

TITLE : SOUTHWARK CARE HOME CHARTER : Summary of Survey of residents of care homes and their family/supporters (V1)

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EXECUTIVE SUMMARY

Age UK Lewisham and Southwark (AUKLS) undertook thirteen telephone interviews of older residents of care homes or their families between January and early March 2021, on behalf of Southwark Council. The outcomes of the survey will be used by the Council to inform the development of a Charter Mark for Care Homes within the borough. The headlines are set out below:

- **Thirteen interviews were conducted. Three of which were with residents and the remainder were with family or friends of residents.**
- **Four involved Southwark residents now living in care homes out of borough, with the remaining involving those who reside in one of the seven older people's care home in Southwark.**
- **Effective PPE and quarantine arrangements were in place in the homes as far as family members could tell – although in most cases it had not been possible to visit their loved ones to check.**
- **There had been no significant issues in relation to pre-pandemic visits to homes. Experience of visits in gardens and the use of video links since covid had not been universally successful with most people stayed in contact via the telephone.**
- **Residents overwhelmingly felt safe and their personal care needs were being met.**
- **Although respondents were happy with the professional manner and training of care staff, the term "Hit and Miss" kept on being used. There were excellent examples of care given alongside others, which although adequate, were not delivered with the compassion that was expected.**
- **Only three respondents said that they thought that there was sufficient staff on duty to deliver the ideal level of care sought.**
- **The overwhelming majority of residents were living with various complex forms of dementia.**
- **The two residents interviewed who were not living with dementia, both expressed feelings of being isolated in the home, having no one to talk to other than busy staff.**

- **The area of greatest development opportunity was in relation to activities and social contacts that matched the needs and preferences of individual residents. This related to both pre-pandemic and conditions since covid measures have been applied to homes.**
- **All respondents were very satisfied with their access to primary care.**

1. Approach and Methodology

The Council had sought the views of residents of care homes and their families/supporters, to inform the development of a Care Home Charter in Southwark. To this end, it launched an on-line engagement /consultation exercise in 2020. Due to the challenges of doing this during the pandemic, response was low. Age UK Lewisham and Southwark (AUKLS) were then asked to undertake a telephone survey on the Council's behalf. Due to the ongoing challenges of the pandemic, the local care homes (as well as social work teams) were unable to disseminate information out to residents and families. Instead AUKLS used its own case records and those of voluntary sector partners to identify respondents.

All the questions from the on-line survey were incorporated into a questionnaire, with the addition of questions that either gave more context to the responses, or facilitated a free-flowing conversation on the telephone. The on-line survey did have a number of duplicate questions (For example in relation to activities), which remained within the telephone survey in order to allow for comparative responses to those made on line. The questions asked and guidance notes for the survey are attached in appendix 1. A number of AUKLS Lay Inspectors offered to help with the survey, but as numbers of respondents remained low, all interviews were conducted by the Lay Inspector Lead employed by AUKLS.

The pre-determined response options for most of the questions took the "Strongly Agree -Neither Agree/Disagree, Strongly Disagree" format. Given the inconsistency of experience of most respondents to any given scenario, an "Always, Sometimes, Never" approach would have been more useful.

13 interviews were conducted over the telephone between January and early March 2021. They all followed a conversational approach in order to solicit qualitative information from the respondents, and an opportunity to add comments that have been included throughout the report in order to illustrate specific points made. None of the respondents had completed the earlier on-line survey. It is unfortunate that not more respondents could be identified, but it is felt that there were sufficient interviews to make some useful qualitative observations. A summary of all the responses is attached in appendix 2.

2. Profile of the Respondents

Of the 13 respondents:

- Three were residents of homes (All in Southwark)
- Four were spouses of the resident
- Four were children of the resident
- Two were friends or befrienders of the resident

3. Profile of the residents and their care homes

The survey spoke to respondents who were residents in all six older people's homes in Southwark, plus 4 out of borough homes. In summary:

