LACK OF SUPPORT TO SAFEGUARD ELDERLY FROM COVID-19 INFECTION IN CARE HOME

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1.INTODUCTION

The elderly living in long-term care facilities are affected by the COVID-19 pandemic. According to national guidelines, in many countries most of the deaths caused by COVID-19 occurred among researchers of the nursing homes, which usually accounted for one third to 80% of all deaths. Although elderly residents are vulnerable to COVID-19, nursing homes have lost priority in global and many countries responses to the pandemic (Hollinghurst et al., 2021). Residents and employees of long-term care institutions for the elderly and disabled tried to withstand the blow of the crises without major reinforcement, resources pr support, the challenge of obtaining COCID-19 testing and treatment, as well as the lack of basic resources such as protective equipment and this has affected the physical and mental health of elderly family members and the inability to sustain access to medical care and the impact of isolation measures. This report will be looking at the issues of lack of support towards reliable care and safeguarding of elderly persons from the COVID-19 for the care home and offer recommendations on how this can be managed.

2.CONTEXT

I have worked as a Care worker in the care Home. The Care Home offers a variety of services to its service users from support services to accommodation for people with complex needs who require additional services to meet their needs. Some of the personal care services offered by residents which include assistance with washing, bathing, eating, administering medication, and using the toilet, among others. The Care Home offers some social activities for residents such as excursions and other social activities. As a Carer, I take on several functions like feeding the patients, making sure there is good hygiene among residents, offering to all social support for residents with various health problems, participating in care planning among other relevant task in the care home.

3.THE ISSUE: LACK OF SUPPORT TO SAFEGUARD ELDERLY FROM COVID-19

From the outset of the pandemic in England, the UK government has known that COVID-19 poses a significant risk of chronic illness and death to the elderly, particularly those with pre-existing condition estimated at 8% for people over 80 years of age. It was clear to the UK government that the UK's 400,000 nursing home residents, many of whom have patients

who are living with multiple health conditions, physical addiction, dementia, and frailty, were at exceptional risk of contracting the coronavirus (Frowde et al., 2020). At the height of the pandemic, despite this knowledge, the government did not take any measures to protect the nursing home in a timely and appropriate manner. Contrary to the statement by the State Secretary for Health and Social Affairs that a “protective ring” was placed around the nursing homes. From the beginning, several decisions and guidelines by national and local authorities in England raised the risk of exposure to the virus for nursing home residents which can be viewed to violate their rights to life, health and non-discrimination. This includes:

- Patients who have been infected or may be infected with COVID-19 are discharged from hospitals to nursing homes on a large scale and warned that “negative test are not required before moving /admitting to nursing homes”
- They issued advice to care homes that “if workers and resident have no symptoms, personal protective equipment (PPE) is not required”, and there is no guarantee that adequate PPE will be provided to nursing homes.
- The ability of nursing homes to manage and isolate infected or potentially infected patients has not been evaluate, and appropriate emergency mechanisms have not been established to help nursing homes respond to additional needs and allocate resources to reduce demand.
- Periodic inspections of workers and residents of residential buildings were not guaranteed.
- Implement a full resuscitation ban (DNAR) on residents of many nursing homes across the country and restrict residents from entering hospitals.
- Legal regulatory agencies, the Care Quality Council (CQC), and local government and welfare officials suspected normal supervision procedures of care homes.

4.THE SCOPE

Between the months of March 2020, over ten thousand care home residents in England died of COVID-19, this included 80 percent of this being people aged 65 and over, accounting for nearly 40% of all COVID-19 related deaths in England during that time. Of these deaths, over seventy percent occurred in the nursing homes, almost all the rest happened in a hospital. During this similar period in England there were over twenty thousand “excess deaths” in nursing homes, an increase of forty-six percent over the same period in previous years (McGilton,et al,2020). Deaths and highlight the wider impact of the pandemic on elderly people in nursing homes. In addition, nursing home residents have been denied equal access to the NHS as hospitals at irregular intervals refused to admit residents and most of the general practitioners across the country hired administrators and staff from nursing homes and families across the country, raising concerns thar GPs often did not come, even when it might have been clinically necessary to be present.

