

The views and experiences of care homes: The relative and friends perspective

HEALTHWATCH HAMPSHIRE

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Abstract

Healthwatch is the independent consumer champion for health and social care in England. Healthwatch's function is to engage with local people to seek views about locally delivered services, signpost service users to relevant information and to influence the design of local health and social care provision. Healthwatch Hampshire is part of a network of local healthwatches across 152 local authority areas that launched in April 2013, to ensure local voices are heard and enable them to influence the delivery and design of local services. This piece of research aimed to better understand the views and experiences of care homes from the perspective of relatives and friends of care home residents. All individuals are from the county of Hampshire and the research used a questionnaire. The participants (n=62) all completed the online questionnaire and signed up to be entered into the prize draw. It was found that in most cases the participants agreed that the staff listened to their personal views and the views of their relative or friend, most of the participants disagreed that the staff had enough time to care for their relative or friend and this was evident in the qualitative responses. It was concluded that although the findings were useful, they were not generalisable of the population and therefore strong conclusions could not be made. This was due to the challenge of identifying the target population and engaging them within Healthwatch's research.

Introduction

Over the past few years, there has been an increase in older adults moving into residential care homes specifically between 2005/06 and 2013/13 with national figures showing an increase of 21% from 135,000 to 164,000. In addition to this the number of older adults using nursing care while in a care home increased by 22% from 65,000 to 79,000 in the same time period (Age UK, 2014). There are currently 642 care homes (residential/nursing) in Hampshire with the local authority funding 34 care homes (Carehome, 2016). It has been estimated that in 2011 there were 6,900 older adults (aged 85 and above) living in residential care homes across the Hampshire County. It was identified that in 2001 4.4% of older adults (aged 65 and above) and 20% of older adults (aged 85 and above) were living in residential care homes. In 2011 these figures reduced. In 2011 it was shown that those living in Southampton, Basingstoke and Deane and Hart areas of Hampshire had the lowest levels of individuals aged 65 and above in residential care homes. Whereas the Winchester area had the highest level (Hampshire County Council, 2011).

In addition to the above information, it has been identified that Hampshire County Council are contacted approximately 95,000 times a year by individuals needing care advice, information and support regarding residential care (Hampshire County Council, 2014).

A study completed in 2005 investigated into care homes for older adults within the United Kingdom. It was found that 28% of older adults within the study said that they had encountered problems which has caused them to be dissatisfied, but had decided not to go on to make a complaint (Office of Fair Trading, 2005). It was claimed that many older adults and their relatives are often reluctant to complain, which may mean that data on complaints understates the true extent of the problem(s), this could be due to a number of issues including low awareness of the complaints procedures, lack of support in making a complaint and fear of repercussions. It has been found that 50% of the respondents to the survey conducted by the Office of Fair Trading in 2005 said they had received no information about complaints procedures, and of those who said they did receive information, many said that they did not get any written information or guidance. This is a concern, since many are not aware of their right to complaint. This indicates that they are less likely to make a complaint. Therefore, it was recommended that residential care home regulators should produce an easy to understand document that provides practical information to all older adults living in care homes and their relatives about the complaints procedures.

Simmons, Brennan, Gill and Hirst (2013) have identified a number of key areas for further considerations that arises from the study completed in 2005 by Office of Fair Trading. The first is good communication (finding the positive experience of the complaints processes), Ensuring opportunities for voice. A significant proportion of users are silent sufferers who do not think they are going to be listened to while others may speak to the frontline. Learning from complaints, desired outcomes and positive relationships), developing the service culture and values, power and empowerment (for example, inspections).

It can be seen through this literature review that many individuals (residents of a care home and their relatives/friends) do not know who to contact should they have a complaint, additionally they do not know the complaints procedure protocol. It can also be seen that many who do know about the complaints procedure refrain from putting in a complaint due to the fear of a repercussion. Therefore it can be seen that on this basis the questionnaire should have a focus on the complaints procedures within residential care homes in Hampshire.

In addition to the complaint procedures within residential care homes, Healthwatch England produced a press release in 2013 which highlighted new research. The research showed that 1 in 3 individuals reports experiencing or knowing someone who has experienced abuse, neglect or malpractice whilst being cared for. Therefore, Healthwatch England presented eight consumer rights to help individuals stand up for themselves and improve care homes, hospitals and General practitioner (GP) surgeries:

1. The right to essential services – All individuals have a right to a set of basic and essential treatment and care services at a defined standard.
2. The right to access – high quality, safe services that treat all individuals with dignity, compassion and respect.
3. The right to a safe, dignified and quality service, (Healthwatch Reading, 2013)
4. The right to information and education
5. The right to choose
6. The right to be listened to – voice concerns and have their views listened to and acted upon. Individuals have the right to be supported in taking action if they are not satisfied with the service they have received.
7. The right to be involved
8. The right to live in a healthy environment

It can be seen from this literature review there are themes that have emerged including complaints, communication, handling concerns and meeting expectation. These themes will be the focus of this piece of research. This piece of research will specifically focus on the potential issues of social care in Hampshire according to those with a relative/friend in a residential care home. This will allow potential recommendations to be made to those services in which improvements could be made that would impact on the quality of care for care home residents.

