

## Wellbeing sector stories: Compassionate leadership – Priscilla Wakefield Care Home

### **Nosi Avery 0:00**

My name is Nosi Avery I'm an HR manager of Priscilla Wakefield,

### **Sue Ann Nnamani 0:04**

and my name is Sue Ann Nnamani and I'm the Registered Manager Priscilla Wakefield House Nursing Home.

### **Nosi Avery 0:10**

During the peak of the pandemic, we did support our staff for their mental health and wellbeing, as the Registered Manager how did you support the staff especially the BAME.

### **Sue Ann Nnamani 0:23**

Okay, so during the peak of the COVID pandemic, we did what risk assessments for all our staff, not just for BAME staff, but also for non BAME staff. And in that, we discovered that people had underlying medical conditions such as sickle cell anaemia, and some were pregnant at various stages of their pregnancy. So as a team, what we decided to do was to support those individuals to go on to furlough payments, which we funded 100% of their salary during that time. And for staff who were retained within the environment, ie that were working, we ensured that we could lessen the amount of time that they're spending in grocery stores so that they're not put at undue risk. And some of that was providing grocery bags for every individual so that they can have things to take away. For example, fruits, pasta, rice, bread, eggs, milk, cheese, just the basics that you would run out of usually in the week, so that they could lessen their entries and exits into and out of grocery stores. What we also did is we had wellbeing meetings with staff so the HR manager led some of those sessions, and they were individual support meetings. These meetings were just to try to understand where the staff were in terms of their mental health. Some of them needed referrals onto IAPT (Improving Access to Psychological Therapies) services and Good Samaritan so we had lots of numbers. But what we were finding as a team was that many people didn't want to access the apps that were freely funded by the NHS, they would rather have a verbal conversation with someone face to face, and even virtual, we found it a struggle to get people to attend. So in relation to that, what we did is we decided that we were going to support them by having these face to face discussions so we know what their fears are, we can then understand more about where they were mental health wise with their wellbeing and as Mental Health First Aiders ourselves because prior to the pandemic, we had done a big piece of work around mental health in our workplace and we have currently 10 Mental Health First Aiders. So both of us are Mental Health First Aiders, so when we sat with staff, we could understand clearly where they were at. We can then give them the necessary advice and support and advice might just be to see their GP to get a referral done. Or it might be that they're going through some anxieties with home life that we can actually understand and try to support them with. So we did our best, I think majority of the issues that we felt was coming up was around financial, the financial side, because people didn't want to tell us that they were asked by the government to shield because they felt that that would have impacted on them working and possibly not getting the money they needed to

survive. So majority of people until we did the risk assessment did try to push through. But once we were aware that they had underlying medical conditions, which would have put them at a heightened risk and on top of that, being a BAME member of staff who is also put at a heightened risk, we decided to support them in terms of furloughing them during that period. So there was a lot that we did to support the employees. And the three takeaways for me as a Registered Manager during that time is all our staff should be valued. It doesn't matter whether they're from a BAME background or not. But once we realise and understand that somebody is obviously at risk, greater risk than others, we need to look at how we manage that safely, so that people are protected. The second takeaway for me is it's important to know and understand your workforce. So unless you're aware of where people are at, you're not able to support them. And my final takeaway is for mental health and wellbeing, it's about a shared experience of working in social care with a balanced, supportive and collaborative approach. So if we weren't linking in with IAPT services, we weren't linking in with our local hospital who also supported the staff, during the time when we had heightened number of deaths, we wouldn't have been able to pull through as a team and be as resilient as we are. So those are my three takeaways.