

## APPENDIX 3

### Residential Care Charter update – Staff engagement – Update Jan 2021

#### 1.0 Introduction

- 1.1 This report provides a summary of the responses received during the Residential Care Charter engagement. The exercise was designed to gather feedback from residents, staff and managers in order to evaluate the current position and to confirm what needs to take place to develop a Southwark Residential Care Charter.
- 1.2 The aim of the Residential Care Charter is to raise standards of care in the residential and nursing care home sector within Southwark around the following key themes:
- Protecting and supporting residents
  - Terms and conditions of employees
  - Training and support for employees
  - Time to care – staff to resident ratios
  - Quality
- 1.3 This report focuses on the staff responses only. Insufficient responses were received from residents during the engagement process to produce any analysis.

#### 2.0 Summary of key improvements

- 2.1 The following recommended improvements are suggested in response to the staff feedback.

Theme	Improvement	Staff Impact	Financial Impact
Protecting and supporting residents	Review of staff ratios to provide better support to residents.	High	High
	Less paperwork and the use of technology to update client records to free up time to spend with residents.	Medium	Medium
Decent Pay for Quality Work	Better financial remuneration. <ul style="list-style-type: none"> <li>• Pay rise</li> <li>• Bonus</li> </ul>	High	High
Training and support for Employees	Improve balance of face-to-face training / e-learning	High	Medium
	Payment of training, to include e-learning completed at home	Medium	Medium
	Introduction / refresher courses available on the following subjects: <ul style="list-style-type: none"> <li>• End of life</li> <li>• Dealing with challenging behaviour</li> <li>• Dementia awareness</li> <li>• Mental capacity &amp; DOLS</li> <li>• Safeguarding</li> </ul>	Medium	Medium

	<ul style="list-style-type: none"> <li>Testing for infectious conditions 'swabbing' and storage</li> </ul>		
Time to care	Monthly shift pattern with weekly update	Medium	Low
	Paid handovers between shifts	Medium	Medium
Other improvements	Improved joint working / interaction between care homes, social worker and brokerage	Medium	Low

2.2 The full range of suggested improvements for improving trust and recognition are provided below.

Recognition Type	Detail	Financial Impact
Informal recognition	Thanks for doing a good job	Low
	Celebrating staff birthday and special occasions	Low
	Feeling like the manager listens to them and acts on issues raised	Low
	Feeling motivated and supported by management	Low
	Opinions could be valued more and taken into account. Frequent team meeting Supervision (1-2-1)	Low
Formal Recognition	Employer of the Month with a voucher	Low
	Free cooked meals at work during COVID-19	Medium
	Annual staff awards	Medium
	Pay rise	High
	Yearly bonus	High
	Extra bonus from the Council to acknowledge how well staff perform-Collective opinion of staff was to have a financial incentive	High
	Gym equipment for staff to use during breaks	Medium

### 3.0 Results

#### 3.1 Breakdown of responses by Care Home

	Anchor (Rose Court)	Tower Bridge	Athol House	Queens Oak	Unknown	Total
Questionnaires	0	23	0	13	7	43
Engagement Session	6	7	0	0	0	13
<b>Total</b>	<b>6</b>	<b>30</b>	<b>0</b>	<b>13</b>	<b>7</b>	<b>56</b>

- *The Athol house session was attended by 6 managers, their feedback has been included in the analysis.*

#### 3.2 Protecting and supporting residents

3.2.1 Staff gave the following responses in relation to their ability to protect and support residents.

	<b>Strongly agree and Agree</b>	<b>Neither agree or disagree</b>	<b>Somewhat disagree</b>	<b>Disagree and Strongly disagree</b>	<b>Not Answered</b>
I have knowledge of the procedures to follow if concerns are raised	88.4%	4.7%	0.0%	2.3%	4.7%
My organisation acts on concerns raised by patients / service users.	79.1%	11.6%	7.0%	0.0%	2.3%
I have adequate materials, supplies and equipment to do my work.	76.8%	4.7%	16.3%	2.3%	0.0%
There are enough staff to resident ratios for me to do my job properly	55.8%	32.6%	4.7%	7.0%	0.0%

3.2.2 Only 55% of staff that completed the survey agreed that there were enough staff to resident ratios for them to do their job properly.

