healthwatch Sheffield

What matters to us

Older people's experiences of living in a care home

Contents

Report summary

This summary outlines the key findings and recommendations of interviews undertaken by Healthwatch Sheffield with residents of residential and nursing home and their relatives during July-August 2022.

We wanted to understand more about older people's experience of living in a care home in order to help shape the work taking place around the provision of adult social care in Sheffield. Our aim is to include the voice of residents in care homes so that commissioners can develop specifications for a service that best fits in with their needs and what is important to them.

This report is the result of speaking to 16 older people living in residential and nursing care homes in Sheffield. We also spoke to 5 relatives of care home residents, visited 6 homes and heard about another 2 which we were unable to visit. The care homes in this short study were the ones that were happy for us to visit and speak to their residents.

Our findings suggest that having the opportunity to choose which care home they moved to, as well as having choices in aspects of everyday living, such as food, was of high importance to residents. The ability to influence changes within the care home was not an opportunity that most felt was available to them, whether the changes they suggested were large or small.

Positive relationships with other residents and staff were highly important for a sense of connection and self-worth, particularly for those who had no available family or friends or for those in care homes who relied on agency staff. Whilst residents largely felt that their private rooms were adequate for their needs, most residents spoke of their wish to go outdoors and take part in activities that felt meaningful to them. Most people reported good access to healthcare and additional services such as dentist, optician and chiropodist, whether they chose to see them or not.

There are a number of examples throughout the report where we have focussed on good practice and innovation in the care homes. One home was holding regular resident's meetings, whilst another was facilitating friendships amongst the residents. There was also innovation in the use of space and activities in which residents took part and found stimulating.

We have made a number of recommendations for commissioners and providers of residential and nursing care homes in Sheffield. These are detailed on page 17 and can be summarised as:

- Keep good access to healthcare, including GPs
- Improve information given to residents and families before moving into a care home
- Staff who are able to get to know the residents
- The council should check with individual homes to see how they are hearing the views of residents and relatives and acting on them
- Share ideas and resources to help homes offer a range of activities and connect residents with communities, support social interaction and friendships within the home, and prevent and manage conflict between residents
- Care plans need to be clear about how residents will be supported to do things that matter to them
- There is a need to better understand the experiences of older people from black and minority ethnic groups

Introduction

Within the NHS Long Term Plan (2019)[1] the commitment to the Ageing Well Programme and specifically, a proactive model of Enhanced Health in Care Homes (2020)[2]. There is a recognition for the need for collaborative working across health and social care sectors to enable people living in care homes to have the same level of support as if they were living in their own homes.

Residential care for older people is an area which has experienced huge challenges over the last two years. Recognising both the legacy of the pandemic, the rising cost of living and their ongoing impact in this setting, we wanted to understand more about older people's experience of living in a care home.

Locally, there is current work taking place around adult social care, specifically looking at residential care for older people and what this provision might look like in the future. This will explore how there can be a more consistent approach in the offer from the care homes across the city, so that more residents experience a service which fits in with their needs, and what is important to them.

The Care Quality Commission (CQC) are the independent regulators of health and social care in England, they monitor, inspect, regulate services and produce performance ratings. The published ratings are a tool that people can use to help them choose their care home. Sheffield has approximately 75 care homes for older people aged 65+ These include those that are either residential, nursing, or that combine both.

The two tables on the next page show how the local authority area of Sheffield compares to the rest of England and other similar areas[3]. It can be seen that the ratings for care homes are mostly 'Good' and whilst there was only one 'Outstanding' home at the time that the tables were published, the numbers that 'Require improvement' or have been identified 'Inadequate' are lower than for England and other similar areas, as a whole.

Hearing from older people in residential care was one of the Healthwatch Sheffield priorities for 2022-23. We aimed to speak to current residents in care homes to understand and share their experience, in order that their perspectives are included in the future planning of services that affect them.