In addition, doctors on several occasions requested that nursing homes record DNAR forms for all residents' files without due process, while some members of nursing home staff interpreted the DNARs as meaning residents should not be hospitalized and promised during the NHS “what always you need whatever it takes” (Daly, 2020). To cope with the coronavirus outbreak, nursing homes have had to struggle to find PPE and to cope with dramatic increase in workload and staff capacity.

5. DISCUSSION ON IMPACT OF THE ISSUE

Lack of support to safeguard Elderly from COVID-19 infection has been evidenced to have significant impact on all parties involved like care givers within the care homes and the service users themselves.

Care homes unlike NHS hospitals received all necessary requirements and resources to assist in managing and offering care to service users. The care homes were left of for themselves and additionally added on extra baggage by the NHS. The elderly persons within these care homes did not receive reliable and quality care, most patients were already suffering from other long-term illness and brought on the increased mortality rate among care homes (Stevenson,2020). The lack of resources and support for care homes did not allow or give the care workers and nurses within the care homes a chance to offer quality and person cantered care. The limited resources were shared and often depleted.

Care workers and staff on the other hand, had one of the highest occupational death rates during the initial phase of the pandemic, and sickness absenteeism more than doubled around this time that carries an increased risk of COVIS-19. Workers are also at greater risk of contracting the virus and having adverse effects from it as they are older and more ethnically diverse than the general population: a quarter are 55 years or older and twenty percent are black and ethnic minorities (Daly,2020). The government was slow to put down policies to protect the sector (e.g., to make sure staff had accessed to adequate PPE and comprehensive testing). New evidence of impact on workers psychological well-being is concerning, in a Health Foundation-funded pulse research of nearly three hundred care workers in July 2020, an alarming four out of five respondents said they felt “tense” about their work, according to a survey by the Queen’s Nursing Institute, about fifty percent of nursing home nurses feel worse than normal about their physical and mental well-being.

6. PROBLEM ANALYSIS

The lack of support to safeguard Elderly from COVID-19 infection has had significant impact on the care home from availability, reliability and quality of care offered to the elderly and vulnerable patients. The impact of this will be evaluated following various tools like the PESTEL, SWOT and FISHBONE analysis tools.

7. SWOT ANALYSIS

The SWOT analysis tool is an essential analysis tool implemented to analyse the strengths, weaknesses, threat and opportunities in an organisation. SWOT is an acronym for strengths, weaknesses, threat and opportunities. A tool to analyse the current situation of the organisation.

on before it is handed over to come up with new strategies to be implemented to solve various problems in the organisation for nursing home. Th SWOT analysis of the lack of support and resources to protect the elderly is shown below:

Strengths

- Competent staff and workforce
- Good leadership and teamwork

Weaknesses

- Increased demand for care
- Limited space and resources
- Lack of support from government
- Inadequate policies and guidelines for care homes

Opportunities

- Establishment of health promotion programmes
- Establishment of reliable policies and guidelines

Threat

- Increased mortality rate among elderly persons in care home
- Increased risk of spread of the infection
- Unreliable quality and availability of care

8.PESTEL ANALYSIS

Pestel analysis is an acronym for polities, economy, society, technology, environment and law. PESTEL analysis is an essential tool to evaluate the situation or strategy plan before the tactical plan is fully implemented. It is used to determine whether there are any amendments in the environment. In this way, the organisation can effectively implement measures to respond to changes in the environment.

Political

- The national government has not put in place reliable policies towards addressing the pandemic in care homes.
- Measure and guidelines put in place by the government do not favour continuity of care within care homes.
- Elderly patients in care homes were not considered a major priority in service delivery in terms of availability to resources.

Economic

- The care givers within the care homes had to take pay cuts regardless of the amount of work expected to do.
- Unreliable economy during the period of the pandemic.
- Redundancy caused a fear of job loss.
- Care homes lacked reliable funds to successfully offer needed care and resources.

Social

- Increased demand of care services with increased risk of illness.
- Staff lacked enough competence to deliver care in such situations and incidents.
- Measures introduced by governments made it hard for any form of outside interactions.
- Increased mortality rates among elderly vulnerable persons.

Technological

- Technology available in care home became unreliable for need available.
- Lack of enough technological skills among staff to adopt and use of modern technology to manage workload.
- Care home lacked enough technological support and resources.