3.2.3 Staff ratios received a mixed response during the face-to-face staff sessions. Some staff reported sufficient numbers with others expressing the desire to have more time to care to enjoy working with residents in that moment.  
Staff fed back the following:

- If there is staffing shortage, we just take more time to do the job.
- There needs to be a recognition that for the residents this is their home
- It is not all task orientated if it is then it takes something away, but not enough staff so this is compromised.
- We need more time with residents, less paperwork by using electronic care records. Better use of technology to free up time to care

3.2.4 Further areas where improvement to the way residents can be protected and supported were identified:

- Knowing the person and understanding their culture.
- Variety of food provision
- To be proactive not reactive
- Updated facilities (present premises are dated)
- Greater funding resource for activities for residents, to provide tailored activity packages for all residents according to differing abilities
- Use of technology (e.g., mobile phones with apps to support electronic updating of client care records) would free up staff time to provide care
- Improvements to the job person specification to recruit the people with the right personal attributes to enable them to care.

### **3.3 Decent Pay for Quality Work**

3.3.1 No staff were are on zero hours contracts.

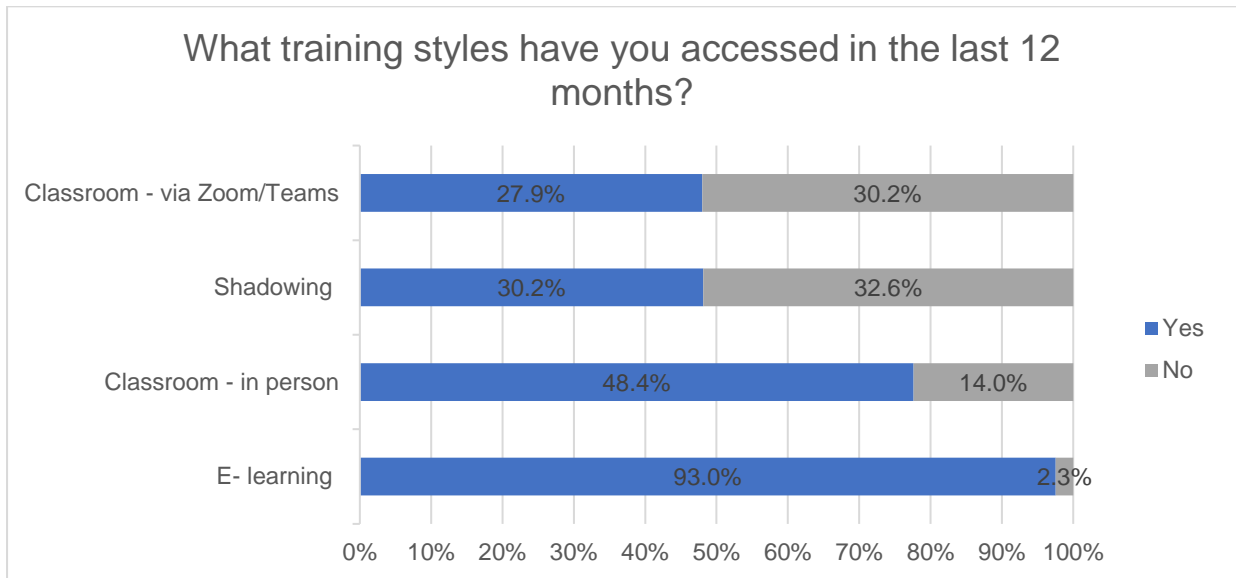
3.3.2 Questions about pay were not included in the staff survey, however staff identified the following areas where pay could be used to demonstrate they were trusted and recognised for their hard work:

- Better financial remuneration.
- Pay rise
- Yearly bonus
- Extra bonus from the Council to acknowledge how well staff perform-Collective opinion of staff was to have a financial incentive

### 3.4 Training and Support for Employees

#### 3.4.1 Training Method

- E-learning was the method of training most used in the last 12 months, although the majority of staff (69%) preferred classroom in person training.
- The preference for face-to-face training was reinforced during the face-to-face sessions.



What type of training style would you like to see more of?	Total	Percent
Classroom - in person	30	69.9%
Classroom - Via Zoom/Teams	9	20.9%
E learning	14	32.6%
Shadowing	10	23.3%
Not Answered	4	9.30%

### 3.4.2 Training Content

- Dementia and mental capacity were amongst the top 10 requested training in the survey. During the face-to-face sessions staff mentioned need for End-of-Life training and dealing with challenging behaviours.