[1] https://www.longtermplan.nhs.uk/
[2] https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/
[3] CQC: Sheffield Local Authority area profile – Older people's pathway (area level analytics) 18th March 2020.

CQC ratings for Nursing Homes

Area	Inadequate	Requires improvement	Good	Outstanding	Unrated
Sheffield	0% (0)	16% (7)	78% (35)	2% (1)	4% (2)
England	2%	21%	69%	5%	3%
Similar areas	2%	20%	71%	4%	3%

CQC ratings for Residential Homes

Area	Inadequate	Requires improvement	Good	Outstanding	Unrated
Sheffield	1% (1)	7% (5)	85% (60)	0% (0)	7% (5)
England	1%	13%	79%	4%	2%
Similar areas	1%	13%	80%	5%	3%

What we did

How we chose the homes

We identified the care homes to visit in terms of their CQC rating, the size of the companies they were a part of and their geographical location. We had a limited time period in which to interview the residents, so we wanted to make sure that the homes were representative of the type and availability of care in Sheffield.

Altogether, six care homes agreed to be part of the project and invited us to speak to their residents.

Residential (R) or Nursing (N)	Sheffield postcode area	Size of care home group (number of homes)	Number of beds	CQC Rating
N	S11	6	46	Requires improvement
N	S10	28	52	Good
R	S35	1	38	Good
R	S5	99	60	Good
R	S9	8	21	Good
R	S9	9	40	Good

We also conducted a small social media campaign targeted at the relatives of older people living in care homes. This produced two further contacts who provided information on the experiences of residents and their families at two additional care homes.

Residential (R) or Nursing (N)	Sheffield postcode area	Size of care home group (number of homes)	Number of beds	CQC Rating
R	S10	11	32	Good
N	S11	130	70	Good

Who we heard from

At these homes, we spoke to 16 residents aged 65+ We also heard from five relatives of residents and have included their perceptions and experiences in our findings. Approximately 90% of adults receiving support in a nursing or residential care home are of a white ethnic background[4] and the demographic profile of our respondents reflects this. All 21 respondents were of a white British background and only two were male.

Altogether we spoke to 21 people.

What we asked people about

The interviews with residents were semi-structured to cover these broad areas;

- The process of moving into the home
- The physical environment of the home
- Their care and support needs
- The social aspects of their care
- Their access to healthcare

We were interested in understanding what works and what doesn't work for people, as well as what they would like to change or improve. There were opportunities throughout the conversation for residents to tell us about their own priorities.

[4] https://www.ethnicity-facts-figures.service.gov.uk/health/social-care/adult-social-care-long-term-support/latest

Findings

1. Choices are empowering

Most of the people we spoke to felt that they had had no choice but to go into a care home and thought that the decision had been made for them by their relatives, this had caused significant upset for many residents. Those who had accepted the decision, whether made on their behalf or otherwise, were the residents who had felt some control over the choice of care home:

> "It's heart breaking to have to leave your own home. It's in the back of your mind, you try not to think about it, but you can't help feeling upset"

> "I would have never chosen to come to a place like this"

> "My son found me on the floor and said he had to take me to a care home. I wasn't happy at first but it was the best thing for me, it's a beautiful care home. I said – I like that one there because I used to go to Morrison's and I said that looks nice, I never thought I'd end up there, so when he said we'll have to get you in a care home, I said – Oh, get me in that one. He made the decision, but I chose it"

The process of moving into a care home is complex and needs support

Many of the people that we spoke to had tried different care options before taking residence in their current care home. Those who had transferred directly from hospital with the support of a Social Worker had the most positive and straightforward experience. The residents with the more complex personal situations felt unsupported as they and their families attempted to find solutions to ongoing and sometimes suddenly changing care needs.