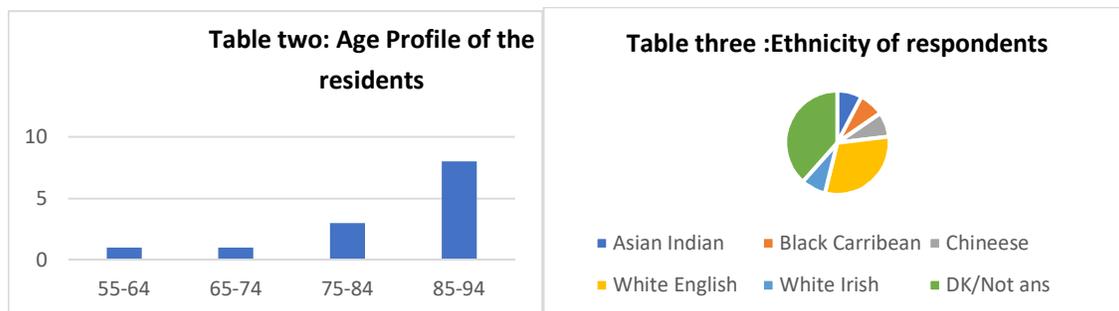
- Dementia was the primary factor given as to why a care home was needed and remained a recurrent theme throughout the conversations.
- Two of the residents appeared to have had "Deprivation of Liberty" notices applied. Three residents appeared to have no family to visit.
- Two residents interviewed maintain full mental capacity but required 24-hour care due to their frailty.
- Two residents had died within 12 months prior to the interview, but the views of their family members were included as their experience was still recent.
- One resident of a local home died shortly after his wife was interviewed.
- None of the deaths were covid related.

Table one: Care Homes where people resided

Homes inside Southwark						Homes outside of Southwark				
Twr B	Queens O Elms	Gr'nh've	Bl'grove	Rose C	W'terside	Arcacia	LB Karhu	Har	Greenvale	Pear Tree
2	1	1	1	1	2	1	1	1	1	1

Most interviews focused upon the Southwark care homes. The four family members interviewed with loved ones in homes outside of Southwark felt that the homes in borough did not meet their loved ones needs. One was due to cultural linguistic requirements, two were because of a need for more specialist care for early onset dementias and the latter purely the level of personalized care that was available in the chosen home (Within Lewisham). These four respondents tended to respond positively in all areas.

As the majority of interviews were conducted with family and friends, it was not possible to ask details comprehensively in relation to all protected characteristics of the residents other than gender and race. Most residents were in their 80s, although two people were significantly younger and had been placed due to early onset dementia. In keeping with the age profile of very oldest members of Southwark's population, the majority of residents were women (10) with the majority (but not exclusively) of those who provided an ethnic breakdown were white.



4. Experience during the covid pandemic

4.1 Quarantine Arrangements

All but one resident had moved into a care home before the pandemic. The most recent admission was in a temporary “step down” nursing bed to facilitate a timely hospital discharge.

“I was moved from the hospital late on a Friday night and wasn’t sure where I had been taken.

A further 3 residents had been readmitted to their care home after a hospital admission during the pandemic and been subject to quarantine arrangements.

All said staff explained why quarantine was necessary and residents felt covid safe.

Although one family member indicated that due to the manifestation of their parents’ dementia, they did not really understand what was happening. Several indicated problems understanding care staff because of the masks that they wore.

As masks are likely to remain for some time to come and given the issues of poor hearing so often experienced by older people, this is likely to be an ongoing issue.

“Mum was in hospital at the end of last year so had to be readmitted to the home so went through a period of isolation in her room and couldn’t mix with other residents”

4.2 Use of PPE

Six of the family members indicated that they simply did not know if PPE had been used or how swab tests had been applied, as they could not go to visit to check. All three care home residents we spoke to confirmed that PPE was used at all times. One respondent who visited her husband in the garden over the summer /autumn in 2020 felt that the home could have been more proactive ensuring that PPE was used by other visitors.

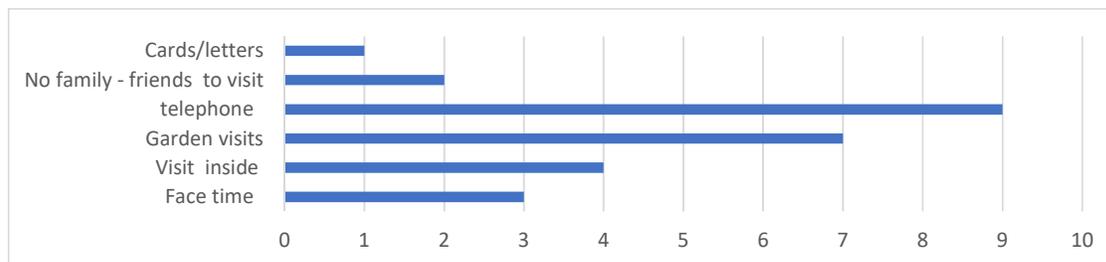
“Social Distancing and the wearing of masks by other visitors was not monitored during garden visits, and many families did not wear masks all the time and were physically hugging the resident they visited “

4.3 Contact and visits to residents

No one reported problems visiting their loved ones before the pandemic, although a number cited that in the evenings they may have to wait a while for the front door to be answered as less staff were

on site. Experience of garden visits and the use of electronic communication during the pandemic was more mixed.

