NIHR | Applied Research Collaboration East of England

Burdett Trust for Nursing

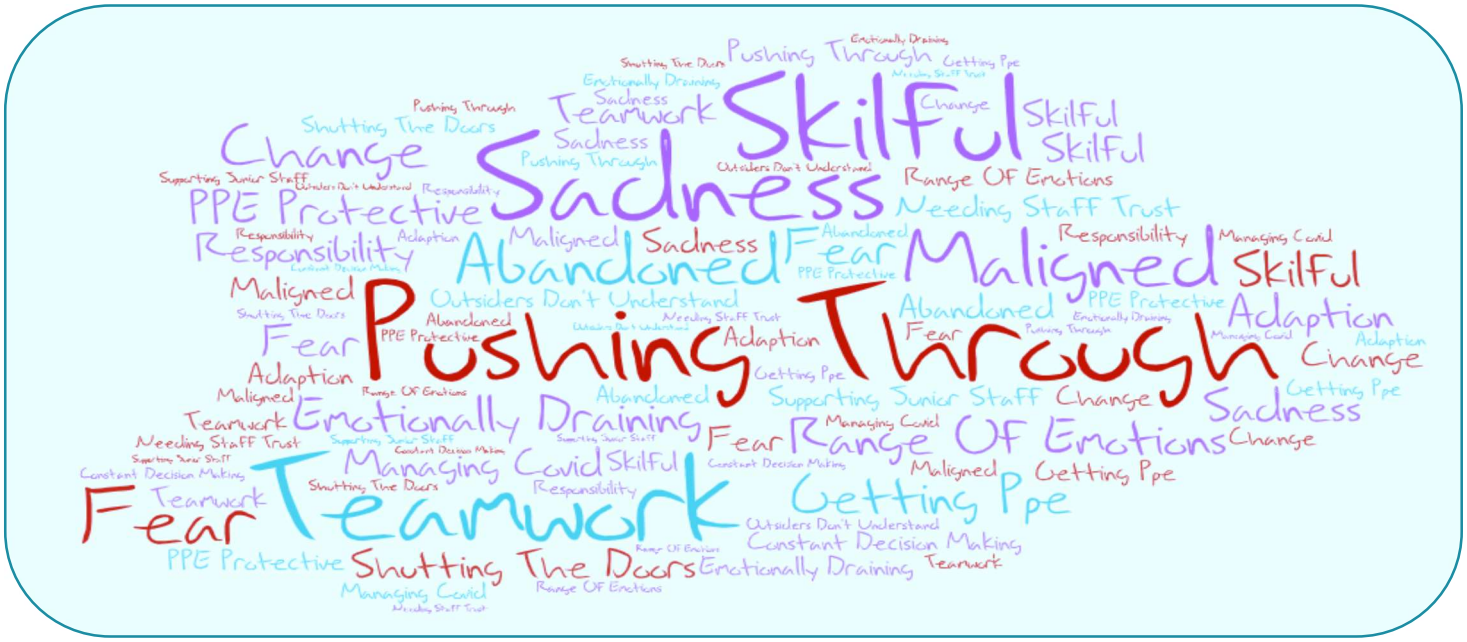
University of East Anglia

THRIVE

Understanding the distinct challenges for Nurses in Care Homes: learning from COVID-19 to support resilience and mental wellbeing

Report on THRIVE Study, March-December 2021

Diane Bunn, Linda Birt, Julia Chapman-Wright, Jason Corner, Kathleen Lane, Anne Killett, Ellice Parkinson, Sally-Ann Parnell, Gemma Nash, Caron Sanders-Crook, Kristy Sanderson



THRIVE

Understanding the distinct challenges for Nurses in Care Homes: learning from COVID-19 to support resilience and mental wellbeing

Recommendations

These recommendations are based on the findings of the THRIVE study. Further research is needed to fully assess their effectiveness in supporting the wellbeing of Registered Nurses (RNs) working in care homes.

1. A formal, bespoke mental health and wellbeing strategy for nurses working in care homes.
2. Debriefing sessions.
3. Emotional support networks.
4. Improved communication from external agencies to care homes, as well as within care homes.
5. Providing training and career development opportunities for the whole care-home workforce.
6. Improved planning for future pandemics and major unplanned events.

1. Background

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has had a substantial effect on care-home staff wellbeing, exacerbating and highlighting the need to address mental health and wellbeing within this workforce[1]. In the UK, there are an estimated 17,000+ care homes for older people, providing around 400,000 beds – more than three times the number of NHS acute beds, and employing around 700,000 people[2]. Around 30% of homes are care homes where approximately 36,000 Registered Nurses (RNs) provide specialist 24-hour nurse-led care (compared to residential care homes, staffed by care-workers who provide 24-hour support with daily living)[3]. RNs working in nursing homes are a distinct group often working autonomously in leadership roles, being uniquely responsible for the care of both residents and staff whilst being accountable to their professional body, the Nursing and Midwifery Council (NMC), for their practice and ensuring that they adhere to the NMC code of conduct[4]. Nurses, often working in isolation, have borne the responsibility for the wellbeing and safety of staff and residents under their care, while receiving variable levels of support themselves[5]. Whilst a number of studies have investigated the mental health and wellbeing of both the wider care-home workforce[1,6–8] and nurses working in hospitals[9–12], few studies have investigated the unique challenges to mental health and wellbeing of care-home RNs.