> "I had adaptations at home, but it got to the point where I couldn't get upstairs, I then got a flat at [assisted living] but then the walks got to be too far and too difficult, even though I was supported, it wasn't enough"

> "Mum has had a number of hip operations and has been around a number of care homes. She had also had carers at home, but we decided that wasn't enough – she needed more care than they were able to provide. From [a year ago] she would go from hospital to care home to her home for a few weeks where she fell and ended up in hospital again – this cycle went on for months until we decided that she needed something more permanent"

> "I don't know what would have made the process of getting dad into a care home easier or less stressful, but it would have been good to have been able to talk

through different approaches with someone, even if just on the phone. We had so many fears and questions."

Food is of the utmost importance

The food provided at the care homes was of high importance to all the residents interviewed. Everybody said that they had a degree of choice in the menu which was usually chosen the day before. The range of food offered appeared to be variable in both quality and presentation. Whilst some indicated that they loved the food and enjoyed all the mealtimes, others were unhappy with the quality and the presentation.

> "It's well balanced and has the feel of home cooking"

> "The food has changed since I've been here, I think they've been cutting back on costs, the mashed potato is now dehydrated and when you pick it up it runs straight through your fork. We're also getting frozen carrots"

> "I don't like the food, if they bring you a plate, it looks like it's all been mashed up together. I like my food in separate portions"

Having personal choices at meal times

Despite sometimes limited menu options, most residents still felt that they could exercise some personal choice outside of it:

> "If I don't like it, I'll say – I don't want that and so they'll bring me a sandwich"

Others felt that their personal preferences were not being met:

> "I want the food to be drier, there's too much gravy, I tell them but they're too busy, so they do the same to everyone"

Only one resident indicated dietary needs which they felt were well catered for and supported:

> "I am a vegetarian and they are great, there is always something that I can have. I am very, very vegetarian"

Making changes is a challenge

Discussing the possibility of making changes to any aspect of life at the care home was a difficult conversation to have. The responses to it generally fell into three main areas; those who didn't want to make changes but felt they could if they wanted to; those who were resigned to things as they were at the care home and couldn't see the point of attempting any changes. Of concern were a majority who were worried that by suggesting changes they would cause difficulties for themselves or for others. There appeared to be very few

opportunities for residents to feedback or make suggestions about aspects of their life in the care home. When those opportunities did occur and feedback wasn't acted upon, it would be disappointing to those taking part.

> "I feel I could change anything if I wanted to"

> "We get asked opinions on things but they don't do anything about it, so there's no point"

> "Change? That's a leading question, you'll get me into trouble!"

Once reassured, residents had many suggestions to make about personal preferences that would make them happier and thoughts on care home management that could be useful to staff:

> "I am not keen on the way the finances are managed.. they keep sending me letters saying that I'm overdue on my payment when it's my son who's dealing with it. I find it really upsetting"

> "I really like clothes, I could do with a bigger wardrobe"

> "I'd like the toast done properly, often it's brown on one side and white on the other, like it hasn't been turned over"

> "It'd be better if they got the clothes out and ready the night before, the morning staff are very rushed and it would make everything easier"

> "If I need something [from the shop] I'd like to get my own things, I'd like to pick what I want myself, not have someone get it for me"

> "There are lots of things I'd like to change"

> "I don't like people with no socks and shoes on"

> "I don't have any money in my pocket, that annoys me"

Good practice – Successful residents' meetings

One care home hold quarterly residents' meetings where they collectively talk about decisions that affect them. This could be as simple as deciding on the next outing, changing the menu or suggesting activities they might enjoy.

> "We are all included, we have resident's meetings where we can have our say"

2. People value relationships and a sense of connection

Staff are the bridge between care and support

The staff working in the care homes are often the only people that residents have every day contact with. Everybody reported that the carers were available to help and assist, but there were various limits on the personal exchanges that could take place in the course of a normal day. The time pressures that staff were under and the use of agency staff meant that residents often felt they could not build relationships, didn't feel valued and in some cases felt uncertain about the ability of agency staff to manage equipment.