Methodology

Design

A non-experimental research design (a piece of research that has no manipulation) with a questionnaire measure was utilised. There were no comparisons made in this particular research as it is purely service evaluation.

Participants

Data was collected from a homogenous sample of 61 individuals) who lived and had a relative or friend in a care home in the Hampshire county (N = 62). 7 participants stated that they had a disability with 4 participant stating that they preferred not to say and 1 participant didn't comment, 57 participants stated their ethnicity was white. Each participant read the brief and signed a form which verified their informed consent before they participated. Permission for this study to be conducted was granted by Hampshire County Council's Ethics Committee. At the end of the questionnaire participants were asked whether they would like to enter into the prize draw to win £50 worth of shopping vouchers.

Materials and procedure

The questionnaire (Appendix A) was presented to potential participants during online advertisements, social media accounts and Healthwatch engagement events including DemFest, Older People's Forums and Care Home Forums. The participants were given a brief (Appendix B) which stated why the questionnaire was being given out and the themes related to the questions. It also stated that participants could withdraw from completing the questionnaire at any time and without any consequences and their data would remain confidential. Once the participants had completed the questionnaire they could enter into the prize draw and receive the Healthwatch newsletter. After this, the participants were given a debrief (Appendix C) which stated why the research was being carried out, what to do if they have any questions or concerns about the questionnaire and the contact details of the researcher.

Findings

Overview

The online questionnaire went live from the 1st April and ran until the 30th September 2015. During this time Healthwatch Hampshire gathered 37 online and 20 paper questionnaires, this was below the initial target of 150. However the information collected from these 62 surveys still presented some interesting findings. We found it difficult to engage with the care home's directly with only a handful promoting the questionnaire and we recognise that the target population do not tend to use social media and therefore paper copies were distributed. We have not included the names of the care home involved in this research.

The care and communication of staff

It was identified that many individuals felt that the care workers were appropriately skilled to care for their relative or friend (Refer to figure 1). The graph states that 48% agreed with only 13% disagreeing.

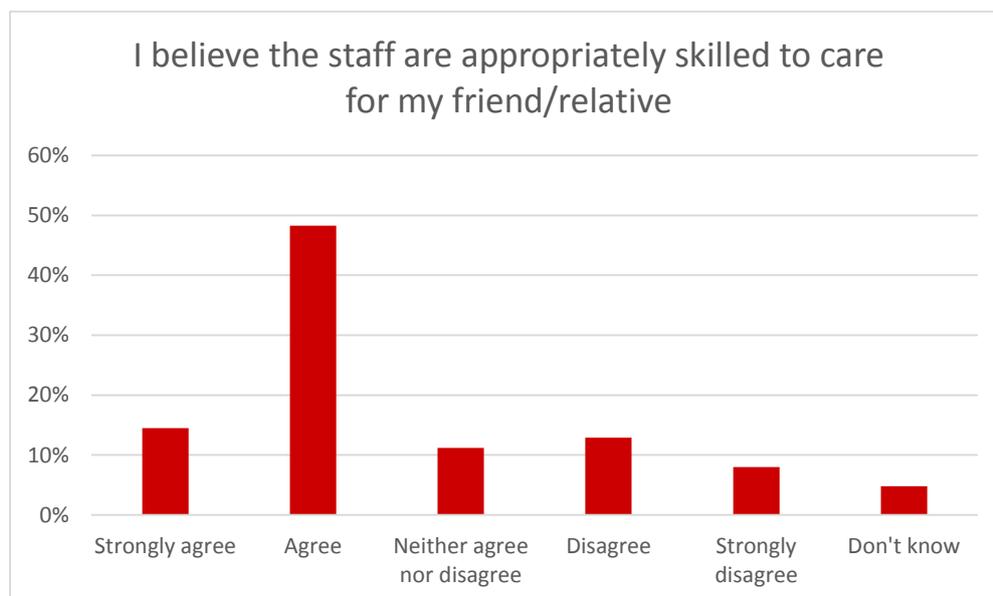


Figure 1: Shows the percentage of the participants who agreed or disagreed that the staff are appropriately skilled to care for their relative or friend (n=62)

In relation to the above participants were asked whether the staff have enough time to meet their relative or friend's needs. All 62 participants responded with 8% strongly agreeing, 25.8% agreeing, 45.1% disagreeing and 11.2% strongly disagreeing (Refer to figure 2). This indicates that the majority of individuals felt that although staff were appropriately skilled to care for their friend or relative they do not have enough time to meet their needs.

