

Recording SC04

- I: Okay, so I think that should pick up fine. So thank you very much for agreeing to be interviewed, and I just wanted to start by asking a little bit about your role, your current role?**
- R: Okay, I work for the Post-Hospital Review team, so what I do is when people get discharged from the hospital... I'm a social worker, and when they get discharged from the hospital, because of the Covid, most people are now discharged into the care homes. [Unclear 00:36] now they've realised that they wouldn't be able to go home, and their medical [?effects 00:40]. So we then get allocation to the care homes, and we call it a discharge-to-assess bed.
- I: Yes.**
- R: Then we contact the care homes and then find ways and means to support people who have been discharged from hospitals to the care homes. So some do go back home with the necessary packages of care to see to their needs, but some do go into long-term placements. Meaning into care homes, and they go permanently into care homes. So that's what we do - I do.
- I: So you sort of deal with all aspects of that process?**
- R: Yes. So, yeah, so with that, you communicate with a lot of professionals, depending on the person's needs.
- I: Yeah, of course, and I understand. So can I ask about your experience of using any types of video technology? What video technology have you been using during this Covid period?**
- R: I've used Zoom, yeah. In my role, mostly we use telephone calls, we do telephoning, but I've used Zoom twice when I had people that... They had capacity, but then they were hard of hearing, or hard of hearing, so I had no option than to use Zoom.
- I: I see. So it was to do with sort of preferences around how you would communicate with the individuals?**
- R: Yes. Exactly, yes.
- I: And so were you using it to communicate directly with residents, or with patients that were being discharged to care homes?**
- R: Yes, with people, with patients that have been discharged from care homes, because we don't normally do all the residents. It's just the people who have been discharged from the hospitals, that have gone to the care homes under our care. So when I realised that there was no way I could communicate with the person over the phone, and the care home [?led 02:48] me to understand that they've got the services, they've just got the Zoom services where people are able to call their family members.
- I: Sure.**
- R: I decided to use it, and it was effective.

I: Great. So had you used that technology before?

R: No, not for care homes, no. I've used it before, but not for care homes.

I: Okay. And did you see it is sort of advantageous?

R: Yes. Because of the Covid, we've been using it a lot now when it comes to meetings, and when it comes to trainings. And it's really good, because I would say that without that, it would have been difficult for most of the trainers to go on.

I: Yes.

R: So that's what I would say in terms of using it outside the care homes, but then in conjunction with what I do and when it comes to our learning and having trainings, it's been really useful.

I: And did you find - in these particular circumstances where you were talking to a care home residents that had hearing difficulties, did you find that that was a better way of communicating? Did it work in the way you were expecting?

R: In a way, yes, it did, because I could have said that someone could have sat with the person in the care home, and then I would have... With the telephone say something, and then the person would have interpreted that to me. But I realise when I used the Zoom, I wanted to find so many things, and I wanted to see so many things. And I would say it was quite helpful, because with the face-to-face, I would say that it maximised engagement. Because I was able to see how the person was looking in terms of facial expressions, and the person was able to do lip-reading. And when I say something, and there were some places that... There were some times that I type if the person was able to read, and then he replied by talking to me.

I: Yes.

R: So, to me, it was quite useful.

I: So that's what you were able to do over Zoom, or this is when you're doing face-to-face?

R: No, this was what I was able to do over the Zoom.

I: Okay, so you did find that really... Okay, so you were able to do more than you perhaps thought?

R: Yes.

I: Yeah. So were there any disadvantages to using it?

R: What I would say is that, yes, the only - the disadvantages that I... What I would say was that initially the network was an issue. So that was an issue, but then it got sorted. And also, you are not able to - what shall I say? - even though I'm able to see the person, I wasn't able to see most of the clues, in terms of, let's say, surroundings, because if I have gone there face-to-face, there were other things that I would have looked at.

I: Yeah.

R: But then I couldn't do that, even though I could see the person, there were other things that I couldn't see. And also, I realised a bit there was no privacy, because the carer was there to support him. So if I had gone there face-to-face, I would ask - I would say, I would [?06:29] just being there with the person. Under this instance, the carer was there to support that person whilst I was talking to the person, you know? So, in a way, there were some things that I would say even if the person wanted to say, they couldn't say it.

I: Yes, I understand.

R: Yeah, but then the person gave consent for the camera to be there to support him, in a way.

I: And would that be normal for the carer to be there when you're talking to them?