Funded by the Burdett Trust for Nursing, this study aimed to more fully understand the distinct challenges faced by RNs working in the care-home sector during the COVID-19 pandemic, how RNs managed these stresses and challenges and to co-produce recommended strategies which would be feasible and acceptable to supporting the future wellbeing of care-home RNs.

2. Methods

The THRIVE study was supported throughout by our Advisory Group, a group of RNs who were currently working in care homes. This group worked alongside the research team, providing insights from their own experience, and ensuring that the study findings would be applicable to practice. Their involvement included designing the Interview Topic Guide, reviewing and analysing findings, workshop participation, discussion of workshop findings, reviewing this report and co-authoring papers.

The study was conducted in two phases and for both phases we recruited NMC-registered nurses through direct contact with care homes, social media and links provided by national partners.

Phase 1, March – June 2021

We purposively sampled for age, gender, type of care home and location. Eighteen RNs were interviewed one-to-one, online, using a topic guide to ensure that issues of how COVID-19 impacted on nurses' resilience and mental wellbeing were discussed. Data were analysed thematically.

Phase 2, October – December 2021

A new group of 12 RNs attended one pair of three paired deliberative workshops on-line. In these workshops we aimed to validate and extend our findings from Phase 1, and together identify acceptable strategies that we could recommend to support future wellbeing of care-home RNs.

A timeline of key events of the COVID-19 pandemic relevant to the THRIVE study is provided in Appendix 1.

Phase 2, Workshop 1

Workshop 1 focused on validating and extending accounts of what it was like to be a Registered Nurse in a care home during the COVID-19 pandemic. We did this by preparing a vignette, a composite summary of the 18 interviews (Appendix 2), and sharing this with workshop attendees beforehand. We asked attendees to think about the following questions, so that we could discuss these further during the workshop:

- Does the summary resonate with your experiences?
- What do you think about the things these nurses did to manage the strains of working during COVID-19?
- Were there other things you did in your workplace that you want to share?
- What do you think about the positive outcomes these nurses speak about?
- Were there other positive outcomes in your workplace that you want to share?

During Workshop 1 we also facilitated discussions about what had been more positive about working in the pandemic and we explored the ways in which RNs had managed their wellbeing.

At the end of Workshop 1, attendees identified different activities or practices ('action points') which might help themselves and their staff deal with the stresses of the pandemic. Attendees took these action points back to their workplaces to discuss further with colleagues, aiming to explore the acceptability of these action points prior to Workshop 2.

Phase 2, Workshop 2

In Workshop 2 the action points were discussed and developed further by addressing the following questions:

- What did their colleagues think of these?
- Would they be acceptable in their care home?
- What might need to be in place to move these actions forward, including identifying any challenges around implementing them and sustaining any changes?
- What changes would they like to see being made more widely, at national levels?