> "We don't understand each other and they [agency staff] don't know what they're doing. The first day here an agency worker helped me have a bath, it was terrible, she didn't know how to operate the seat and I kept slipping off. It took five people to get me out of the bath. I refuse the agency staff now, I'd rather not have a bath. I want staff that I know and who know what they're doing"

> "The carers, they listen to you but they're that busy going from one place to another that even they forget things"

> "I've made good friends with one of the cleaners, she sits and chats for ten minutes before she starts her work, she makes me feel wanted"

Supportive family and friends

Some of the residents had close and supportive families and friends, this made their residential experience at the care home much more positive. Family and friends not only visit and engage, but also provide necessary items and take residents out of the home. This makes a big difference to a resident's quality of life.

Those residents who are not fortunate enough to have the same level of support and social contact with family and friends, often have a much more negative experience of living in a care home.

> "My daughter is bringing a TV for me as the one here doesn't work well"

> "My sons visit every week and I had wonderful neighbours, they come every month. I have a lot of visitors"

> "My son took me out for a surprise meet up with all my sisters at the pub!"

Sally doesn't have any family close by and is dependent on the care home for all her needs. She isn't mobile and cannot go outdoors alone. Sally likes to go out to look at the world outside the care home, unfortunately the last time she remembers going out was last year, when a member of staff took her to ASDA in her wheelchair.

Sarah likes nice food and her daughter's friend brings her dishes – she leaves them at the front desk and the staff look after them. The friend also makes sure she has plenty of butter:

> "It has to be [brand], everything else don't taste right, she brings me big tubs of it and the staff put it in the fridge for me"

Communal living can be challenging

Living with other residents can be a big lifestyle change for older people living in care homes. Whilst some enjoy the sociability and endeavour to make new friends and acquaintances, others prefer to stay in their rooms and limit their contact with others. Where friendships occurred, these were largely facilitated by staff. There can be difficulties when people don't feel that they can relate to other residents, or find it hard to communicate with them. This can result in them either becoming isolated themselves or getting into direct conflict with others.

> "I'm disconnected from people, nobody cares or talks"

> "I'll talk to anybody but I like to be in my room, I put my television on and have my wordsearch. They ask – why do you always go back to your room? But when I'm there, they [other residents] just fall asleep"

Julia likes to mostly stay in her room with the door open. She has to have a child gate across it because otherwise people wander in and sometimes take things:

> "She wandered in and picked up the photo and walked off with it, and I can't get out of my chair on my own so I was shouting at her – Hey you! Give me that back!"

Good practice – Facilitating friendships

One care home facilitates friendships among the residents based on shared experiences. In one instance, an introduction and a suggestion that residents sit together for a meal was enough to establish a positive and long-lasting social routine.

> "Four of us started here together and we all had our meals together, breakfast, lunch and dinner. We still do"

3. People want to live in an enabling environment

Freedom, private space and homeliness

When talking about the physical space and atmosphere of the care home, the residents primarily spoke about their ability to move around and get outside, for those that could – care homes were largely accessible. The private space of the bedrooms and the ability to personalise them and make them 'homely' was very important to those that liked to spend time on their own, and whilst some commented on the small size of their private space, most thought it was adequate to their needs.

> "My son brought me everything I treasured from home, it's like a home from home"

> "The thing that I value most about [care home] is that I feel I have freedom. I have limited mobility but can come and go as I please and my husband can visit as often as he likes and stay as long as he likes"

Innovation – Original use of space

Using a lot of imagination and some decoration, one care home have created a simple community feel. A couple of sheds in the garden have been transformed into a café and a pub. There is also a small sweet shop and a sensory outdoor space. Consequently, a short walk in the garden feels like a trip outside. Inside the home, a small room functions as a beauty parlour and resident's artwork and photos cover the walls. Residents appeared active and engaged with a fun and stimulating environment.