R: When we're doing - normally, when I go there and it's face-to-face and I'm doing assessments, it all depends. Sometimes it's just with them and maybe a relative.

I: Right.

R: Yes. If the person wants a relative to be there, it will be just them and the relative. But sometimes it's just me and the person, but, in this instance, I had... I wouldn't say we had no choice, but then the carer had to support the person, because relatives were not allowed in the care homes.

I: Right.

R: So we couldn't let a relative in, because of the social distancing and the government rules that, at that particular time, people were not allowed in to visiting them.

I: And did you find the carer had to support the resident with the use of the technology?

R: Yes.

I: And you said about sort of there's the missed clues, and what you normally look for when you're there face-to-face. Can you give me any examples of that?

R: Yes. Sometimes when I go there with the face-to-face, you look at the surroundings, how the person is and you are able to [?do a communication 08:26] and one is face-to-face, the body language.

I: Yes.

R: You are able to get some clues. And if, when it comes to let's say mobility issues, you are able to see the person mobilise, the way they mobilise, they're doing well, for you to be able to refer them to the right professionals. Even though with the Zoom it's face-to-face, it's videoing and you are able to see the person, there are a lot of times that you couldn't let that person do, in terms of assessment.

- I: Yeah. No, I understand. So in that way, do you think that using Zoom kind of fits with the existing ways that you would normally consult?**
- R: Yes, and to be frank with you, I will - in my opinion, in my point of view, I think face-to-face is always the best. But when there are instances that, for instance, during this Covid period that we had no choice, and we needed to still work and support them as they need. They need - it was needed to be. Zoom was the right thing for me to use at that particular time, and it did help.
- I: Yeah, okay.**
- R: It did help at that particular time that I needed it.
- I: Okay. So did you schedule particular times for the calls? I mean, I think you said you used it a couple of times.**
- R: Yes, I've done it twice. So what I do is, normally you call in and you introduce yourself, and then, but then you get to... You talk with the carers, you talk to the person or the family members at home. So you have an idea of how to communicate with the person. So when it came to light that this is the situation of the person, but then the family members have been calling him over the Zoom, or they do communicate with him, and with face-to-face. And he was fine with it, so I did ask if it's fine for me to do that with him and he said, yes, that was okay.
- I: Okay. And so did - had you prearranged a time?**
- R: Yes. I had to arrange it by booking - sort of booking appointments.
- I: Okay, and did that work okay?**
- R: Yes, it did.
- I: And did you have any...**
- R: And even with the face-to-face, even if it has to be face-to-face, we still have to book appointments anyway.
- I: Of course.**
- R: So, yeah, you always have to call in and then book an appointment at this certain time, or what time is preferable to them or to the service user. And then you call in, and then did connect you and then you do your assessments.
- I: And were there any particular issues with - were there any communication issues during the call?**
- R: Yes, what I would say is that, because the person was hard, or is hard of hearing, or hard of hearing, what I try to... Speak louder, and then sometimes I was using... I was typing. I think the typing really did work, because sometimes when I say something, he doesn't really hear it, but then the carer would hear it and then tell him. But then he was able to see me, and

sometimes I was typing and he was able to read what I was typing, and then he was giving me the answers.

I: So when you say you were typing, were you typing on the chat function?

R: Yes.

I: Oh, I see. Sorry, I hadn't understood that previously. So this isn't - this wasn't you sort of typing up your notes, this was you were using the type function?

R: Oh yes, I was using the chat. Sorry, yes, I didn't - yes, I was using the chat.

I: I see, okay. Oh okay, and that worked better, did it?

R: Yeah, it did.

I: Okay. And was there anything else that was - that sort of helped in terms of getting used to the technology, or making it work better?

R: I will say that, like I said with this period, I would say that, in a way, it was time-saving.

I: Right.

R: I don't know, yeah, because, like I said, where I live and where the home is, normally I would have travelled, you see. But, in this instance, even though it wasn't me travelling, so, in a way, I would say it was time... It was time and money, and travelling expenses. So, in a way, I would say it wasn't time-consuming, should I put it that way? And then I was still able to see the person, and then I was also able to do the assessments that I needed to do.

I: Yeah. So you did complete an assessment using Zoom?

R: Oh, yes. Yes, that's what I did, yes, it was an assessment.

I: Right, okay. And was...