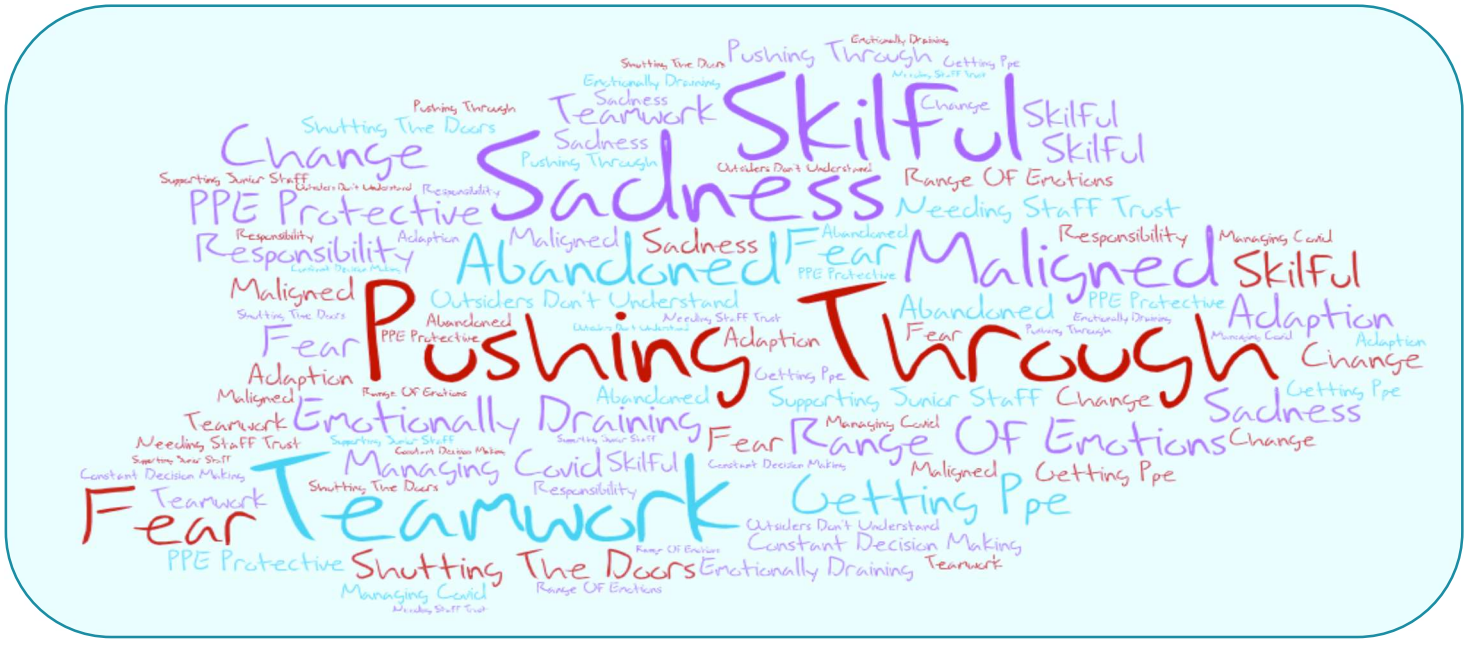
3. Findings

The eighteen interview participants and twelve workshop attendees came mainly from England and Scotland, and most were female with an Adult Nurse registration (three reported a Mental Health Nurse registration). All but one had experience caring for residents with COVID-19. There was diversity of ages, ethnicity, length of experience working in the care-home sector, job roles (staff nurses, managers, clinical leads and senior management), size of care home where they worked and numbers of RNs on shift at any one time (range 1-7, usually 1-3).

Phase 1, March – June 2021

The detailed findings from Phase 1, which are reported separately, are summarised here*. We also created a Word Cloud of words and phrases used by the interviewees to describe their COVID-19 experiences. Summary findings are:

- Development of enhanced clinical skills, increasing RN's professional standing.
- RNs' leadership roles meant they were responsible for processing and sharing rapidly-changing guidance, making judgements on how to manage infection risk within the home.
- Balancing information-assimilation and reporting with providing direct care due to staff shortages.
- All nurses provided emotional support to other staff, but they, themselves, sought support from their peers, namely nurses inside and outside their workplace.
- As leaders, many of the nurses spoke about the emotional impact of having to manage relatives' expectations and make decisions on whether a relative could be with a dying resident.



*Birt L; Lane K; Corner J; Sanderson K; Bunn D. care-home nurses' responses to the COVID-19 pandemic: managing ethical conundrums at personal cost: a qualitative study. *J Nurs Sch*. 2023; 55:226–238. https://doi.org/10.1111/jnu.12855

Phase 2, October – December 2021

In Workshop 1, attendees reported that the vignette resonated with their own experiences of working during the pandemic, and they provided further examples and insights regarding their own experiences. Some of these may reflect the difference in timing between when the interviews and workshops took place, in particular, the UK government's announcement on 16th June 2021 regarding compulsory vaccinations for all care home staff by 11th November 2021 which happened after the interviews were completed (https://www.gov.uk/government/news/everyone-working-in-care-homes-to-be-fully-vaccinated-under-new-law-to-protect-residents).

Additional points raised by workshop attendees were:

- A mixed experience of staff wellbeing, with some feeling well-supported, and others not so.
- Many staff felt demoralised and exhausted and resilience was waning.
- Pandemic response and its effects were relentless, exacerbated by staff shortages and increased workloads.
- Compulsory vaccinations for staff were causing stress, due to some staff not wishing to be vaccinated and so having to leave. Whether staff were vaccinated or not was divisive and heightened emotions due to differences of opinions and staff having to leave. This also contributed to staff shortages.
- Junior staff often found it difficult to support nurses and those in other leadership roles, and similarly, those in leadership roles felt uncomfortable receiving help/support from staff they are responsible for.
- In care homes (and society more generally), there is a general expectation for immediate responses for help and in addressing queries; this adds greatly to staff burden.
- There was a lack of central (government) planning for the current pandemic, although many care homes saw what was coming and prepared accordingly.

The twelve attendees across the three paired workshops identified six activities or practices ('action points') which they thought would help their own, and their staff's, wellbeing. These were:

1. A formal, bespoke mental health and wellbeing strategy for nurses and staff working in care homes.
2. Debriefing sessions.
3. Emotional support networks.
4. Improving communication from external agencies to care homes as well as within care homes.
5. Providing training and career development opportunities for the whole care-home workforce.
6. Improved planning for future pandemics and major unplanned events.

In Workshop 2, we discussed the relevance and acceptability of implementing each action point in their workplace, including identifying what the challenges may be of implementing and sustaining these in the future. These discussions included any feedback which attendees had brought with them from colleagues in their workplaces. The key points from each of the three Workshop 2s were collated, returned to the attendees, Advisory Group and Research Team for further comments and refinement. The final points and recommendations are presented in this report in the following section.