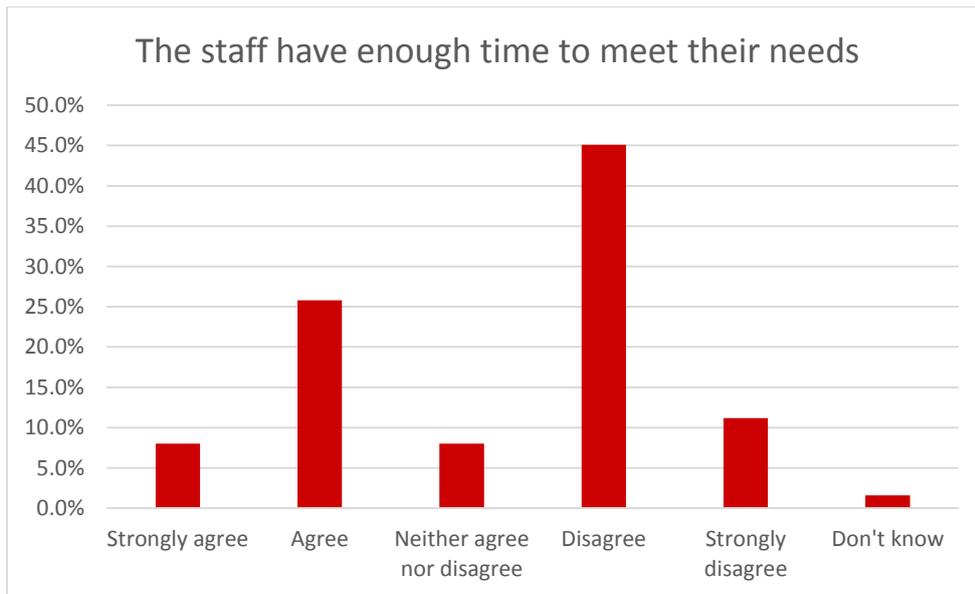


Figure 2: Shows the percentage of the participants who agreed or disagreed that the staff have enough time to meet their friends or relatives needs (n=61).

The complaints procedure

The complaints procedure questions have shown mixed responses specifically when the participants were asked whether the resident of the care home had been informed of the care home complaint procedures (Refer to figure 3). It can be seen that 19% strongly agreed, 11% agreed, 15% disagreed and 3.2% strongly disagreed. This shows that a selection of the care homes involved in this survey need to ensure that all residents are informed of the care home complaint procedure.

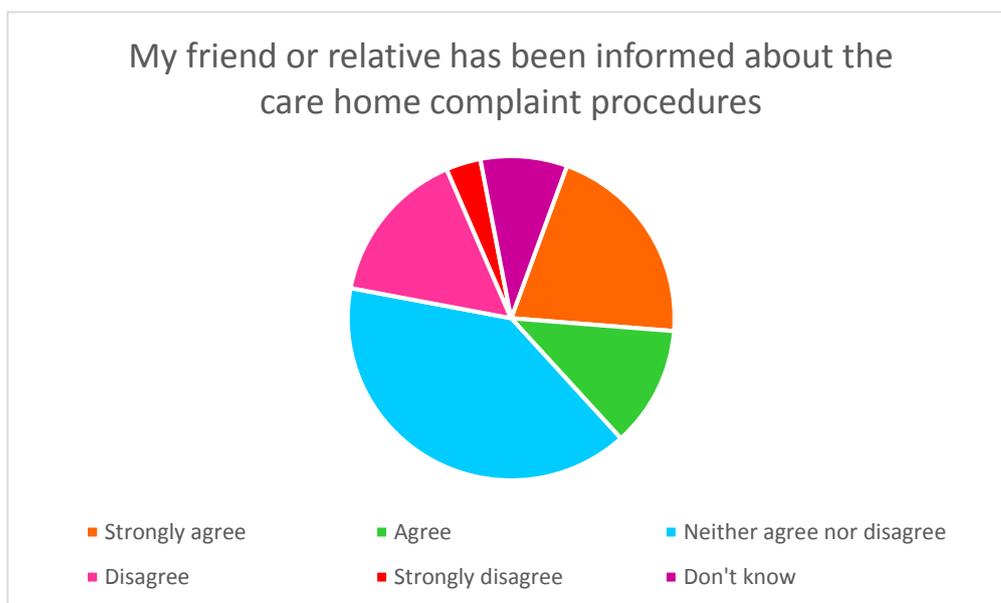


Figure 3: The responses to whether their relative or friend had been informed of the care home complaint procedures (n=62).

In addition to this, participants were asked what improvements they would like to see in the care home complaint procedures. A selection of the comments are below for the full list of comments please go to Appendix D.

“I’m unsure where I can write a complaint”

“They [staff] need to listen and not take it out on the people in the care home”

“I was informed as my relative was unable to comprehend”

A comparison of the views listened to by the care home

The questionnaire asked whether the individual’s thought that their own views and the views of their relative or friend were listened to by the care home. It was found that 9.8% strongly agreed that the care home listened to the views of their residents with 8% strongly disagreeing (Refer to figure 4). When it was compared to whether the individual felt that the care home meet their own expectations the data shifted. Figure 5 shows that 20% strongly agreed and 8% strongly disagreed. This meant that the participant’s expectations were slightly higher than the resident’s expectations. This indicates that the care homes in this research were potentially not meeting the expectations of the residents.