R: And it was an assessment - like I said, the person was discharged from hospital to the care home, because he couldn't go back home. So I needed to find out what he wants to do. What he wants - where he wants to live from there. And then find the best way to support him, and the services that he needed whilst he was there. And to be able to refer him to other services, for them to be able to support him as well. So that was what it was all about. So I needed to know much about him, how he used to live before he went into hospital and what happened, and what took him to a hospital. And how he's feeling not being able to go back to his apartment, and how he's feeling where he is at the moment, you see.

I: So you didn't know him before this?

R: Oh no, not at all.

I: No.

R: Not at all. Because my department, all we do is we only support people when they get discharged from hospitals.

I: **Yeah, I understand.**

R: Yeah, so that's all we do, so when they get discharged from hospitals, we get the allocations. So you wouldn't even know them before they went into hospital, so all you know is someone has been discharged from hospital into a care home, because they couldn't go back home because of this and that. So you have to call in, and sometimes they'll be able to go back home, but then their homes might need some things being done before they go home. They might be waiting for equipment before they go home, so you'll be able to do all of that, making sure they have everything they need, if they have to go back home before they go home, you see? So it's not someone that you've already known, no. So you have to - you know?

I: **But you felt that doing the assessment over Zoom, you got enough information to complete your assessment, and you didn't feel that you were lacking any information?**

R: What we do is, first and foremost, when we get a location, we... Because we work - from the social workers in hospital, we use the same system, so we are able to see things that they've already documented. So you have to pre-read everything right they went into hospital. So you have an idea of what it is, and why the person has been discharged to [17:02] bed, or on that pathway. So that is where you get all your information from before. If there are family members who are involved with the person, you have to ask the person's concerns. Of course, if the person has capacity, then you can contact the family members and also ask a few things from them. And then, obviously, you also have to hear from the person and why they haven't been able to go home, and then... So that's where you get all your information. Like I said, it's I would say with the Zoom, even though it's not the same as face-to-face, when it's face-to-face you still haven't even seen the person before anyway, but you are seeing the person for the first time.

So first you speak to them on the phone to introduce yourself, before you go in to see them, and then you sit with them and then if it's they feel comfortable, you sit with them there and then you do an assessment. Whether that is in their room, or in the lounge, in a quiet place. You sit with them there, and then you do the assessment. Like I said, sometimes it's just with them, and sometimes it's with a family member that they want that person to be there. But because of the Covid, and because of the situation that we are all in at the moment, we have no choice but to use other means.

I: **Yeah, of course. Of course.**

R: So, yes, so it's most of the times it's over the phone. But then, like I said, in this instance, I needed to use the Zoom and with that particular service user I was supporting, it did the work, shall I put it that way, that it was quite useful.

I: **Yeah. No, no, I understand. So when you were talking about the families and the fact that you sometimes call the families to get more information, do you think that's kind of more likely to happen now that you're not seeing people face-to-face?**

- R: Yes, that's what is happening. Yes, because since the Covid started in March, and we have been working from home since March.
- I: **Of course, yeah.**
- R: And, yes, it's, like I said, we still need to do the work, we still need to support people. So it's still we're doing it [?without the phone 19:36]. Had [?it not been 19:38] the Covid sometimes when they go home, we used to go to their homes to do their assessments. And then we support them from there, so sometimes you see the family members. If they want to be there, they come there, but then you still talk over the phone with them to introduce yourself, but then you do see them. But during this Covid, I haven't seen most of the family members, because even in the care homes they are not allowed to come there, you see. So, yeah, so this [?role 20:08] we have at the moment and this, well, we have to work with until things do change.
- I: **Yeah, okay. So was there anything that hindered your use of Zoom, when you talked about, you mentioned network problems earlier?**
- R: Yes, it does, yes. Initially, even though I have - I had already pre-booked, I have already the appointment, I called him and then I had to let them know that, look, I have an appointment as such [unclear 20:43] and it's over the Zoom. And I would say, fortunately or unfortunately, or unfortunately, I did have an appointment with somebody else, and the day I called up [unclear 20:55] wasn't in.
- I: **Okay.**
- R: It was another support worker who was there, so they had to check their notes and see if there was an appointment booked, which I did say yes. And then when they were trying to connect me, or when they were trying to, they gave me their number, because, like I said, they said family members had been phoning, and then they gave me the password, and then I have to do everything. And then when they had to go to the - when the lady has to go to where the man is, she was saying that, oh, where the floor that the man is, the [?building 21:32] that the man is, the network is not that quite good over there.
- I: **Right.**
- R: Yes. So I did ask her if there is a best place that is best for her, that I will be able to get it clear and will be able to do the assessments that we are able to do. And she said that was fine, so they brought her to the lounge. They brought him to the lounge, sorry, and they said it was... Services were more better in the lounge, so that's where they brought him and we did it there.
- I: **Okay.**
- R: Yeah, I think the man was in a room upstairs, yeah, on the upper floors, so yeah.
- I: **So was that the only particular issue around the technology that you thought was a problem?**

R: Yes.