4. Recommendations

4.1 A formal, bespoke mental health and wellbeing strategy for nurses and staff working in care homes

- Caring about care-home nurses' mental wellbeing is essential, and will benefit nurses themselves, the staff they are responsible for, residents and families in their care.
- General mental health support should be provided by peers or more senior colleagues, rather than those whom staff have managerial responsibility for.
- Within care homes, discussions are required about: providing more specialised mental health and wellbeing roles, who should take on those roles, what kind of training is required, and what kinds of support those having these roles may require.
- Workplaces should consider including training for Mental Health First Aiders (MHFAs), rostered so that there is at least one per shift. However, whilst acknowledging the popularity of these roles, the National Institute for Health and Care Excellence (NICE) acknowledges that further research is needed to understand the effectiveness and cost-effectiveness of this approach[13].
- Implementation of staff mental health and wellbeing care requires management support.
- Helplines are not widely used, as staff requiring help want to speak to someone they know and who understands their experiences.

4.2 Moving forward with debriefing sessions

- Informal staff debrief meetings ('flash' meetings) throughout the day were valued in supporting general communication regarding residents and as a means of 'checking in' with each other regarding staff wellbeing.
- Managers and senior management attendance demonstrated visible, practical understanding and support, promoting a 'we are all in it together' approach.
- Planned debrief meetings or 'Listening Groups' were found to be supportive, and should occur during working hours at times which fit in (e.g., after lunch for the day shift).
- Debrief meetings (planned or opportunistic) are not costly, but need management support.
- Staff shortages may mean that time for these meetings may not be available.
- The value of these meetings post-pandemic will need to be reviewed.

4.3 Moving forward with emotional support networks

4.3.1 Within care homes

- Providing opportunities for both peer and team support within the work environment.
- Encouraging and supporting a culture of staff self-care:
  - recognising the importance of breaks as 'time-out', a chance to eat and drink and meet informally with colleagues
  - respecting 'time-off': minimising staff contact on their days off, identifying new approaches to address staff shortages, as well as fitting in work-related activities (e.g., training, COVID-testing) to scheduled work days.
  - providing longer periods of 'time-out' to reflect and recuperate at times of distress
  - being involved in 'fun' parts of the job, such as resident activities
  - social activities for staff outside of work.
- Culture of tolerance, flexibility and caring for each other, across all roles, and modelled by managers and senior managers.
- Formal peer support within and between care homes, within worktime and particularly for nurses and managers. Either individual or group support. Frequency to be decided according to need and feasibility.
  - support for 'buddying' and mentoring relationships

4.3.2 Beyond the care-home environment

- Where nurses had maintained friendships with other nurses, these relationships were valued as providing less formal peer support.
- Support from family and friends.
- Identifying personal coping mechanisms, such as walking, enjoying the countryside.

4.4 Moving forward with improving communication from external agencies to care homes as well as within care homes

4.4.1 Communications from external agencies to care homes

- All government guidelines should be developed in joint consultation with the care-home sector.
- All government advice and guidelines should be care-home specific and easily accessible.
- Guidelines should be released on a set day, so that they are expected, and this should be early-mid-week, so that staff have time to read, assimilate and disseminate prior to the weekend.
- Clear guidelines, developed by government agencies, should be available for relatives to reduce ambiguities.

4.4.2 Communications within care homes

- Open communication with all staff.
- Developing cultures where staff are involved and consulted in decision making: 'Open door policies'. Ensure staff feel supported, valued and respected.
- As with government guidance, release of new information should be on a set day.
- Staff information should be communicated using a range of methods (e.g., emails, newsletters, posters, etc.), identifying what works best for each individual home.

4.5 Moving forward in providing training and career development opportunities for the whole care-home workforce

- Upskilling of both nursing and non-nursing care staff during the pandemic has been valued widely. This should be continued and supported by:
  - communicating available training opportunities
  - providing access, time and funding for both nursing and non-nursing care staff
  - collaborative approaches to training across all nursing and non-nursing staff groups, promoting care community approaches
  - recognising increased competencies and skill-set with pay-rises and promotion
- Promoting careers in the social-care sector, identifying clear career pathways.
- Improving pay and working conditions for staff.
- Acknowledgement of the autonomous practitioner, expertise and skill-set of care-home nurses amongst health professionals.
- Supporting the NMC's proposal to develop proficiency standards for nurses working in care homes, recognising the expertise required for RNs working in these settings.
- Promoting positive public perceptions of nurses and carers working in social care. reflecting their valuable contributions to care
- Improving efforts to recruit and retain staff.

4.6 Moving forward with improved planning for future pandemics and major unplanned events

- Improved preparedness for future events. Moving forward, care homes and staff need support from the UK Health Security Agency to prepare for the unexpected, specific to this sector.
- Experiences and learnings gained from working through this pandemic should be shared to support future staff.
- Ongoing support and guidance needed regarding safety of residents as we move through the pandemic.