> "She seems more engaged, she's definitely speaking more and appears to remember things better, I think she's getting more stimulation than she was at home"
>
> [Daughter of resident]

Creative activities that maintain identity and promote independence

The range of activities available and levels of participation in them, varied greatly across the care homes. Whilst residents at some homes were active and stimulated, others had very low levels of participation. People spoke of activities that felt childish to them, whilst others mourned lost skills and felt disheartened. Residents who were engaged and active would talk about the range and variety of activities they took part in, these might include simple games indoors, events in the garden to which visitors are invited but most importantly – most people enjoyed and benefitted from the occasional trip outside.

> "I don't like activities that treat you like a child, I don't like to be given crayons or felt tips"

> "Yesterday we had a lot of visitors, it were lovely, it were like a car boot – I love car boots!"

> "I get taken to places I wouldn't normally go to, we go to the pub and to the park and we go bowling"

Activities that support the individual

"She used to love doing cross stitch and they've got her back into doing it, she's supervised with it, but it's great seeing her doing something she loved" [Daughter of resident]

Activities that support the whole family

"Mum misses dad since he's been in the care home, so they've been organising activities that mum can also take part in. They took them on a seated cycle ride round the park and they really loved it, they waved to passers-by and had a lovely time together" [Daughter of resident, talking about Cycling Without Age - Sheffield]

How does this fit with national guidance?

National Institute for Health and Care Excellence (NICE) guidance: Mental wellbeing of older people in care homes

Quality Statement 1: Participation in meaningful activity[5]

Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living, that helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained.

Quality Statement 2: Personal Identity[6]

Older people in care homes are enabled to maintain and develop their personal identity.

It is important that staff working with older people in care homes are aware of the personal history of the people they care for and respect their interests, beliefs and the importance of their personal possessions. Older people should be involved in decision-making and supported and enabled to express who they are as an individual and what they want. They should be able to make their own choices whenever possible. Enabling older people to maintain their personal identity during and after their move to a care home promotes dignity and has a positive impact on their sense of identity and mental wellbeing.

[5] https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity
[6] https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-2-Personal-identity

4. High satisfaction with the access to healthcare at a care home

Residents had varying levels of healthcare needs and all reported that they were happy with how their general health was being managed. For many, moving into a care home has meant that it has been easier to get the appointments they need. All of the residents that we spoke to had access to an optician, dentist and chiropodists and were free to choose whether they saw them or not. These services visited the homes on a regular basis and occasionally, residents were accompanied to an appointment to see them outside the care home.

> "Even when I was at home, I couldn't get an appointment with the doctor, I haven't seen my own doctor for years. One comes here every week, I just have to ask – When's the doctor coming again? - Well, he's here on Monday - Well when he comes, can I have a word with him?"

> "If you have anything that annoys you [medically] and you tell them, they sort it out straightaway"

> "A nurse comes periodically to test my blood for diabetes, they deal with all that"

Conclusions

In some instances, both relatives and residents saw the move to the care home as a positive experience, either because the conditions were better than they had previously, or because of the high quality of the care home:

> "I've been better since I've been here"

> "We're very lucky that mum and dad can afford to pay for dad to be in such a good care home, you get what you pay for"

For others, residency comes with a degree of resignation or upset:

> "I keep myself to myself, I'm a brave person with a lot of will power so I've just got used to it"

> "I would like to go home"

Making the change to live in a care home is an experience that needs to include the individual's choices and decisions that will maintain their identity and independence. The role of family and friends in supporting the older person is of utmost importance, and whilst the care home staff can help facilitate many of these important relationships and connections, they also need to have the time available to undertake this effectively.

Within the limits of the conversations that we had with residents of care homes in Sheffield, there is further work needed to understand how effectively some of the strategies used by care homes work in practice, particularly around getting and acting on feedback from residents.

Further work is also recommended to understand the apparent lack of representation within the care homes of older people from Black and minority ethnic groups.

Recommendations

Recognising the challenging conditions in which care homes are currently running, these recommendations are aimed at a range of stakeholders who could support care homes with this work. It is important that they are approached collaboratively with the local authority and health services having a key role to play.