I: And so in both of your phone calls, were they - they were assessments that you were doing?

R: Yes, please.

I: And so do you think that it worked well for those situations?

R: Yes. Like I said, with the situation that we are in at the moment, I would say, yes, it did help. It did help, because I was able to communicate with that person, and the person was able to see me; I was able to see him. There was a bit of a smile in his face, which was quite nice to see, knowing that there is support out there for him and someone is listening to him, you see?

I: Yeah.

R: So that was quite good.

I: And there were care home staff on the call as well, because you said...

R: Yes. And, like I was saying, that someone needed to be there to support him.

I: Yeah, but did they take an active part in the conversation, or were they just in the background?

R: Oh, they were there and I just asked a few questions when I needed to know a few things, from what they were doing for him in the care home. Yes, so that was when the carer also got involved, and then they did say things that they were doing for him, and his, well, I'd say his care plan over there.

I: Right.

R: Yeah. Things that were doing to support him over there, and things that I will be able to refer him to. So I did have a discussion with them as well, and that's what we always do anyway. When we go there face-to-face, after we've had discussions, or we've done the assessment, we do have a word with the home, wherever they're at the, the sort of support they're giving the person, and what we can do to help; if there is any other support that we'll be able to refer the person to.

I: And so you've obviously talked quite a bit about how it compares to your normal face-to-face interactions, but do you think...? How does it compare with just having a normal phone call?

R: Okay. With a normal phone call, I will say that because you don't see the person, you miss, well, I say facial expressions, and you wouldn't even be able to see how the person is. In terms of I think I would say the Zoom was better, because sometimes the person doesn't really know you. And you're just calling, and you're asking them all these questions.

I: Of course.

R: But then when they see you, even though it's over - it's video, but then they know at least... They know that they're seen the person they're talking to.

I: **Yeah.**

R: So I feel it's more relaxed for the person. So I think with the face-to-face, or seeing the person with the video is quite good. It is good.

I: **And from the person's point of view, from the resident's point of view, how... I mean, obviously, you can't answer for them, but I was wondering if you've got a sense of how the use of the video impacted on their participation in that conversation? Did you know - did it run differently to how you would normally expect it to run?**

R: Yes, I would say yes, because you remember I was telling you that sometimes I was using... Yeah, I was typing some things and then he was able to read it?

I: **Yes.**

R: And then he was able to answer me.

I: **Yes.**

R: So, to me, because he couldn't hear me properly, without that, I would have just... I have to communicate through the carer, so I would have had to pass it to the carer and tell the carer what I want him to know. And the carer would then have to pass it on to him, so there could be a break of communication over there. It could be that what I will tell the carer, the carer might not just say the same way I wanted.

I: **Yes.**

R: So me typing it, and him reading it, to me, he knows what I mean and what I'm trying to find out from him.

I: **Yeah, okay. So you felt like he was fully participating and understood what was happening, and that sort of thing?**

R: Yes.

I: **And so how was the information from your assessment recorded and shared?**

R: So we have a way that we record our assessments. We have - we call it Assess, so that is where we record all patients' information. So after I have done my assessment, what I do is, whilst I'm talking to the person, we do a care plan. So you list the names of all the people involved doing the assessments, and then you type the conversation that you've had with the person, the support that they're giving the person, the care plan in place now. What the person had before they went into the hospital, and then why they went to the care home, the packages of care that they've got. And then you'll be able to then say what the person wants from there, and then what support you think will be in the person's best interest, or in terms of their condition, or the support that you have referred the person to. So we've got a system that we put everything on it.

I: Yeah. So that wasn't any - that process isn't any different from using the video stuff?

R: Oh, not at all.

I: Okay. So there wasn't - you wouldn't normally leave any paperwork there, if you were at the care home, or...?

R: Oh no, not at all.

I: Okay, so it's all done through the Access system?

R: Yes.

I: Okay. And do...

R: And sometimes if you need something from them, what we do is we normally ask them to email it to us.