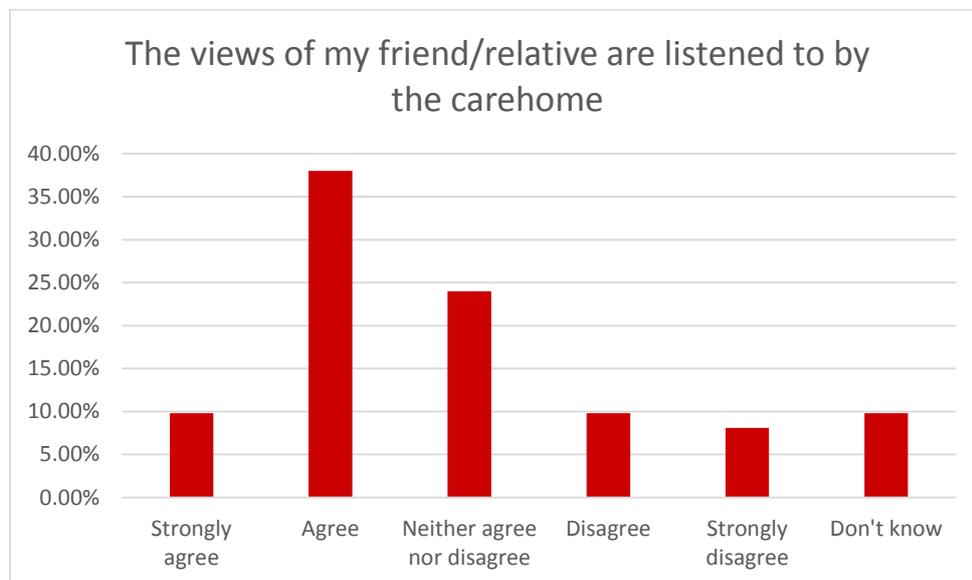


Figure 4: The responses as to whether the care homes in this research met the resident’s expectations of care and whether their views were listened too (n=61)

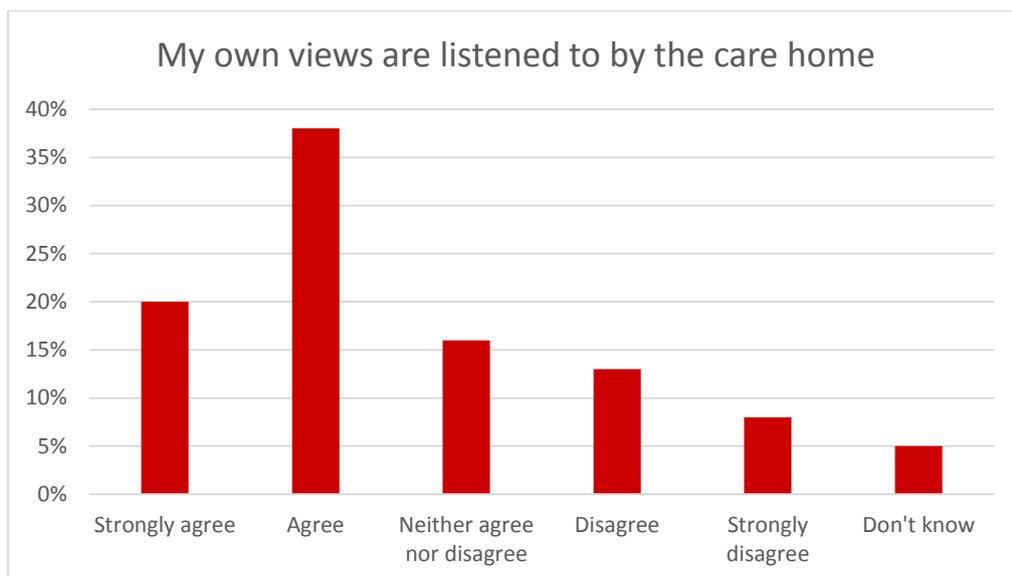


Figure 5: The responses as to whether the care homes in question meet the relatives/friends of the care home resident's expectations of care (n=61).

However, when a comparison was made between the expectations of good care and whether the care home listened to the views of both the resident and their relative/friend indicated that there were no major differences.

