HEALTH AND SPORT COMMITTEE

SOCIAL CARE INQUIRY

SUBMISSION FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS

Covid-19 impacts on care and support at home

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapists. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy improves health and wellbeing through participation in occupation. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

In response to the Committee's call for information about experiences of social care at home during the pandemic, whether people felt safe and supported and what lessons should be learned should there be a second wave or future outbreaks, please find the following information from RCOT.

Staffing

- Reduction in staff numbers carrying out assessments and providing support for people living in the community due to self-isolation, shielding and general sickness rates.
- Difficulty with availability to cover care visits to support people to stay at home due to reduced staff.
- Varying levels of family support/commitment to provide assistance to family members.
- A high number of informal carers were also shielding and unable to provide the previous level of care that they had been delivering. This resulted in an increase in requests for Package of Care (POC).
- Informal carers who initially agreed to provide additional care - to enable POCs to be temporarily reduced - were then requesting care to be reinstated urgently as they were experiencing high levels of carer stress or were required to return to work.
- Support services were required for longer due to reduced rehabilitation services to support people to regain function and independence.
- Increase in telephone calls from concerned relatives/staff.

- Increased number of referrals to support people to stay at home especially for people who had been unwell (Covid-19 related or not) and needed support in their own home or for individuals whose function declined due to reduced activity during lockdown.
- Increase in number of people who were falling or at risk of falling.

PPE

- Initial difficulty sourcing PPE at various locations across the country – in particular masks and gloves. This made it more difficult for staff to continue their frontline care.
- Masks make it harder to communicate with people who are hard of hearing or have dementia. Photo name badges have been used in some areas to support this.
- Video conferencing used within ward so assessments could be carried out without having to don PPE and enter a patient's room – this worked well in areas such as hospice care

Testing

- Initial difficulties when referring care staff for Covid-19 testing, which presented staff shortages and difficulties with care availability.

Rehabilitation

- Occupational therapists required to prioritise urgent/crisis cases over rehabilitation. This has meant delays in people's recovery and potentially lowering the chances of people reaching optimal independence. Consequently, people needed support and help with tasks for a longer period, rather than being able to reduce Packages of Care.
- Increase in the number of people presenting with significant functional and mental health decline.
- Increase in the number of cases requiring urgent manual handling reviews.
- Initially unable to order equipment from stores, followed by no delivery service which meant occupational therapists had to spend time collecting equipment rather than seeing service users.
- Visits from vital knowledgeable supportive services – such as stroke liaison were suspended.

Care Packages / Support at Home

- Some patients returned home from hospital without required packages of care and therefore are at higher risk.
- Some families were too anxious to allow people into their homes so did not seek help, declined or stopped essential support packages.
- Some relatives felt duty bound to take a patient home to provide care as POC were more difficult to source.
- Person living at home with dementia had all activity clubs etc. cancelled due to lockdown meaning increased family support was required. There is also an impact for the person with dementia and their families to the change of routine and structure in a week.

Care Homes

- There is a need to ensure that all people in care homes have access to rehabilitation for mental and physical health needs as required. This is vital to manage the current effects of pandemic and even more so for any future outbreaks.

Good News Stories

- More co-located staff which resulted in closer inter-team working and better communication between teams.
- Improved access to across agency information systems.
- Checking visits were moved to telephone or video calls, reducing travel but still proving support.
- There was less silo working with successful working across teams such as rehabilitation and social work occupational therapists, easier across team referral systems; improved triaging of referrals and more locality working commenced.