Table four : Means of maintaining contact with Residents during the pandemic.



Respondents could choose as many methods of keeping in touch as they felt relevant. Telephoning remained the most common form of keeping in contact during the pandemic. Only three respondents had attempted to use some type of “Face time”, with none finding it a satisfactory means of keeping in touch. One respondent indicated that her husband became too upset and confused on a video call, and needed a care worker with him at all times to explain what was happening. Five respondents highlighted problems with WIFI and mobile signals not reaching residents rooms.

Four family members had been allowed limited visits inside the home, only one of which was in a Southwark home.

5. The quality of care provided

No-one reported that they felt unsafe or that there were any safeguarding concerns. However, one respondent did provide a neutral response to this question. On further discussion, their safety related to whole hospital discharge process into a care home. This resident appeared to have very few family and friends to provide them support.

Six out of the 13 respondents indicated either neutrally or negatively, that their privacy was compromised. For example, other residents (Living with dementia) coming into their room uninvited. Due to the WIFI and connectivity issues in residents’ rooms, a number of family members said the only effective way to contact was to ring on the main switchboard and speak on the communal telephone.

“We have not been able to have a private conversation all year”

Most respondents indicated that incidents were addressed quickly, although a number highlighted lack of responsiveness in relation to repairs

“Hit and miss- some things I have pointed out were not addressed the following week when I visited- so I personally went and found the handyperson and get them to address it there and then”

The term “Hit and miss” kept coming up time and time again, when respondents were asked about care staff. It was noted that night time staff were more likely to be agency or locum staff and did not know the residents as well as the daytime teams.

“Hit and Miss. There are many very good and kind carers, but there are others who only see it as a job”

Similarly, the importance of empathy and kindness as attributes of care staff were critical, with a number of respondents stating that they were not sure that training could address gaps in this area.

Table five: There are enough staff to meet the needs of residents

Strongly agree	Agree	Neither	Disagree	Strongly disagree
1	2	4	5	1

As table five highlights, only three respondents felt that there were sufficient staff generally on duty. Both the residents we spoke to who maintained full cognitive functionality, said that staff were the only people that they could have a “Proper” conversation.

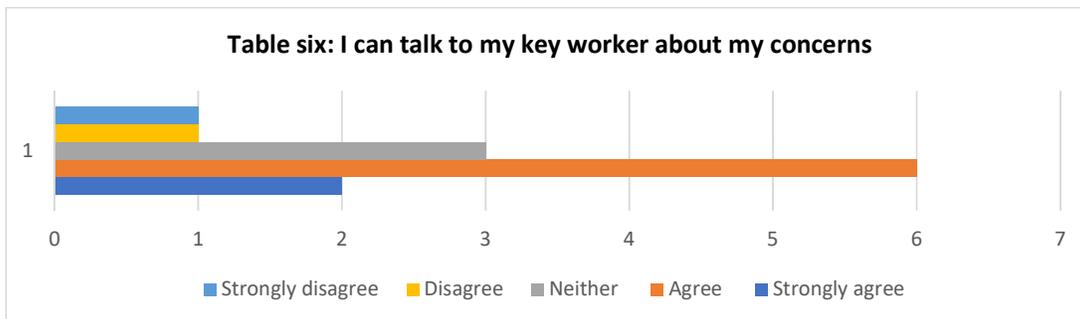
I am about the only person on the floor who does not have dementia and it can be quite lonely as you can't have a conversation – the staff are lovely but they are too busy to be able to give me too much time to chat.

“Staff are sometimes too busy to do the softer” well-being work with residents that make all the difference”

Although non-one indicated that basic levels of care were not being met, a view was often expressed that staff did not have time to give the level of personalized care desired.

Despite this, 10 out of the thirteen respondents said that the care staff did try to get to know them well.