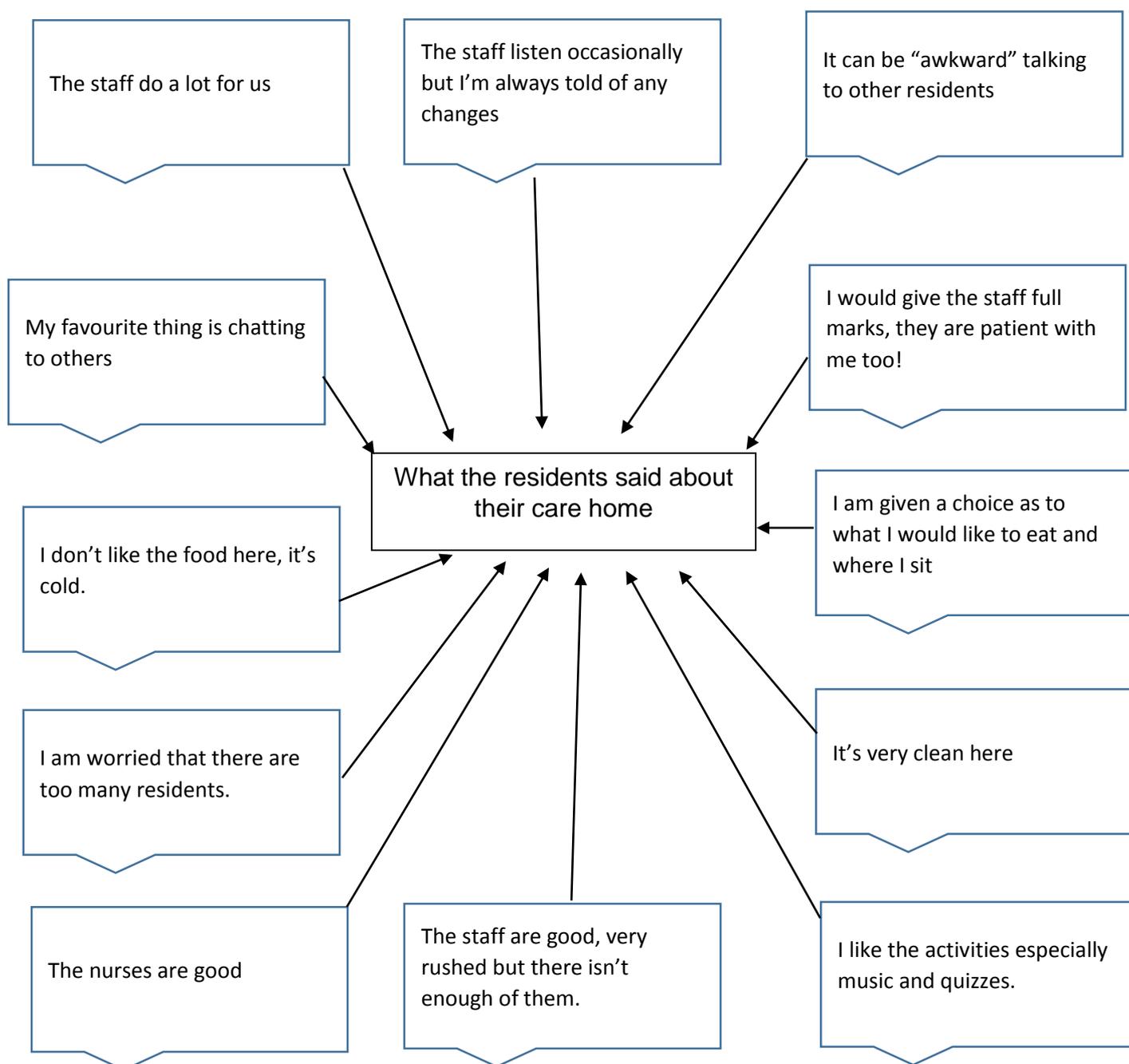
In addition to the above questions, we identified that many individuals felt involved in the care of their relative or friend (Appendix E). We also found that 21/62 participants agreed that the concerns raised by the care home residents regarding their health were taken seriously by staff (Appendix F) Additionally, participants were asked about the time period in which their relative or friend moved into the care home. The responses were positive (Appendix G).

Abuse and neglect

It was identified that 14 of the 26 responses (participants who answered this question) stated that they had witnessed abuse/neglect or lack of dignity within a care home. 12 out of the 26 responses stated that they had not witnessed any. The participants who stated that they had witnessed abuse/neglect or lack of dignity, had given the name of the care home and described the situation were sent to the Care Quality Commission. (Please note that we have not included the qualitative responses regarding the description of the abuse/neglect or lack of dignity in this report for confidentiality reasons).

Enter and view visits: findings

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how services are being delivered and collect experiences from a lay person's perspective. We visited two care homes during the months of November and December 2015, in which we were able to speak to both staff and residents. If you would like to find the detailed enter and view reports, they can be found on our website. The information that is given here is a selection of responses from both residents and staff only and does not include any general information or comments regarding the care homes we visited.





Conclusion

This research project set out to understand the views and experiences of individuals who have a relative or friend as a care home resident through the use of a questionnaire. It has been established that although the data is useful in identifying new themes and gaining a more in depth understanding of individual's experiences; participation was low. It was identified that 150 responses would be needed to gain a significant difference that would be generalisable across the population. However, despite this the data was useful and has been directly interlinked within our Enter and View reports. We have spoken to residents and staff of two different care homes as part of our Enter and View reports. We understood that residents felt that the staff were caring but were concerned that they were under pressure and rushed. The staff felt that they needed more staff and enjoyed their job roles.

It should be noted that the methodology of this research had limitations and this particular population were difficult to identify and engage with. Therefore, this has been reflected in the findings and should be taken into consideration should the research findings be used as evidence. Additionally there are no service recommendations for the care homes in question due to the nature of the report.

It can be concluded that although the findings are not representative of a population, they are useful for other aspects of Healthwatch Hampshire's reports including the Enter and View project. The identification and engagement of this population was challenging and this has allowed Healthwatch Hampshire to reflect on the use of this methodology for future research.

Acknowledgements

Healthwatch Hampshire would like to express great appreciation to everyone who helped promote the questionnaire especially through the wider audience; Hampshire County Council's Older People's Wellbeing Team for allowing us to present the research project, the care homes who placed the questionnaire within the homes and also Winchester Radio for promoting the questionnaire through their social media account. Healthwatch Hampshire would also like to thank the two care homes involved in the Enter and View report and the staff and residents who took time out of their day to talk to us.

