable group. This was an emotional 'ask' for my staff and families. We felt pressurized to explain to families that this was all about Covid as there is 'no cure'. This happened at the start of the lock down. • Staff and resident testing should have been set up for us much earlier and we are still waiting to have the go ahead to test those who are Asymptomatic. PPE should be fit for purpose. We were supplied with equipment that was recalled by the triage. Medical supplies should be available when required. More funding for care providers and a greater recognition of the actual cost of caring for people with complex dependencies such as chronic mental illness, degenerative cognitive conditions. Government should listen to those working at ground level and trust our judgement. Agencies should be more respectful and stop questioning our actions especially when they do not understand what services we provide. For example, being 'told off' for not isolating a person with advanced dementia who is extremely mobile. Moral support and respect for care home staff and the service they deliver should

come from Government officials especially our Health Minister. Earlier response time from Government agencies to improve our chances
As said routine testing and a robust track and trace system and any other help to help keep out the virus. I ended up putting my comments around the whole subject in the box above about the government guidance, so maybe take from there what I feel and think
Testing of staff on a regular basis as we know you can be non-symptomatic and carry the virus, to prevent spread in a non covid home. Further training and guidance. Adequate supplies of PPE being delivered to the home without having to request. Additional funds to cover the costs of additional PPE and cleaning materials.
PPE needs to be available at all times for all people. We cannot procure this from our suppliers because they cannot get it. I would suggest that all supplies are procured by Scottish Government and then sold onto the care homes. Any PPE that is required for Covid-19 - the amount extra required should not be chargeable or should be refunded to the care homes.
1) - Regular testing to identify carriers 2) - Development of antibody test & identify the longevity of any identified immunity 3) - Development of a vaccine
Future lockdowns. Honest transparent assessments from the hospital. Testing for visitors. Rules re visiting. PPE readily available for everyone. Strategy for deep cleaning and early warnings re risk. Supermarkets to bring in strict rules re masks. Clear information re the effectiveness of masks in public. Tracing of contacts. Temp checks for visitors and perhaps a questionnaire re symptoms.
Better testing (including antibody testing) and vaccination. Greater knowledge and consistency in messages about PPE etc.
Although testing of residents and staff is much needed to prevent the spread the test only gives the result from the day it was completed. From leaving hospital and community settings tests may be negative however may develop over the coming days. Importance of isolating any discharges or new admissions for at least 7 days to be sure that they are not showing symptoms and therefore protecting everyone else. Use of full PPE (eye protection additionally as wear gloves, masks and aprons at all times already) for new admissions and discharge from hospital to give further protection and prevent spread.
More options for facilitating PPE but current situation expected due to pandemic status
Testing of all staff and residents and at an absolute minimum not admitting residents without testing. More resources in terms of budgets to allow for more staffing and resources. More accurate picture from day one about the extent of covid within the care home.
Additional infection control procedures for ALL who enter care home. Question is been in contact with symptomatic person. Temperature checks. Wah hands A wear PPE including masks.

Additional environmental cleaning including most touched surfaces handles, hand rails etc. Wipe down items delivered to care home before providing to unit. Don't assume all care homes are the same. Some have robust systems whilst others may not. Coordinated approach to gathering information and sharing with all who require information. Currently providing daily info to PHS and LA. Then also having to submit e-forms to care inspectorate, double work, understand reasons however as a busy manager, providing care and support as we do every day at times additional pressures can feel just too much.
Test and trace from the outset. Clearly identification of the staff who have medical conditions which in some cases were minor by their own admission but aired on the side of caution when given the option.
Early guidance and action in delivering social distancing. Early support to Care Settings, appreciating the vulnerability of the group. Allowing Managers to deliver Care as they see fit, given their knowledge skills and experience in dealing with the people they know well. More consideration for the CH staff and residents by NHS when trying to place potentially COVID infected people into the Care Home.
Testing as a priority for residents and staff Access to medical support such as hospital at home Better resourced social care. Better medical support from GP for care homes Acknowledgement of high-risk client / staff group and recognition that they are an equal part of society Dedicated Hot line for care home support
It would be good if we had been given more support to access tests for residents from the start. It was not easy initially to access testing for staff, and we had 15 staff with symptoms, this put extra stress on the service. We then had a challenge to get residents tested and initially we weren't able to access these in a time scale that was appropriate. We have since been able to have every staff member and resident tested, but I feel this has not been responsive quickly enough to save lives. Good access to testing will help protect people in the future. Recognizing that older people have an equal right to life and to healthcare which will help them to make the most of the time they have left will help protect them in the future. Ensuring that organizations are well enough resourced to deliver high quality social care will also help them to be more resilient in the face of an outbreak which will protect residents.
Use of testing Good resourcing (including PPE) Understanding of a care home setting and treating individuals in them with respect
I am very happy with the measures put in place by Care Home and the level of communication and updates in guidance etc. I am also very happy with the relevant guidance shared by Scottish Government which has been distributed in a timely manner.

We need guidance that recognizes the challenges for care homes specifically related to dementia. In the early days we were largely ignored, seen as a place for getting old people out of hospital with no testing in place for them and we felt they were not being treated as equal citizens. We were concerned about the quality of the guidance for our setting and the ability to source adequate PPE as our supply chain was drying up. We felt we would have been left to fend for ourselves if it had not been for the support of the organization which helped us to get the resources and additional protocols needed in place. Things have gradually improved from Government resources, but it has taken a very long time. All the focus from the Health Minister has been we have told them what to do and if there are cases in care home somehow it must be us to blame as we are not following the guidance. No mention of the fact that people admitted to hospitals and in the community get Covid and have no idea where it came from yet somehow care homes can magically prevent all infections from entering our buildings and spreading. In future I would like to see this acknowledged and recognition of the fact that all care home staff love and care for those we look after and are not deliberately causing harm to them. We are in a pandemic situation where we are caring for the most vulnerable in society. The potential FAI arrangements announced last week led to a flurry of more unhelpful headlines and further devalues the work of social care.
Continued access to appropriate levels of PPE Timely updates from Scottish government and service provider Testing Q3 only allowed 10 words - these are additional comments Daily Briefing held for staff to keep updated – minutes of these now kept in file for access by all staff Sharing of organizational bulletins and protocols ‘Quarantine’ of mail, deliveries, boxes etc. for appropriate periods of time Sanitizing all store deliveries Staff changing clothing immediately on arrival at home and again on departure Staff temperature testing at start of shift.
Antibody testing needs to be prioritised in our sector, we need more regular testing, it needs to be made legally mandatory for all staff. More information needs to be given on the symptoms. Politicians need to understand we are not providing bad care but are in unchartered territory doing the best we can. The financial problems around this need to be addressed to stop businesses collapsing. The guidance issued this week re supporting care homes sounded supportive in the letter from the cabinet secretary but then in the guidance sounded punitive. We need support not criticism. Systems need to be put in place to allow us to report information once only - a whole lot of time is wasted sending separate information to the local authority and care inspectorate