Feedback regarding the key worker systems was more mixed.

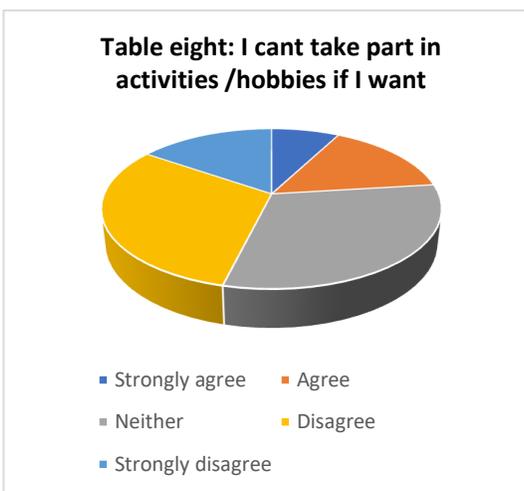


Although 8 respondents were positive about their key worker, there seemed to be inconsistency regarding to the caliber of key workers. A number of the family members interviewed indicated that they preferred or found it more productive to talk to the manager or deputy manager.

"I am not sure she has a key worker - but the manager is always very responsive and take our calls if we have concerns"

7. Activities and social contact

Access to activities and social contact that suited the individual residents’ needs was probably the area that showed greatest scope for improvement. The majority of respondents were either neutral or negative in their responses in this area. This applied to their pre covid experience as well as that during the pandemic.



The reasons cited for this were varied but included:

- Activities tended to be in groups and not everyone enjoyed group activities.
- Some families explained that due to complexity of their loved one’s dementia, “quieter” one to one activities and social contact was needed.

- The two residents interviewed who did not have dementia felt that activities were “dumbed down” and not suitable for them.
- Staff not having the time to engage in personalized 121 activities with individual residents.
- Welcome the chance to get out and go on short local trips

All respondents indicated that once covid conditions allow, more could be done to improve activities and social contact for residents. There good examples were given of care homes taking a creative approach.

My husband didn't like to get involved in activities, but he liked to sit in the reception as if he were a member of staff. He was especially interested in chatting to the maintenance guys as he used to be involved in that sort of work – they always made time for him and that really helped him settle in.

8. Access to NHS Treatment

Reassuringly all respondents indicated that they strongly or very strongly agreed that they had access to NHS care that the needed in the care home.

Appendix one

Lay Inspectors Care Home Telephone Survey Questions and Guidance Notes

Background

These notes provide guidance to volunteers undertaking care home quality telephone surveys trying to capture the experiences of residents within **care homes**. This work is expressly been commissioned by the council but cannot follow the usual lay inspector's relationship based and observational approach due to the ongoing covid restrictions. So, it has to be conducted over the telephone, as a pragmatic response until such time as we can get back into the homes. In the knowledge, that sadly for this telephone survey at least, very few residents will have either the physical or mental capacity to engage in the exercise.

We will however be exploring how we can develop the service to become part of a wider approach to ensure that good quality care is delivered for everyone, even those without families.

General Tips for filling in the form

You can complete the form electronically, either by entering an "X", a dot or highlighting the response answer in **bold**, and typing in any comments into the comment box. Alternatively, you can complete hard copies and I will socially distanced collect them once completed.

The vast majority of questions have been set by the council, and therefore we do not have a great deal of flexibility for this particular exercise. We have however added a number of questions that relate to the older person who lives in the home, in order to established a personalized portrait of the resident, as well as adding comment boxes under most questions to record any other relevant information that is given.

Always introduce yourself as a volunteer from Age UK Lewisham and Southwark, that we are relaunching the Lay Inspectors Service and until such time as it is safe to go back into care homes, we want to hear about people's experience of care: both prior and since the pandemic. It will probably take between 15 and 30 minutes to complete.

You can stress that the answers that they give will support the development of a local Care Charter for residential homes in Southwark, and therefore help to improve the quality care in the future. You can explain that this is a priority for Southwark Council, who are funding this work.

Make the discussions as conversational as possible, using the standardized questions set by the council as your guide to the conversation. Apply "Active Listening" techniques, for example give people time to think and accept silences, to recap what people have told you to ensure that you have understood what they meant and don't give your opinion unless it is asked for.

Speak clearly and slowly, being aware that if you are talking to a resident (and even some family members) there is a strong possibility that they may have memory issues, hearing impairment etc.