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Appendix A – Questionnaire



Individuals view of the residential care home of their relative or friend.

The aim of this questionnaire is to find out local issues related to residential care by listening to friends and relatives of care home residents. This survey will take no longer than 5 minutes to complete and your responses will be used in a report aimed to improve residential care home services in Hampshire, to be published on our website. Your responses will be treated as confidential and we will not use your name or anything that might identify you in the report.

If you tell us that someone in the care home is at serious risk of harm, we will treat it as an anonymous complaint about the care home and share the concerns with the local authority safeguarding service.

If you have any queries or concerns please email:

enquiries@healthwatchhampshire.co.uk or call us on: 01962 440 262.

Instructions:

Please think of a friend or family member that you know who is currently in a residential care home in Hampshire, and give your views related to their care.

How much do you agree or disagree with the following statements?

1. I believe the staff are appropriately skilled to care for my friend/relative.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

2. The staff have enough time to meet their needs

Strongly agree

Agree

Neither agree nor disagree

- Disagree
- Strongly disagree
- Don't know

3. My friend/relative has been informed of the care home complaints procedures

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

4. What improvements in the complaint process would you like to see?

Please describe in the box

5. The views of my friend/relative are listened to by the care home.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

6. My own views are listened to by the care home.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree
- Don't know

7. I feel involved and respected in the care of my friend/relative

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

8. Any concerns expressed by my friend/relative about health are taken seriously by the care home and their staff.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

9. Have you ever witnessed/experienced abuse/neglect or lack of dignity in a carehome?

If so, please describe

10. In my opinion, the care home meets the expectations of good care for my friend/relative.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree
- Don't know

11. The care home meets my own expectations of good care.

- Strongly agree
- Agree
- Neither agree nor disagree
- Strongly disagree
- Don't know

12. The move into residential care for my friend/relative was completed in a timely fashion.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

**13. What is the name of the residential care home of your friend/relative?
The name of the care home will not be used in our report**

14. Is there anything else that you would like to tell us about the residential care of your friend/relative?

If so, please describe

Demographics (About You)

Your responses here are completely optional.

Your answers to the following questions will help us understand if we are getting the views of a range of individuals

15. What is your gender?

Male

Female

Transgender

I prefer not to say

16. Do you consider yourself to have a disability?

Yes

No

I prefer not to say

17. Which age group applies to you?

Under 18

18-24

25-49

50-64

65-79

80+

I prefer not to say

18. Which of these groups do you consider yourself to belong to?

White

Black

Asian/Asian British

Mixed background

Chinese

- Arab
- Other
- I prefer not to say

Thank you for your time taken to complete this survey.

Would you like a copy of our quarterly Healthwatch Hampshire newsletter by email?
We would use your email address only to send you the newsletter and would keep it separate from your questionnaire answers
(Please enter your email address below)

PRIZE DRAW

To be entered into our prize draw, please provide us with your contact details.

All people who take part will be entered into prize draw, with the chance to win shopping vouchers to the value of £50, which can be exchanged at a selection of high street shops.

Your contact details will be kept confidential and only be used for the purpose of our prize draw, and will be kept separate to the information that you have given us:

Name (optional) _____

Contact details _____

Appendix B – Brief



You are invited to take part in a survey about your views on a residential care home in Hampshire where your friend or relative is a resident. The aim is to find out local issues related to residential care by listening to friends and relatives of care home residents.

The survey takes about 5 minutes to complete, and your responses will be used in a report aimed to improve residential care home services in Hampshire, to be published on our website.

Your responses will be treated as confidential. We will not use your name or anything that might identify you in the report. We will securely dispose of the responses once the report is written.

If you tell us that someone in the care home is at serious risk of harm, we would treat it as an anonymous complaint about the care home and share the concerns with the local authority safeguarding service.

Please contact Steve Taylor or Sian Martyn with any queries you may have at enquires@healthwatchhampshire.co.uk or alternatively you can call us on: 01962 440 262

Once you have fill out this questionnaire, you can write your email address down to be entered into our prize draw for £50 worth of shopping vouchers in September 2015 (Your email address will be removed from the questionnaire and will not be used in our report).

Appendix C – Debrief

If you would like to share your views with us about social care issues, please use our online form on our website at www.healthwatchhampshire.co.uk

Alternatively, if you would like to contact us you can pop into any Citizens Advice Bureau in Hampshire or telephone us on: 01962 440 262.

This questionnaire was carried out to help Healthwatch Hampshire understand the views and opinions of residential care of those living in Hampshire. It is hoped that with the responses from this questionnaire, that we can develop more research projects and provide recommendations to improve residential care within Hampshire.

All the responses that you gave in this questionnaire will remain confidential, they will be securely placed in a password protected database and once the report has been written we will destroy the data (your responses).

The email address and contact details that you gave to us for the prize draw will not be linked to your responses. We will announce the winner of the prize draw in September 2015.