1	Dementia awareness	55.8%
2	Mental capacity & DOLS	53.5%
3	Safeguarding	51.2%
4	Testing for infectious conditions 'swabbing' and storage	44.2%
5	Falls awareness	41.9%
6	Infection Control and Prevention – reducing cross contamination	41.9%
7	Equality & diversity	39.5%
8	Moving & handling	39.5%
9	Health and safety	39.5%
10	Deteriorating adults	39.5%

### 3.4.3 Training During Work Time

- The majority of staff (72%) are provided with free training in work time with cover to enable them to attend.

Are you provided with free training during work time?	Total	Percent
Yes	31	72.09%
No	3	6.98%
Don't know	7	16.28%
Not Answered	2	4.65%

- Each care home had different rules around payment for training. A summary of the responses to this question are provided below:
  - Paid if you come into the home for 2 hours.
  - Not meant to do on shift and most do it at home where it's not paid
  - Staff get paid if working on their day off
  - Staff don't get paid extra for carrying out e-learning on days off
  - Staff felt they should be paid for home-based e-learning.

### 3.4.3 Further feedback on training.

- Ensure process for refresher and renewal of certificates for clinical practice.
- Different types of training such as 'learning sets'.
- Internal training needed to improve job and skills
- Staff skills and competencies developed through training and kept update

### 3.5 Time to care

3.5.1 Staff were informed about their shift patterns monthly and weekly. 72% of staff were happy with this frequency.

How often are you informed of your shift patterns?	Total	Percent
Weekly	18	41.9%
Fortnightly	2	4.7%
Every 3 weeks	0	0.0%
Monthly	13	30.2%
Other, please specify	7	16.3%
Not Answered	3	7.0%

3.5.2 The following feedback was received during the staff sessions about the time available to care.

- Time to care for them is about quality not quantity.
- Having sufficient time to provide high quality, personalised care to residents is critical
- There are occasions when they don't have sufficient time to care on account of the complex needs of some residents.
- Handovers to enable incoming shift to understand particular needs and challenges for individual residents.
- Staff have 3 shift handovers of 30mins each during 24-hour period that they feel is sufficient to enable them to care effectively for residents.
- Staff are also paid for handover sessions between shifts.
- Staff feel that this approach also enables better use of time in providing care and support.

### 3.6 Trust and Recognition

3.6.2 There were no questions about trust and recognition contained within the survey, it was however discussed in detail at all the face-to-face sessions.

3.6.3 Below is a summary of the range of formal and informal recognition valued by staff.

Recognition Type	Detail	Financial Impact
Informal recognition	Thanks for doing a good job	Low
	Celebrating staff birthday and special occasions	Low
	Feeling like the manager listens to them and acts on issues raised	Low
	Feeling motivated and supported by management	Low
	Opinions could be valued more and taken into account. Frequent team meeting Supervision (1-2-1)	Low
Formal Recognition	Employer of the Month with a voucher	Low
	Free cooked meals at work during COVID-19	Medium
	Annual staff awards	Medium
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	Gym equipment for staff to use during breaks	Medium

### 3.7 Other areas for improvement

3.7.1 Staff fed back the need for greater responsiveness from partner organisations and other external bodies. There is a need for more support from Social workers, no social worker called throughout the lockdown to find out how the clients were doing. In addition, response times for social workers can be slow at times.



## **Appendix 1 Engagement Approach – All Groups**

### **1.0 Introduction**

- 1.1 An approach to engaging with the Care Homes was agreed in February 2020, this was amended due to the impact of the COVID19 pandemic on care homes.
- 1.2 The preferred approach would have been to meet with resident's face to face, working in small groups or one-to-one to engage at a measured pace and in a sensitive way, this approach would have allowed colleagues to provide physical support to residents to help them to answer the questions, this would have taken place during pre-existing events such as coffee mornings and carers meetings.
- 1.3 Meetings with staff would have also taken place face-to-face at team meetings, in contrast to residents it was presumed that the staff would find the online survey accessible and easy to engage with.
- 1.4 Due to COVID19 there has been a national restriction on visitors in care home settings since March 2020, this limits the opportunity to meet with either residents or staff face to face in these settings.

### **2.0 Change of Approach**

- 2.1 During the first wave of COVID19, the work on the Residential Care Charter was paused with many business-as-usual activities to allow staff to focus work during the emergency period. The Council and CCG went into recovery mode in July 2020 and this this work was reinstated as a priority for The Council. Despite this, the ongoing restrictions to Care Home visitors meant the approach to engagement shifted towards online and virtual meetings.