I: Right.

R: Let's say if there is maybe a care plan that they do for the person, or a chat that you want to see from them, proof of anything that they are doing for the person. What they will do is when you go there - the difference sometimes, when you go there you have a look at it. But now, well, they don't even do it on paper, and they also record it. The homes are now recording them, so, yeah, they would email to you if you want it.

I: And so you obviously had some quite clear outcomes from your - at this consultation, so it was an assessment and you came away with a particular judgment, I guess.

R: Yes.

I: And so do you think that might have been altered at all by the use of Zoom?

R: Sorry, come again? Do I think...?

I: Do you think that they - that the outcome that you came to, was any different to what would have happened if you had been doing your normal consultation work?

R: No.

I: No?

R: No, because the reason I'm saying no, is because what I wanted to know from the person, I was able to know, so the outcome wouldn't have been any different, not at all, no.

I: Okay. And was there any impact on your relationship with the care home staff by using the video software?

R: Yes, in a way, yes, because I've been calling there, you see? It's a care home that I managed, I would say. And when I say I managed, I mean, that's where I get allocations... People - I get allocations from. So I've been calling them, and they've been speaking to me about them since the pandemic. Look, they don't know me and I don't know them, and nobody has ever

seen me and they don't know who they're always talking to. So I remember the girl said, oh, it's nice to see you. You've been talking to us, so it's quite nice, you see? At least if it wasn't because of the Covid, I would have called there face-to-face and we would have been meeting, and they will see me. And, like I said, you remember I said that even the gentleman was smiling?

I: Yeah.

R: Yeah. So it's quite nice for them to see you, knowing who they are talking to. And with the carer, it was nice he has seen me because I'm always over the phone with them, asking them questions about people. And then, oh, I want to speak to this person, passing the phone on to the people, and just [unclear 31:43], oh, and this centre is calling from this centre, or this area. But then them seeing you, you know that human feeling, yeah. So it's, like I said, the role we are in at the moment, with the situation we are in at the moment, I would say that Zoom is really good, or video conferencing, or video talking is really, really good. Because now that we don't have the face-to-face, I will say that that is the next thing that is replacing the face-to-face. At least you have that human interaction, and that feeling of seeing somebody whilst you're talking to somebody, the feeling is always different.

I: Yeah. So what would you change going forward?

R: If it's possible - if it is possible that, because of the Covid, we don't know how long it's going to take us - but if it is really possible that I will be able to communicate with these service users to through video conferencing, I think it would be best, compared to the telephone.

I: Right.

R: Yeah, from what we have now compared to the telephone, in my opinion, I think it is better because it's... I think, like I said, it's like the face-to-face, just that you are not there, you see? And it's easier, and it's a nice way of chatting to someone, and you're seeing the person. You're seeing the person you're chatting to, and that you talking to. So it's quite nice, and sometimes, even if not either with me, with the rest of themselves and even with their families, not seeing them and just hearing them over the phone, I think it's even nicer for them when they are able to see them.

I: Yeah.

R: When they are able to see them, that sense of belonging and that isolation thing, at least they feel they're seeing them and it's nice. You can't compare it to face-to-face, but having said that, with this current situation that we are in, I think video conferencing is better than the telephone.

I: So are there lots of phone calls that you're still having with the care home?

R: Yes.

I: And so there are - are there more of those kinds of phone calls that you would prefer to do via video?

R: Yes, I will, definitely. Definitely.

I: **And is that - are there particular conversations that you'd like to be having over video, or is it just a general sort of communication that you'd prefer to do it that way?**

R: I think sometimes it would be nice if you are able to, I would say, do it with the families as well.

I: **Right.**

R: Well, maybe if it's possible that the families are also there with them, or even if you are able to also do it with other professionals, which we are doing most times in that way.

I: **And could you see anything about other people living in the care home, and other - and what other care home staff were doing when you were having these calls?**

R: No.

I: **You couldn't see anything else?**

R: No, you couldn't. So that's the difference, you see? That's the difference between this one, and the face-to-face. And you remember when I was saying from the beginning, that there are a lot of things that you are not able to see?

I: **Mm.**

R: These are some of the things, because when you go there face-to-face, you walk through the corridors and you walk in and you see other people, and you are able to have a feel of the environment. And you are able to see what's going on around you, and even though you are there to see maybe a particular person, but then, at the end of the day, it's... We all have a duty of care, so when you go there you are able to see other things that you are able to point out, or you are able to see what goes on there. But with the telephone it's just you're talking, and what they are telling you is what you have, unfortunately, you see? And but then with the video, you are able to also see the person, talk to the person, but on the other side, you're not able to see the other residents, or you're not able to see the whole environment.