If you have any questions or concerns about this questionnaire please don't hesitate to contact Steve Taylor or Sian Martyn at enquires@healthwatchhampshire.co.uk or telephone us on: 01962 440 2622

Appendix D – Complaint procedure comments

“I’m unsure where I can write a complaint”

“Relatives in charge of care must be properly informed”

“They need to listen”

“Treating with respect, privacy and dignity”

“I was informed”

“Not aware of what it is, but management are always available to listen to issues”

“The complaints procedure is clear and straight forwarded.”

“No need for improvement”

“When a complaint is made it should be act upon but it never is”

“More interaction with residents”

“Making managers listen to residents complaint and do something”

“The actual results from the complaint made”

“More staff to have more time with every resident”

“A swift and helpful response”

“Management to follow them up”

“Act on any complaints”

“To encourage people to use it, calling it a complaint puts off older people bringing concerns to attention”

“Should know who else to complaint too other than manager as quality of staff is a real problem”

Appendix E

I feel involved and respected in the care of my relative or friend graph.

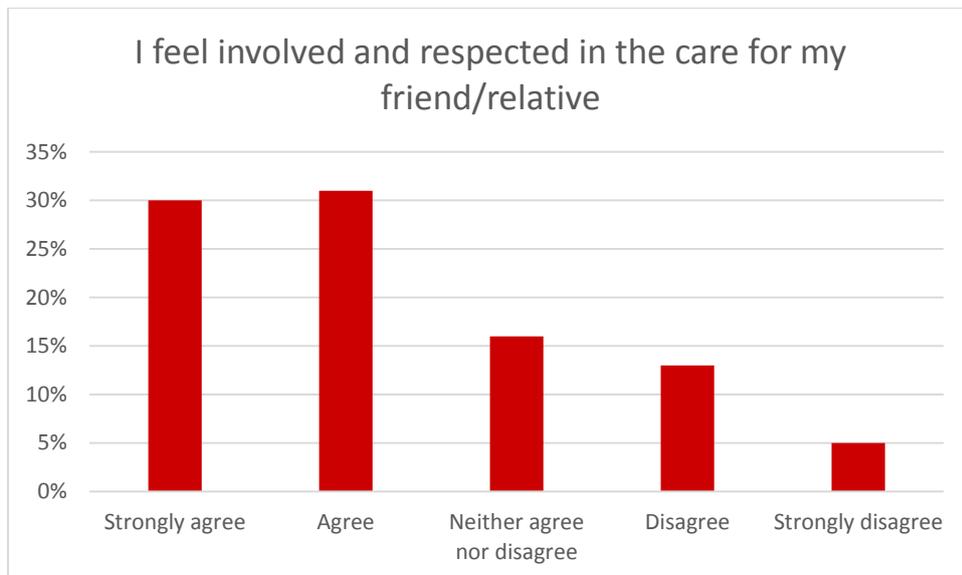


Figure 8: The responses as to whether the individuals who have a relative or friend in a care home feel involved and respected in their care. (N = 62)

Appendix F

The concerns (if any) which are expressed by my relative or friend are taken seriously graph

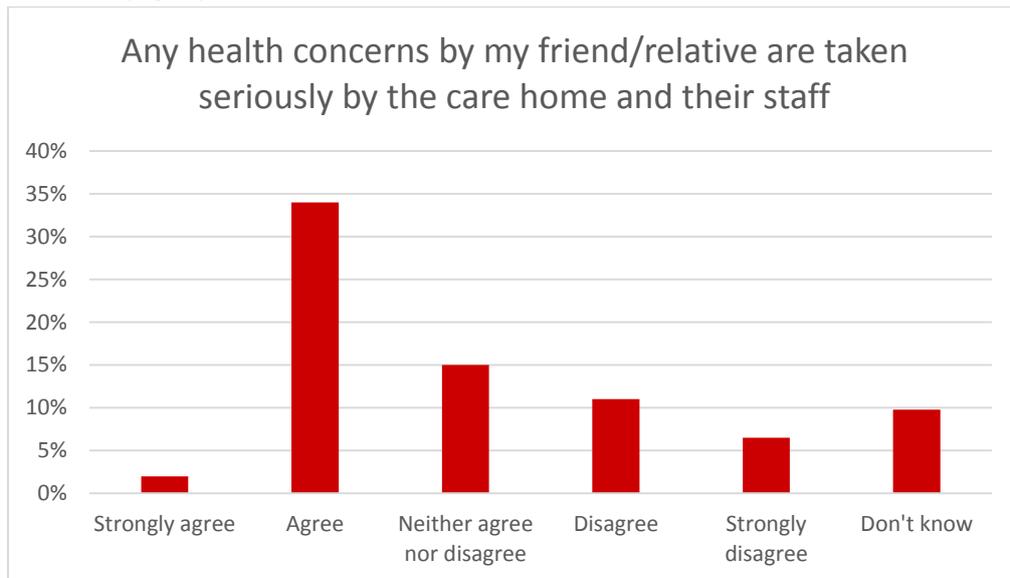


Figure 9: The responses as to whether the individuals believe that any health concerns expressed by their relative or friend are taken seriously by care home staff (N=61).