### **3.0 Staff Engagement**

- 3.1 Between August 2020 and December 2020, officers made the following attempts to encourage Care Home staff and managers to engage with the consultation:
  - Emails sent to encourage take up off the survey
  - Survey discussed on weekly calls to Care homes
  - Following feedback from staff experiencing difficulty with the online survey; paper surveys were distributed and collected from the Care Homes
  - Offers of virtual meetings with staff during handovers and other times to suit their shift patterns.
- 3.2 Despite attempts to increase uptake of the survey, the timing of the engagement was not appropriate in most cases as Care Home staff are predominately focused on controlling infections within their homes to prevent outbreaks. During this time Care Home staff and managers have been grappling with the complexity of data submissions, training, dealing with staff absences and loss of residents; it has been difficult to escalate this work as a priority.

### **4.0 Resident Engagement**

- 4.1 Lay Inspectors were appointed to support engagement with residents. They have also experienced challenges contacting residents and family under the current enhanced COVID19 restrictions and the subsequent challenges across the sector.

4.2 A summary of their activity to date is provided below:

Dec 20	AKULS have two active volunteers to support with the survey
8/12/20	All homes contacted  Acknowledgement received from Tower Bridge and Queens Oak (QO indicated that they would be too busy to disseminate information till the new year)
14/12/20	Anchor homes contacted via email
21/12/20	Flyer sent to all homes to send to residents electronically. No response received.

4.3 Alternative approaches used to contact families:

- Through internal and external Age UK Land S communication (i.e., sending out details of the survey on Twitter)
- Mail outs to COPSINs and other voluntary sector partners (Alzheimer's Society, Southwark Pensioner's Centre, etc) Carers Well Being Hub etc
- Older people network within Southwark- such as Former Lay Inspectors, Southwark Pensioner's Action Group etc.
- Social Care – in order to publicise the work

4.4 Current position – 18/01/21 – There are 5 family members potentially lined up through the voluntary and community contacts.

## Appendix 2 - Demographic Information – Survey Results

### Sex

	<b>Total</b>	<b>Percent</b>
<b>Male</b>	8	18.60%
<b>Female</b>	33	76.74%
<b>Not Answered</b>	2	4.65%

### Sexual orientation

	<b>Total</b>	<b>Percent</b>
<b>Heterosexual/straight</b>	33	76.74%
<b>Lesbian/Gay woman</b>	1	2.33%
<b>Gay man</b>	0	0.00%
<b>Bi-sexual</b>	0	0.00%
<b>Other (please specify if you wish)</b>	0	0.00%
<b>Prefer not to say</b>	3	6.98%
<b>Not Answered</b>	6	13.95%

### Ethnicity

	<b>Total</b>	<b>Percent</b>
<b>White British</b>	6	13.95%
<b>White Irish</b>	0	0.00%
<b>White English</b>	0	0.00%
<b>White Scottish</b>	0	0.00%
<b>White Welsh</b>	0	0.00%
<b>White Northern Irish</b>	0	0.00%
<b>Other European</b>	0	0.00%
<b>Other White (please specify if you wish)</b>	0	0.00%
<b>Black British</b>	5	11.63%
<b>Black Caribbean</b>	2	4.65%
<b>Nigerian</b>	1	2.33%
<b>Ghanaian</b>	0	0.00%
<b>Sierra Leonean</b>	2	4.65%
<b>Somali</b>	0	0.00%
<b>Other African</b>	9	20.93%
<b>Other Black (please specify if you wish)</b>	0	0.00%
<b>Asian British</b>	0	0.00%
<b>Indian</b>	0	0.00%
<b>Bengali</b>	3	6.98%
<b>Chinese</b>	0	0.00%
<b>Pakistani</b>	0	0.00%
<b>Vietnamese</b>	0	0.00%

<b>Filipino</b>	2	4.65%
<b>Any other Asian (please specify if you wish)</b>	0	0.00%
<b>Mixed white/Black Caribbean</b>	0	0.00%
<b>Mixed White Black African</b>	0	0.00%
<b>Mixed White/Asian</b>	0	0.00%
<b>Other Mixed background (please specify if you wish)</b>	1	2.33%
<b>Latin American</b>	0	0.00%
<b>Gypsy, Roma or Irish Traveller</b>	0	0.00%
<b>Other ethnic background (please specify if you wish)</b>	4	9.30%
<b>Not Answered</b>	8	18.60%