If you are speaking to a family member or friend, explain that we will record their personal contact details to ensure that we can feed back as required, but the questions relate to the

resident of the care home. Check with people responding if they have completed a survey over the past few weeks on line with the council. If so continue the interview, but make a note that they have also answered on line.

If you have any safeguarding concerns, report this immediately to the Lay Inspector Service Lead or other manager within Age UK Lewisham and Southwark. If they are not available, contact a manager at Age UK Lewisham and Southwark.

Stress that Age UK Lewisham and Southwark will not pass on personal details without express permission, other than if safeguarding concerns have been identified.

Section one - About the person in the care home

Question 1 What is your name /the name of the person living in the care home?

We have added this question, but it is optional and names will not be fed back to the council or care home (unless there are safeguarding concerns or we have formal consent to do so in any other circumstance).

Question 2 Tel me a bit about yourself / the person in the care home

We have added this question, as it is important for the respondent to feel that they have a chance to tell their own story. Please record some basic details, so we get a picture of the older person living in the care home. We will not feedback confidential information to the council, although it may help to provide some anonymised portraits. (with additional consent subsequently sought by the Lay Inspector Service Lead)

Question 3: Care Home do you live in? (Optional)

Just the name and provider if known, i.e. Greenhive – Anchor.

Question 4: How long have you lived in this Care Home?

The council want to ask this question to determine the experience of those who have moved into a care home under the pandemic. There is a space for comments on the admission process into a home, as it may have been quite complex for some people.

Section 2 - care home move and care staff support

These questions are **only** asked for people who have moved in to the home since **March 2020**, to seek the specific views of people who have entered a home since the start of the pandemic.

- **Question 5 When you first moved into the home, did you go into a 14-day isolation period?**
- **Question 6 Did the care staff help you to understand why you needed to isolate?**

The council wish to ensure that good infection controls for new residents have been enforced, and delivered in a person-centered way.

Section 3 - staff and personal protective clothing

All questions from this point on relate to **everyone**, irrespective of how long they have lived in the home

- **Question 7 How often are the care staff in personal protective clothing?**

This is being asked by the council to establish if protective clothing, masks, gloves etc, are being consistently worn by care staff. Please also make a note in the comment section if there are issues about cleaners, catering and other non-care staff are not wearing appropriate protective gear.

- **Question 8 Did the care staff help you to understand why they needed to wear protective clothing?**

This is being asked by the council to ensure that care staff maintain an ongoing and person-centered dialogue with residents about the need for PPE.

Section 4 - additional questions

These questions relate to **everyone**, and seek views on the experience of care provided by the home

- **Question 9. How often were you given opportunities to talk to and see your family and friends?**

This is being asked by the council to determine whether contact was facilitated by the home between residents and families during the pandemic. It may be useful to include some qualitative description in the comment box.

- **Question 10 Please describe the visits, were they through a digital screen, in the garden, through the window, etc.**

This question leaves free text to describe how the actual or virtual visits took place. It is unlikely that there were many family visits to homes since the pandemic (Other than end of life visits) but there may have been several different approaches used, so record all of them. Just provide brief details, (such as “a video call once a week using zoom”, “we were allowed to meet outside in the garden when the weather was good” “we could make one phone call per week) we know that WIFI connections are generally not great in care homes, so there may have been attempts to use google that were unproductive. All this is rich information to feed back.

- **Questions 11,12, 13,14,15 – relate to general good quality care.**

These are a series of questions set by the council to give respondents an opportunity to give their views on aspects of care being provided. These are expressed as a series of statements voiced by a resident and were co designed with older people and draw on best practice. They are likely to form the basis of a quality mark for the future Residential Care Charter.

You should explain that they will be asked which response feels most relevant for different aspects of care - “Strongly agree”, “Agree”, “Neither agree or disagree”, “Disagree” or “Strongly disagree”.

You can record any relevant qualitative comments made by the respondent in the comments box.

Section 5 - About you (the person completing the survey)

This section relates to the personal details of the person **completing** the survey,

- **Question 16 Are you:**

Just indicate if the person you are speaking to is either the resident of a care home a family member or some other type of relationship, i.e. friend etc.

- **Question 17 Did you take part in the on-line survey posted by the council in November/ December 2020?**

Check if they have already responded to the council’s on-line survey. We understand response so far has been very low indeed. However, if they have already responded, don’t worry as the responses they provide us are likely to be more qualitative and any double counting can be noted when reporting back.