5. Discussion and Conclusions

RNs who worked in care homes during the pandemic faced unprecedented challenges for two years by continuing to provide care for vulnerable older adults, many of whom became sick and died from COVID-19, a previously unknown disease. Care continued, despite staff shortages, reduced support from community health professionals and initial lack of knowledge about the SARS-CoV-2 virus. This has taken a toll on their mental health and wellbeing, and on those in their care – both residents and the more junior staff they are responsible for. Recovering from the pandemic will take time, support and funding.

In this report, we have identified explicit factors impacting on the wellbeing of RNs working in care homes during the COVID-19 pandemic. We have reported on the strategies which RNs who work in care homes have recommended as being appropriate in supporting this recovery, not only for themselves, but for their colleagues also. They have also identified key action points for national policy makers.

Some of the six action points identified by the RNs taking part in the workshops need further investigation and research to provide a robust evidence base, particularly around safety. Poorly implemented psychological support and debriefing strategies can increase risk of harm and post-traumatic stress disorder long-term[14,15].

A major criticism throughout the pandemic has been the way in which changes and policies were imposed on care homes, without full consultation and understanding of these distinct settings and the way that they differ from NHS settings, where many policies and guidelines emanate from[6,16,17], thus care home staff should be actively included at all levels when developing policies and guidelines for the care-home sector.

As a society, we must take notice of the impact of the pandemic on RNs who work in care homes, acknowledging that they provide care and support for some of our most vulnerable older adults. Responsibilities fall to government, policymakers, care providers and regulators to ensure that these nurse-advocated recommendations are put into practice. A culture of care benefits all: by looking after our staff, staff recruitment and retention improve and resident care improves. This is what we should work towards as we enter the recovery phase of the pandemic.

6. Acknowledgements

This study took place during the COVID-19 pandemic, and we asked Registered Nurses to share their experiences of what they were living through at that time. We recognise that this was difficult for many, especially as we were asking about their own ways of coping with the many challenges they were facing. Despite that, those who took part were optimistic for the future and keen to let others know, so that we could learn from them to support those in the future. We would like to thank everyone involved.

We would also like to thank all those who supported recruitment for this study, including ENRICH (Enabling Research in Care Homes), and the Norfolk & Suffolk Care Support Bulletin.

7. Funders

This is a summary of research funded by the Burdett Trust for Nursing and supported by the National Institute for Health Research (NIHR) Applied Research Collaboration East of England. The views expressed are those of the author(s) and not necessarily those of the Burdett Trust for Nursing, NIHR or the Department of Health and Social Care.

8. About the Authors

Linda Birt trained as a Registered Nurse. She is now a Research Fellow at UEA, with a research focus on older people and people living with dementia and how social practices impact on independence.

Diane Bunn is a Registered General Nurse & Lecturer in Health Sciences at the University of East Anglia (UEA). Her research interests focus primarily on hydration care and impact of COVID-19 in care homes.

Julia Chapman-Wright is a Registered General Nurse and Registered Manager at Brooklands Nursing Home, as well as Group Clinical Lead. She has a personal interest in exploring the frontline experiences of COVID-19.

Jason Corner, PGCert, MSc, PhD. Jason is a Registered Mental Health Nurse with a background in community mental health nursing, specialising in Personhood and Citizenship approaches to the care of those with dementia residing in care homes. He is currently a Mental Health Nursing lecturer.

Anne Killet, EdD, PGCertHEP, MA, DipCOT. Anne is a Senior Lecturer in Occupational Therapy with research interests in long term care and older people, participatory approaches in research, qualitative research methods.

Kathleen Lane is a non-clinical Research Fellow in the School of Health Sciences at the University of East Anglia. Her research focuses on the well-being and voice of older people in community and care-home settings, especially in the context of COVID-19 and its impacts.

Gemma Nash is a Registered Nurse and Midwife and Clinical Educator at the Hertfordshire Care Providers Association (HCPA).

Ellice Parkinson is a PhD Researcher at the University of East Anglia, exploring hydration care provision of people living with dementia in care homes.

Sally-Ann Parnell, RN Dip HE has been working in care homes since 2010.

Caron Sanders-Crook, RN BSc (Hons), PGCE, MMgt, FCMI, Queen's Nurse. Caron is an Operations Manager for a care-home company with expertise in strategic leadership, management and influencing policy and transformational change. She is an author with experience of trauma sensitive coaching and mentoring.

Kristy Sanderson is Chair in Applied Health Research, UEA, has a background in psychology and epidemiology and leads a research group on wellbeing of the health and social care workforce.