I: **So how confident are you that you were able to pick up on any potential safeguarding issues?**

R: Yes, you wouldn't. That is something that - and I think that is something that is worrying us now.

I: **Right.**

R: Yes, because it's very difficult to pick up all these things. And, like I said, you remember I was saying that because even with the video, because there are things that you still ask the person about where they are and everything, but when the carer is there, or someone who works there, is there, sometimes it's difficult for them to open up, you see? So it's difficult; it's what you are being told, should I put it that way?

I: Yeah. No, I understand.

R: Yeah, you only have what you are being told, and sometimes it's quite stressful, especially from the beginning when the Covid started. It was stressful, because we are not used to this.

I: No.

R: We are not used to this, so it's what - you're going there and see things for yourself, talking to people, looking around, looking at the environment, seeing how the people act. And if they are well looked after or not, you are able to... There's sometimes that you wouldn't see everything, but then you'd see some things. But, in this instance, there is nothing - there is nothing there, it's just you and the person and them talking, and you're seeing them. You are not even able to see the whole room.

I: No, okay.

R: You see?

I: Were you able to sort of raise safeguarding at all during your conversations, or not?

R: No.

I: No, okay. It's difficult, isn't it?

R: It is. It is, and that's why I was saying that, that's the difficult bits. It is very difficult, it is. You remember I was telling you that you can never compare it to face-to-face?

I: No.

R: It's not the same. It's not the same.

I: But in terms...

R: And, like I said earlier on, that there are some clues that you wouldn't be able to pick up, you see? But, at the moment, because of the situation at hand, we have to do our best to work with what we've got.

I: No, absolutely. And when you were saying earlier about other situations where you might like to use the video software as opposed to being on the phone, you talked about families, and is that you saying that you would like to be able to talk to the families, or that the families should be talking to the care home residents?

R: Oh, I mean, it's both ways.

I: Right.

R: The families talking to the residents, because, as we know, because of the Covid, most people have been lonely. Most people have been lonely, and not being able to see their family members and just being there sometimes just phone calls. But, like we all know, it's always nice to see who you're talking to, and if it's a family member it makes a difference. It makes a difference.

I: Do you think they have been using it for family?

R: Yeah, they have been using, but not every person. Not every home as well. Yeah, but some people have been using. I know some people have even their own iPads that family members are able to call them on them. Yeah, but it's not everyone who is able to do that.

I: I mean, I think that covers all of my questions, unless there's anything else you think this discussion has brought up, that you think I need to know that I haven't touched on?

R: I would say that even though I did say that the Zoom, the video is quite good. Having said that, it's not appropriate for everybody. Yeah, I don't think it's appropriate for everyone, so especially when someone is bedridden.

I: Can you say a bit more about that?

R: Yes, because when someone is bedridden and they are not able to communicate with you, it's best to be there yourself. So, yeah, I don't think it's appropriate for everyone, and with people who are not able to communicate. And, at the moment, we only get information from the care homes, from the carers and from the care home managers, that I was saying initially, is what they're telling us is what we've got.

I: So that's - so what are you doing about those people at the moment, you're just not able to see them at all?

R: No. When it did open for a while, there were people that aren't as critical you needed to see them. We had risk assessments, and then you'd be risk assessed and then you are able to go there. But there were people that - for a while, people that were able to communicate, it was done in the gardens, so they were following the protocol. So it was done in the garden, and they had seats and that. And there were a few people that you'd be able to go into the rooms, to go and see them. But then it's limited, because most of the care homes, most of them also started having outbreaks and most of them have been... They've closed totally to people coming in, so there was one that I'm also managing that I'm not able to go there at all. They're not taking in any more people from the hospital, because there has been outbreaks and it's spreading. So what's going on, and it's difficult. So when people are there and you want to support them, you're not able to go there and their families are not even allowed to go in. So all we do is just phone calls, so all we've got - and because the people are not able to communicate, all we've got is what they are telling us.

I: Right.

R: And that is worrying.

I: Yeah, so for the most vulnerable people, this doesn't really help?

R: Yes, exactly.

I: Is there anything else?

R: I think that's all for now.

I: Okay. Right, I'm just going to stop the recording.

End of Transcription