Appendix G

The move into the care home was completed in a timely fashion graph

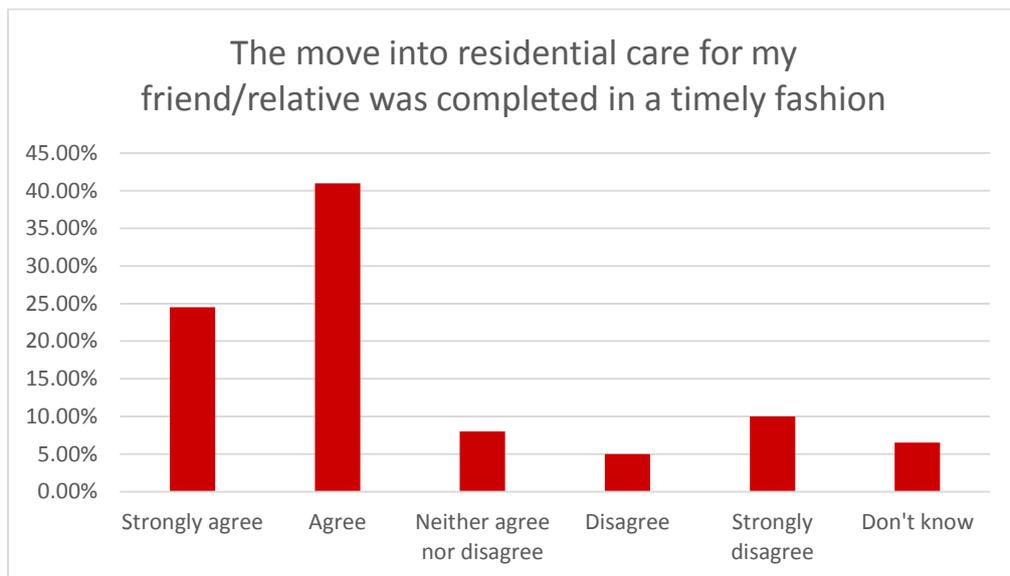


Figure 10: The responses as to whether or not the individuals felt that their relative or friend moves into their care home in a timely fashion. (N=59).

Appendix H

The qualitative responses to the question “Is there anything else that you would like to tell us about the care of your relative or friend?”

- “The fee structure is not clearly defined or provided. Very poor in this respect. Clarity required”
- “My daughter and I called to visit her and we were registered normally. I asked where she was and the staff member said yes she is in her room she’s dead and asked whether I wanted to see her. The warden came out of the hallway and told us more details. We were not taken to any private area and the warden told us that the death was very unexpected”
- “Laundry is not very good at returning things to rightful owners”
- “[care home name removed] not only provides care but also love for the residents and their families”
- “Huge turnover of staff is a concern. Why?”
- “My relative could not speak, walk or talk at the point of entry to this home but was treated with dignity and care at all times.”
- “Whilst my dealings with this home ended 3 years ago, I consider their care and approach to be exceptional. Relative was moved when county would not continue to pay fees after relatives funds were used up”.
- “I am not always confident that the needs of my relative are being met. There seems to be a lack of staff available at times”.
- “The laundry takes ages (days sometimes) to come back”.
- “Nothing is too much”.
- “This has been red flagged”
- “My friend bought one of the flats on this complex on a specific understanding that a bath would happen just once a week. This happened just once and then was told the staff couldn’t do it”.
- “The food could be a little hotter”
- “Over the last year the quality of care has fallen substantially”
- “No one had enough time to give comfort and loving care. Tasks are done well but no care beyond that. This is the biggest issue of people with dementia – no care or love beyond the basic tasks and this is what they need most.”

- “My relative has complex needs and challenging behaviour. The care home do a good job in the circumstances”
- “I am fully informed of everything and part of the care planning process.”
- “Residents not to walk around the home by themselves and they get very bored sitting all day, they aren’t taken out like it says in their information which is one of the reasons why I chose it!”
- “Overall the care my relative receives is excellent. They are treated with skill and kindness. I do feel though that weekend staff cover is not quite up to the standard of that in the week due to bank staff being used more often. Sometimes the bank staff are not as familiar with their needs and routines.”
- “I can only make positive comments. In the year since my relative was admitted to the home they have been treated with dignity and respect; they are an individual with their own particular needs. The atmosphere in the home is one of fun and friendship to both residents and relatives”
- “Only have two staff on duty on the afternoon shift (2-5) and residents seem bored, sometimes another staff member will come in at 5pm. Residents sometimes do not have their baths weekly.”
- “The home should be closed”
- “There doesn’t seem to be enough staff or time to enable the home to be great at what they do.”
- “Very caring staff. Friendly and cheerful and always treat my relative with respect”.
- “Care is generally good but only as good as the staff who are working that shift, some staff are more diligent than others. The smaller details are often overlooked and I would like to see my relative get more individual attention and more time spent at meal times. For the amount of money they pay it is sometimes disappointing”.
- “Staff are good and clearly want to spend time helping clients; too few staff means they struggle to provide the care they would like too.”
- “[Care home name removed] had a perfect lay out for dementia and staff were more understanding. Although I still feel there is room for more training in dementia care.”
- “Far, far too much and frightened of the repercussions”.
- “Whilst hearing about so many bad care homes, it’s good to be able to praise one as I would not want my wife anywhere else.”
- “Not safe too”.