For further details, please contact:

Dr Diane Bunn
School of Health Sciences
University of East Anglia
Norwich Research Park, NR4 7TJ. UK
Tel: +44 (0)1603 59199
Email: d.bunn@uea.ac.uk
Web profile: https://people.uea.ac.uk/d_bunn
Diane Bunn@BunnDiane

THRIVE Website: https://tinyurl.com/2zeea7jn

9. References

1. Hussein S, Turnpenny A, Collins G, Vadean F, Bryson A, Forth J, et al. COVID-19 and the wellbeing of the adult social care workforce: evidence from the UK [Internet]. Canterbury; 2020. Available from: https://www.pssru.ac.uk/resscw/files/2020/12/COVID19-and-the-UK-Care-Workers_FINAL_01dec20.pdf [accessed 26/11/2021]
2. Carehome.co.uk. Care home stats: number of settings, population & workforce [Internet]. 2022. Available from: https://www.carehome.co.uk/advice/care-home-stats-number-of-settings-population-workforce [accessed 04/01/2022]
3. The Queen's Nursing Institute. Standards of education and practice for nurses new to care home nursing. London; 2021.
4. Nursing & Midwifery Council. The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London; 2018.
5. Bunn D, Birt L, Corner J, Deakins A, Lane K, Sanderson K. LTCcovid International living report on COVID-19 and Long-Term Care [Internet]. UndersTanding the distinct challenges for Nurses in Care Homes: LeaRnIng from COVID-19 to support resiliencE and mental wellbeing (THRIVE). 2021 [cited 2022 Jan 4]. Available from: https://ltccovid.org/
6. Spilsbury K, Devi R, Daffu-O'Reilly A, Griffiths A, Haunch K, Jones L, et al. LESS COVID-19: Learning by Experience and Supporting the Care Home Sector During the Covid-19 Pandemic: Key Lessons Learnt, So Far, by Frontline Care Home and NHS Staff. 2020;(October):1–63.
7. Giebel C, Hanna K, Cannon MJ, Shenton MJ, Mason S, Tetlow MH, et al. Working in a care home during the COVID-19 pandemic: How has the pandemic changed Working Practices? MedRxiv [Internet]. 2021;1–18. Available from: https://doi.org/10.1101/2021.06.10.21258611
8. Giebel C, Hanna K. Care Home Practices, mental health and staff support: Learnings from the pandemic and lessons for future policy [Internet]. Liverpool; 2021. Available from: www.liverpool.ac.uk/heseltine-institute
9. Greenberg N, Brooks SK, Wessely S, Tracy DK. How might the NHS protect the mental health of health-care workers after the COVID-19 crisis? The Lancet Psychiatry [Internet]. 2020;7(9):733–4. Available from: http://dx.doi.org/10.1016/S2215-0366(20)30224-8
10. Fernandez R, Lord H, Halcomb E, Moxham L, Middleton R, Alananzeh I, et al. Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. Int J Nurs Stud [Internet]. 2020;111:103637. Available from: https://doi.org/10.1016/j.ijnurstu.2020.103637
11. Duncan D. What the COVID-19 pandemic tells us about the need to develop resilience in the nursing workforce. Nurs Manage. 2020;27(3).
12. Mensinger JL, Brom H, Havens DS, Costello A, D'Annunzio C, Durning JD, et al. Psychological responses of hospital-based nurses working during the COVID-19 pandemic in the United States: A cross-sectional study. Appl Nurs Res. 2022;63.
13. National Institute for Health and Care Excellence. Mental wellbeing at work: NICE guideline [NG212] [Internet]. 2022. Available from: www.nice.org.uk/guidance/ng212
14. Tracy DK, Tarn M, Eldridge R, Cooke J, Calder JDF, Greenberg N. What should be done to support the mental health of healthcare staff treating COVID-19 patients. Br J Psychiatry. 2020;217(4):537–9.
15. Maben J, Bridges J. Covid-19: Supporting nurses' psychological and mental health. J Clin Nurs. 2020;29(15–16):2742–50.
16. Marshall F, Gordon A, Gladman J, Bishop S. Care homes, their communities, and resilience in the face of the COVID-19 pandemic: interim findings from a qualitative study. BMC Geriatr. 2021;21(1):1–14.
17. Bunn D, Brainard J, Lane K, Salter C, Lake I. The Lived Experience of Implementing Infection Control Measures in Care Homes during two waves of the COVID-19 Pandemic. A mixed-methods study. JLTC [Internet]. 2021;386–400. Available from: doi: https://doi.org/10.31389/jltc.109

V.1.0. 29th April2022

Appendix 1: Timeline of key events during COVID-19 pandemic relevant to THRIVE study