- **Question 18: Contact details for the person completing the survey:**

You can stress that we will not pass on their personal details unless we are given express permission to do so (or there are safeguarding concerns that need to be immediately addressed). We would however would like to feed back to them the high-level outcome of the survey.

Section 6 - Equalities Questions

These questions are optional, but explain it helps us, the council and care homes to ensure that we represent the views of Southwark’s Diverse communities.

The council on line survey form does not include a question on ethnicity – but we have included the Age UK LandS categorizations of ethnicity, and will feed that back to the council.

Appendix 2 Summary of responses

Section One – About the person in the care home

1 SU profile summary	Older Person	Fam/Friend	3	10					
2. Summary	Early onset dementia	Dementia meant could not live at home	Frail but no dementia	2	9	2			
3. Name of care home (In borough homes on this line)	Queens O	Elms	Gr'nham 've	Bl'grave	W'side	Rose Crt	Tower B		
	1	1	1	1	1	2	2		
	Greenway	Pear Tree	Arcadia LBC	Karhu Harrow					
	1	1	1	1					
4. How long in home	Less than 5m	More than 5m	1	12					

Section 2 - care home move and care staff support

5. 14-day isolation	Yes	No	Don't know	4		
6. care staff help to understand isolate	Yes	No	Don't know	4	0	

Section 3 - staff and personal protective clothing

7. Care staff in PPE	All time	Most time	Sometimes	Never	DK	7	6
8. Care staff explain PPE	Yes	No	DK				

Section 4 – Quality of care additional questions

9. Opportunities to talk to and see friends +family					Daily	8				
10. Visits and contact during covid	Face time	Visit inside	Garden visits	telephone	No family - friends to visit	3	4	7	9	2

Q11	Strongly agree		Strongly disagree		
	Agree	Neither	Disagree	Disagree	disagree
I can take part in activities / hobbies if I want to	1	2	4	4	2
I have access to all the health/ NHS services that I need	6	7			
Staff deal with incidents and accidents quickly and openly and they learn from	1	8	3	1	
Staff are good at caring for my needs	1	8	4		
I can talk to my keyworker about my concerns	2	6	3	1	1

12	Strongly agree		Neither agree nor disagree		Strongly disagree
	Agree	Disagree	Disagree	disagree	disagree
Staff have a professional manner		11	1	1	
Staff are well trained to look after me		7	5	1	

13	Neither				
	Strongly agree	Agree	agree nor disagree	Disagree	Strongly disagree
When there is a change in staff, the quality of my care remains the same.		6	5	1	1
Staff are well trained to undertake 'wellbeing checks' and know when I am not feeling well		8	4	1	
Recently staff have had to take coronavirus swabs they explain to me what they are doing, and I understand why they need to do it		5	1		1

14	Neither					
	Strongly agree	Agree	agree nor disagree	Disagree	Strongly disagree	no family - friends
I can take part in activities	2	2	3	1	4	1

15. Quality of care	Neither				
	Strongly agree	Agree	agree nor disagree	Disagree	Strongly disagree
The care workers have a good understanding of what care you need from them.	3	6	2	1	1
The care workers know you well.	1	9	2		1

Section 5 - About the Person completing the survey				
16 Are you	Resident	Fam	Partner	Oth/friend
	3	4	4	2
17. On line survey	Yes	No		
		13		

Section 6 - Equalities Questions- about the resident in the care home								
19. Age	Under 45	45-54	55-64	65-74	75-84	85-94	95+	
			1	1	3	8		
20. Disabled	Yes	no	DK					
	13							
	Dementia	Sensory lo	Phys dis	MH	LD	LTC		
	11	3	8	2	1	13		
21. Sex	Male	Female	Pref not to say					
	3	10						
22. Sexual orient'	Hetro	Lesbian	Gay	Bi	Oth	Pref not to say	not ans	
	6						7	
		ASIAN					BLACK	
23. Ethnicity	Indian	Paki'stan	Bang '	Other		Afric	Carrib	Other Blk
	1							1

	Mxd white	Chinese + other		White		not asked			
	Wht+ Blk Carrib	Wht + Blk African	Wht + Asian	Chinese ethnic group	English	Irish	Scottish	Welsh	Other white
			1		4	1			4