Legal

- Legislations and policies had not addressed how to manage and handle care homes in such eventualities.

- Laws on health and safety restricted care givers within care facilities with the onset of the pandemic
- Some policies and guidelines favoured NHS hospitals over care homes.

Environmental

- Increased demand and pressure for the care home to uphold its social cooperate responsibility and offer reliable and quality service amidst the pandemic.
- Unfavourable and unreliable work environment for staff and patients amidst the pandemic.

9. FISHBONE ANALYSIS

Fishbone analysis is also called Ishikawa diagram or causality diagram. Herringbone analysis tools are used to identify various causes and consequences of problems. It is an essential tool for tracking all the causes of defects, deviations, or failures in all aspects of work. The picture looks like a fish skeleton. The picture can identify all the causes of problem, and managers or executives can find a way to solve the problem once and for all prevent the problem from occurring.

Drawing from the fishbone diagram, it is possible to identify the various determinants and from effects when it comes to the issues of the lack of support to safeguard the elderly from COVID-19 infections. From the analysis, the various determinants of the issues are categorised into major categorise and further categorised into more detailed factors. One among the major determinants of the issue on lack of support for care homes in safeguarding the elderly is the occupational factors which includes the level of experience the staff has on dealing with such emergent incidents, the amount of training they have on dealing with such incidents and the lack of resources needs to successfully offer care lack of PPEs (Dodds et al,2020). The staff in the care home had no reliable training or experience in dealing with incidents with the magnitude of the pandemic as compared to the care givers in NHS hospitals and care facilities. Also, the supply of PPEs within care homes was limited as most priority was given to hospitals and care home was open to risk of exposure and infection.

The other determinant is economical, which includes the pay cuts that the staff had to take due to the COVID-19 pandemic and this made some of the less motivated in offering care to the service users. Also, the lack of funding from the national government for care homes had the care home straggling to offer needed resources and facilities that were essential in offering care in such an incident. Additionally, determinants like the increase in demand of care increased the workload of service givers who were still limited as general practitioners were relocated to hospitals and other healthcare facilities dealing with the pandemic.

Research evidenced that in such a case the service delivery was the most essential resource and the lack of enough care providers to offer care for vulnerable adults within the care home increased the mortality rates majorly within care homes. Also, the pandemic shifted the working conditions of the care home as there was need to adhere to COVID-19 protocols and measures even when administering care. On the other hand, psychosocial factors are also a major issue related to the impact of COVID-19 on the protection of vulnerable elderly patients (including caregivers of their families), such as concerns that their family members are at increased risk of contracting the virus. As some employees have direct contact with COVID-19 patient, employees are also afraid of contracting the virus. Compared with employees who have not had direct contact with an infected person, employees who have direct contact with COVID-19 patients are at higher risk of various

mental illnesses. Another important factor identified in the fishbone analysis are the pre-existing medical or psychological problems of the elderly, among which nursing home staff who suffers from long-term illnesses or other health problems are the main victims.

10.PROPOSED SOLUTIONS

The management of the care home should do everything possible to promote the health of the elderly and caregivers during COVID-19 outbreak. Some of the suggested solutions to the issue include:

- Intervention measures for work/organisational interventions, such as increasing the level of staffing, specific roles and responsibilities, clear and effective communication agreements, etc.
- Mobilising relabels funding for care homes to be able t respond and recover from the pandemic.
- Making sure there is reliable evaluation and monitoring of the impact of the pandemic on the care home and make sure that there is reliable channelling of information between health and long-term care systems to optimise the response.
- Ensure the continuity of needed services for individuals receiving long-term care like treatment, prevention, and rehabilitation.
- Making sure that control standards and infection prevention are adopted and implemented in the setting to manage and prevent COVID-19 cases.

9.1 Analysis of Proposed Solutions

For the problem with lack of support to safeguard the elderly from COVID-19 infections various solutions have been proposed to manage the issue. These proposed solutions all seek to manage specific risk factor or determinant that has been highlighted to have caused the lack of support for the care home (Miller,2020). These proposed solutions like adopting intervention measures for work/organisation interventions, such as increasing the level of staffing, specific roles and responsibilities, clear and effective communication agreements. This will significantly help how the procedures and practices are done within the care home.

