**Table 1. Age-bands of survey respondents**

|  |  |  |
| --- | --- | --- |
| **Age-band** | **Count** | **% of total 238** |
| 18-25 years | 44 | 18.5 |
| 26-35 years | 22 | 9.2 |
| 36-45 years | 39 | 16.4 |
| 46-55 years | 62 | 26.1 |
| 56-65 years | 62 | 26.1 |
| age 65+ | 9 | 3.8 |

**Table 2: Coding and analytical framework for thematic analysis of interview data**

|  |  |  |
| --- | --- | --- |
| **Themes** | **Sub-themes** | **Categories** |
| Integrating COVID-19 ICMs with caring | Challenges of caring whilst observing ICMs and wearing PPE | * personal discomfort of PPE * increased time to care * effects on residents * personal cleaning and hand sanitising |
| Dilemmas of caring whilst observing ICMs and wearing PPE | * importance of ICMs despite everything * prioritising care needs * prioritising work-life over home-life |
| Impact of social and physical environment | * interface between outside world and CHs * isolating and cohorting residents within CHs * cohorting of staff * implementing social distancing * cleaning of CH environment * location of PPE within CH |
| Conveying knowledge and information  *(alternative: “communicating to and within CHs”)* | communicating guidance to CHs | * delays in guideline provision initially * conflicting guidelines and advice * constant changes and updates * guidelines lengthy and not care-home-specific * external support variable, but named person & manager’s networks most useful * COVID-19 champions |
| Communicating guidance within CHs | * adapting guidelines for specific care-home context * adopting a range of communication methods * management responsibility * ensuring compliance and adherence * peer support * lack of understanding amongst staff |
| Professional and personal impacts of care work during the pandemic | Coping with COVID-19 outbreak within the CH | * speed with which pandemic progressed * anxieties directly relating to COVID-19: catching it, being a carrier, protecting own family and protecting residents, impact of ICMs and outbreak within the care-home and on residents * financial sources of worry * staff shortages * undervaluing of care-home staff by society |
| External support | * family and social networks * external agencies |
| Supporting each other | * financial and other practical support from care-home * ‘team spirit’ within CHs * own resilience |

**Table 3: Reported frequency of use of PPE while working with or near care-home residents, n (%)**

|  | **Not at all** | **Sometimes** | **Often** | **Always** |
| --- | --- | --- | --- | --- |
| Apron | 10 (4.2) | 44 (18.5) | 74 (31.1) | 110 (46.2) |
| Gloves | 3 (1.3) | 29 (12.2) | 63 (26.5) | 143 (60.1) |
| Goggles or face shield | 64 (26.9) | 98 (41.2) | 40 (16.8) | 36 (15.1) |
| Mask | 4 (1.7) | 4 (1.7) | 11 (4.6) | 219 (92) |
| Hand sanitiser | 2 (0.8) | 4 (1.7) | 36 (15.1) | 196 (82.3) |

**Table 4: Reported frequency of difficulties of using PPE when caring, n (%)**

|  | **Not at all** | **Sometimes** | **Often** | **Always** |
| --- | --- | --- | --- | --- |
| Apron | 181 (76.0) | 41 (17.2) | 13 (5.5) | 3 (1.3) |
| Gloves | 164 (68.9) | 54 (22.7) | 15 (6.3) | 5 (2.1) |
| Goggles or face shield | 81 (34.0) | 88 (37.0) | 44 (18.5) | 25 (10.5) |
| Mask | 51 (21.4) | 88 (37.0) | 65 (27.3) | 34 (14.3) |
| Hand sanitiser | 198 (83.2) | 27 (11.3) | 8 (3.4) | 5 (2.1) |

**Figure 1: Challenges in wearing PPE and adhering to ICMs**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  | Legend for these figures  Text  Description automatically generated with medium confidence |

Notes: SCW/M = Senior care-worker or manager; JCW = care-worker who never worked as senior or manager; Other job: care-home staff who never worked as manager or care-worker providing personal care.

**Figure 2: Thoughts on morale and attitudes respondents held recently about work**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
| Legend for these figures (frequency that the thoughts were in respondent’s mind) | | |

Notes: SCW/M = Senior care-worker or manager; JCW = care-worker who never worked as senior or manager; Other job: care-home staff who never worked as manager or care-worker providing personal care.

“Work well together” refers specifically to working together to prevent COVID-19.

**Figure 3: Emotions that respondents felt recently while at work**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
| Legend for these figures (frequency that these feelings were felt while at care-home job) | |

Notes: SCW/M = Senior care-worker or manager; JCW = care-worker who never worked as senior or manager; Other job: care-home staff who never worked as manager or care-worker providing personal care.

**Box 1: Recommendations for practice**

The constantly changing guidance and longevity of ICMs throughout the pandemic was unprecedented. Findings from this study can inform future strategies. We recommend:

* Clear, concise, care-home-focused guidance, informed directly by staff working on the frontline within the care-home sector.
* Guidance relevant to people living with dementia
* Revised guidance released periodically (e.g. weekly) as opposed to on an ad hoc basis.
* Evidence-based advice on cascading and implementing guidance to staff using a variety of methods.
* Advice on empowering staff to make informed decisions when faced with care dilemmas.
* Clarity about reimbursement for staff undergoing training, self-isolating, sick leave.
* Sustained support networks within and outside care-homes.
* Identify a knowledgeable key point of contact for managers.
* Work to improve and develop positive supporting relationships across health and social care.
* Promote the complexity of care within care-homes, to enhance public and health and social care professionals’ perceptions.
* Support preparedness for future outbreaks.