Year	Day/month	Event
2019	31 December	China alerted the World Health Organization (WHO) to a large number of cases of "viral pneumonia" in Wuhan.
2020	30 January 2020	WHO declared COVID-19 outbreak a Public Health Emergency of International Concern
	25 February	UK Government Guidelines: no restriction on visiting in care homes: *"very unlikely that people receiving care in a care home or the community will become infected."*
	11 March	WHO declared a pandemic
	13 March	Public Health England issued guidance saying that visitors who are feeling unwell should not visit care homes and emphasised "positive impact" of seeing friends and family. No ban on visits, but advised care homes to review their visiting policies (bit.ly/2WWkoFW).
	30 January	First two cases of COVID-19 in the United Kingdom confirmed.
	March	Government supply PPE to care homes, free of charge.
	05 March	The first death from COVID-19 in the UK confirmed.
	19 March	Social care staff designated as 'key workers' to enable them to continue to access childcare once schools closed.
	23 March	Prime Minister announces first lockdown, people to stay at home.
	26 March - 28 May	Clap for NHS & carers (but carers not included until 2nd April).
	02 April	New guidance issued jointly by the Department for Health and Social Care (DHSC) and other agencies: care home visits should only be made in exceptional circumstances, such as when residents are dying.
	May	Government announced support package (Adult Social Care Infection Control Fund) worth £600million. The fund aimed to support adult social care providers to reduce rates of COVID-19 transmission within and between care settings, in particular: helping to reduce unnecessary staff movements between sites; ensuring staff who are isolating in-line with government guidance receive their normal wages; supporting active recruitment of additional staff, and providing accommodation for staff who proactively chose to stay separate from their families.
	06 May	Government launched dedicated CARE app to support social care workforce during COVID-19, offering access to guidance, learning resources, discounts, and other support all in one place.
	11 May	DHSC published guidance on maintaining the health and wellbeing of the adult social care workforce, placing responsibility on employers. Staff identified as being extremely clinically vulnerable to stay at home or supported to work in roles or settings assessed as lower risk.
	15 May	Government announced new wellbeing package for social care staff delivered through the CARE app, including two new helplines, led by the Samaritans and Hospice UK.
	March-June	19,286 deaths in care homes across UK.
	06 July	Programme of regular COVID-19 testing in care homes in England - staff tested weekly and residents tested every 28 days.
	May-August	Gradual easing of COVID-19 restrictions nationally. Shielding paused 1st August.
	September-October	Gradual increase in restrictions nationally.
	01 October	DHSC announced a second round of funding worth £546 million for the Adult Social Care Infection Control Fund, extended until March 2021.
	05 November	Second lockdown starts.
	02 December	Second lockdown ends, but range of restrictions remains in place nationally.
	08 December	1st Vaccination. Care-home residents and staff prioritised in vaccination programme.
	18 December	Alpha, variant of concern (VoC), announced by WHO.
2021	06 January 2021	Third lockdown starts.
	17 January	DHSC announced a £120 million Workforce Capacity Fund to help local authorities (LAs) to boost staffing levels, strengthening social care staff capacity to ensure safe and continuous care is achieved by all providers of adult social care. Responsibility for managing the fund rested with LAs. Guidance stated that providers should not deploy people in care homes if working in other care settings, unless in exceptional circumstances. Fund can be used to pay overtime rates to encourage staff to work additional shifts, cover childcare costs if taking on extra hours and enable care providers to overstaff at pinch points to lessen the impact of any staff absences. Additionally, LAs are responsible for identifying individuals who previously worked in care who could transition quickly back, with training provided as needed.

Year	Day/month	Event
2021 (continued)	09 February	DHSC asked people to register interest in taking up short-term paid work in the adult social care sector to meet urgent demand during winter.
	March	Government ends supply of PPE, free of charge, to care homes.
	03 March	DHSC published guidance on restricting workforce movement between care settings, indicating acceptable time intervals and testing requirements when working between settings; cohorting staff; and providing support to discourage use of public transport and lift sharing arrangements by staff.
	February – July	Gradual easing of restrictions nationally.
	11 May	Delta, variant of concern (VoC), announced by WHO.
	16 June	Government announcement: compulsory vaccinations for all care-home staff by 11/11/2021.
	September	Booster campaign starts. Care-home residents and staff prioritised.
	14 September	PM announced Winter 'Plan B', involving a range of measures.
	October 2021	DHSC launched national campaign to facilitate rapid recruitment to the social care sector.
	03 November – 31March 2022	DHSC to provide £162.5 million to support recruitment and retention of adult social care workforce over winter, 2021-2022.
	10 November	Government announcement: anyone working or volunteering in the NHS will need to be fully vaccinated against coronavirus (COVID-19), unless exempt, by 1st April 2022.
	11 November	Anyone working or volunteering in a care home needs to be fully vaccinated against coronavirus (COVID-19), unless exempt.
	26 November	Variant B.1.1.529 (Omicron), variant of concern (VoC), announced by WHO.
2022	31 January 2022	Secretary of State for Health and Social Care announced that it was no longer proportionate for NHS staff to be required to have a full course of vaccinations against COVID-19.
	February onwards	Gradual lifting of Covid-19 measures, including: • no limit on the number of visitors allowed at care homes • essential care givers can keep visiting during a Covid outbreak • residents no longer need to test or self-isolate following normal visits out • isolation periods for those in care following an emergency hospital visit reduced from 14 days to a maximum of 10 days • care-home staff in England must already be vaccinated (unless exempt). • by 16 February care workers will be asked to take lateral flow tests (LFTs) before their shifts, replacing the current system which includes weekly PCR tests • the self-isolation period for those who test positive will be reduced from 14 to 10 days, with the ability to end it even earlier, subject to testing negative on days 5 & 6 • care homes will only have to follow outbreak management rules for 14 rather than 28 days
	24 February	Nationally-set direct visiting restrictions in care homes removed.
	March	Spring booster vaccination campaign launched for eligible groups, including those aged >75years, aged >12 years who are medically vulnerable and care home residents
	10 March	Government publishes draft terms of inquiry into the UK Government's handling of the COVID-19 pandemic
	11 March	Office of National Statistics reports rising COVID-19 infections again
	15 March	Compulsory COVID-19 vaccinations for care home staff ended.
	31 March	End of free lateral flow tests for general population. Some groups, including care home residents and staff remain eligible.
	28 April	High Court of England and Wales rules that the UK government's policies on discharging untested patients from hospital to care homes in England at the start of the pandemic was unlawful because they failed to take into account the potential risk of COVID-19 to elderly and vulnerable people