Given the increased in demand of service reliable communication agreement will make it possible to effectively offer care even with limited staff as everyone will be on the know and clear about their roles (Parker, 2021). Also, the mobilisation of relabel funding for the care homes to be able to respond and recover from the pandemic is effective given that the care homes have been part of the priority in funding allocation seeking other means and sources of funding will help the care home gather enough funds to sufficiently support its of process practices by making needed resources available. Also, making sure there is reliable evaluation and monitoring of the impact of the pandemic on the care home and make sure that there is reliable channelling of information between health and long-term care systems to optimize the care home specifically and this will help in deciding to make and allocation of its resources to manage the care and respond accordingly (Rajan et al.2020). As one of the major solutions, ensuring that there is continuity of needed services for individuals receiving long-term care like treatment, prevention, and rehabilitation is necessary understanding that the elderly patients already had existing health concerns that have them in the care home, making sure that they continually receive their needed care helps manage any health complications that might get heightened with the infection of the covid virus. On the other hand, making sure that control standards and infection prevention are adopted and implemented in the setting to manage and prevent COVID-19 cases in necessary given how easily the disease can spread from one person to another adhering to the set guidelines and measures of care within the care home even when continuing with its practices will

scientifically help manage the spread of the virus within the care home prioritising testing and contact tracing helps keep the care home on guard and safe.

11. PMI CHART

The PMI is an essential analysis tool that can be used for critical thinking and brainstorming decisions. PMI is more, less and more interesting acronym. It encourages decision makers to explore ideas and concepts. From a broad perspective, it offers a framework for viewing the positive, negative and interesting aspects of a decision.

P+	M-	I
• Manages level of stress • Manages levels of burnout • Manages overall ill health symptoms • Enhances teamwork • Better coping mechanisms for incidents and high service demand • Increased job satisfaction and better care deliver	• Need economic resources • Needs human resources	• The proposed solutions reduce the negative impact of lacking support in the care home

From the PMI chart valuations, the organisational and work association interventions and solutions hold promising aspects an influence in managing the problem of lack of support for the care home in managing elderly infection of COVID-19.

12. IMPLEMENTATION OF PROPOSED SOLUTIONS

To be able to manage the problem in the care home, the organisation management need to successfully implement a mix of these solutions, and this will be successful through implantation of various measures like, define the roles and responsibilities of each employee.

Increase the level of staffing, particularly during peak hours to handle heavy workloads, and better organise shifts to simplify the transition process (Rajan et al,2020). In accordance with various guidelines established by various departments, employees with discretionary powers are introduced when performing certain tasks. Implement sound communication protocols so that employees working from home can freely express their concerns, options, and ideas about their mental health. Nursing home staff participate in meetings and other forums to put forward ideas, suggestions, and opinions on how to improve their mental health and develop mental health support plans for employees.

11.1 Communication Plan

Stakeholder	Message	Main Issue	Communication	Frequency
Care home	The need for	Lack of support	Personal	Weekly

Manager	Implementin g support in safeguarding the patients	And resources for care		
Staff	Their participation in the strategies adopted	Staff participation	Meetings	Monthly
Residents	The need for support and a measure for implementin g the adopted plan	Change plan	Email	Weekly

13 MONITROTING AND REVIEWING

Change is a very important process that cannot be completed without effective monitoring and analysis methods. Monitoring and evaluation technology evaluate the effectiveness of any strategy, measure, or plan in such scenario. Some key methods of monitoring and analysis include observation. Obtaining feedback, using surveys, monitoring rotation, using performance indicators, etc (Lithander et al, 2020). The solution uses survey to monitor or review the execution of the change plan as the team execute. Investigations should be conducted before and after the implementation of the strategy to determine whether the strategy has achieved the expected goals or whether further improvements are needed based on feedback.

14. CONCLUSION

Decision making and problem solving are very essential in the workplace, enabling Employes sand even management to determine the root cause of the problem and make reliable decisions to effectively solve the problem. Make decisions in the workplace, so you must have good problem solving and decision-making skills. The report uses a variety of applicable health and social care problem solving methods and tools to identify, prioritise and resolve the lack of support to protect the elderly from COVID-19 infection.

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