(main source for 2022: https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_the_United_Kingdom_(January%E2%80%93June_2022)#January_2022)

Appendix 2: Vignette provided for attendees of Workshop 1 (summarises all 18 interviews from Phase 1)

Account of being nurse in a care home during COVID-19

I experienced a whole range of emotions during the COVID-19 pandemic. At the beginning there was real community spirit and we thought it wouldn't last long. Then things changed and I felt absolutely let down by the press and the government. It was emotionally draining. We shut the doors to visitors including residents' family, friends and our health colleagues. Our main concern was getting the PPE equipment that would keep us safe; there were no tests at the beginning. You almost had to have an additional member of staff employed purely to manage the COVID situation, managing remote visits, going through the guidance which changed on a daily basis. It was hard to know what to tell junior colleagues: I needed them to trust me and I had a responsibility to protect them and the residents. I was the only nurse in the home; I had to support the other staff, make the risk assessments, provide clinical updates to GPs.

Then COVID infection came into the home! Things shifted. I had to make the decision: family or work. As a nurse I made the decision to put work first. I avoided contact with my family and work became all-encompassing. Long shifts, few staff, everybody was on the floor doing everything they could to help. But I still had to try to make sense of changing information and complete all the required records. I experienced turbulent emotions: abandonment, fear, extreme sadness. However, this was at times balanced with improved teamwork, increased confidence in my nursing skills.

Those who didn't work in care homes could not fully understand what it was like when the sixth person in one day died. Nurses understand; they were here, they felt the same. Some of my colleagues used helplines. I haven't reached out to professional helplines, I think they're more geared towards hospital nurses and more geared towards the NHS. It's very reassuring to have, though what I would have done if I hadn't had an extremely supportive family, I don't know. I supported my staff, their wellbeing was a great concern for me, they always had an open door to come and have a chat. I've had to refer some staff into employee support helplines. As we're coming out of lockdown I think staff are feeling it now, because when you're in that zone you carry on and you push through. Now the dust is settling it's hitting home. I've got staff that started antidepressants to try and cope with it. We've now got a Mental Health Lead who looks not only at residents' mental health, care plans and risk assessment; they also now look at staff mental health.

Now though as I pause to look back, I can see that there have been positive outcomes. Within the care home we work more as a team, the management structure has been flattened. My clinical skills have improved, and GPs have learnt to trust and value the nursing opinions. My observational skills have improved and the ability to think as your own practitioner. Mind you as a nurse, you're confident in your skills and you know how to assess people, but there's nothing like having that second eye. I have learned how to support people living and dying with COVID. There is almost now a normal and routine so you're no longer having to think so hard about it, it's becoming more natural you've adapted. It becomes part of your working life so that automatically makes you more resilient to what's going on.

I became a nurse to make a difference in people's lives. I think that I made a difference in people's lives, I was able to take some pleasure in managing the team and leading the team through a great crisis. I'm proud of that as something to look back and reflect on. It makes you a stronger person to think we can do it and we can get through something. Total pride in the people I have worked with.

My colleagues and I have done lots of things to help us switch off at the end of the day and recharge. I've been walking to reflect on the day and prepare for the next; writing in my journal, even if it is only one or two words. I try to completely separate myself from the building and the people and go home and relax; I like to read novels or watch box-sets. It helps a bit to reduce work events spilling into my home life. For my own sanity, I have to do that. It's been a massive learning curve for me. You are only a number, there's so much more important things than work. It's not that I don't care about my job, I just need to put myself first. Mind you the home owners have been supportive: lots of thanks and a small bonus at Christmas.

One of the highlights of the whole thing was doing the end-of-life care. There's lots of little positives that have come out from it, it's like do what you can for these people, sit with them massage their hands. I care more and I don't think I didn't before, but, as a nurse you care and then move on to the next person. Staff are going on palliative care training and thoroughly enjoying it and you can hear them laughing. Helping them feel that we're doing our job properly.

I feel more confident. I feel I've gained a hell of a lot of experience through this that, you know, many people would never experience, that I can do it and it's made me feel more confident. It's balancing out and I feel happier, I feel a bit more fulfilled. It's made me value myself more, I think, because I did the best I could last year, I didn't let people down. It's not over, I know it's not over, but I feel very proud of where we are. I think it's an achievement. My positive things are that I know my staff so much better now than I did 18 months ago, and I have great respect from them, as I have for them. On my professional side my revalidation folder is bulging. I also want to say that there are people like me who probably want to get their story out there. It's about getting our stories as nurses in care homes out there and heard.