1. Keep good access to healthcare, including GPs

Where residents have good access to primary healthcare, it can make a significant difference to their quality of life. When planning the development of residential or nursing care homes, the Integrated Care Board (ICB) needs to be aware of developments to help them in the commissioning of primary healthcare services in the area.

2. Improve information given to residents and families before moving into a care home

The journey into the care home needs to be consistent for both state and self-funded residents. This should be supported with signposting information and advice for relatives and residents, so that they can make informed decisions and choices that best fit their needs.

With social care reforms in the horizon, the council should be developing accessible information on what they will be able do to support self-funders in arranging and paying for their care.

3. Staff teams who are able to get to know the residents

Consistency in staff to help residents to have a better experience of care, provided by staff who know them, understand their needs and the best way to support them. This should include their mobility needs, enhancing their self-worth and facilitating relationships within the care home.

Workforce development should focus on working with permanent staff to identify what can be done to retain them, with an aim to reduce the reliance on agency staff.

Support and facilitate agency staff to get to know residents through the use of tools such as ‘This is me’.

4. The council should check with individual homes to see how they are hearing the views of residents and relatives and acting on them

Local authority routine checks and quality assurance processes should look at how homes hear the views of their residents, and act on them. Good quality provision would include a range of ways for people to have their say and influence key areas such as:

- Food
- Physical environment

Homes should also be able to demonstrate how they log preferences and act on people's wishes for example by noting them in individual care plans, or giving feedback on actions arising from resident's meetings.

There should be clarity and assurance of formal and informal complaints processes, this should be visible and available to both residents and their relatives.

The council should be working proactively with the homes to identify tools that would help them achieve this.

5. Share ideas and resources to help homes offer a range of activities and connect residents with communities, support social interaction and friendships within the home, and prevent and manage conflict between residents

The Council to work with care homes and other stakeholders to produce a good practice resource that would support homes to provide creative activities and connect residents with communities. This resource could support the sharing of ideas and information on areas such as:

- Supporting residents to do things to maintain their identity, such as painting or those that engage with their environment, such as gardening.
- Promotion of suitable activities offered by the local voluntary sector that may be of interest or benefit to the care home residents
- Connecting residents with communities
- Including relatives in conversations about personalised care

6. Care plans need to be clear about how residents will be supported to do things that matter to them

Council commissioning arrangements and individual funding agreements (for self-funders) need to be clear and transparent around what level of support is being funded within a care package. This includes the need to be explicit about supporting social needs under the Care Act 2014, particularly how they will meet eligible needs for:

- Making use of necessary facilities or services in the local community
- Developing and maintaining relationships

When residents enter a home, social workers should consider whether the standard package supports sufficient social support for an individual or whether provision should be

made for additional support (e.g. From external agencies, VCS organisations). A blanket approach to care should not be used; conversations with the person are important to identify what matters to them.

Make use of the roles available within the Primary Care Network (PCN) to proactively offer support to people in care homes. Health and wellbeing coaches, social prescribing link workers and care coordinators all have the specific remit of supporting people's holistic needs based on what matters to them. This could be funded through any underspend in the Additional Roles Reimbursement Scheme (ARRS).

7. There is a need to better understand the experiences of older people from black and minority ethnic groups

We did not speak to people from black and minority ethnic groups. Further work is needed to better understand the barriers to adult social care which they experience, and learn why they are under-represented in residential and nursing homes in Sheffield.

Appendix

Interview script

Questions	Prompts
Process of moving into home Tell me how it came about that you moved into a care home: • Who, when and where made that decision? • How did you feel about it? • How much choice/control did you feel you had? • Did you need to make changes • What worked well/why? • What would you have changed/why?	Supported Involved Choices
Physical environment What do you think about how this home looks and feels? What is good/not good about it: • Atmosphere • Accessibility • Rooms Is there anything that you would change?	Making changes Identity Personalisation
Social aspects of care Tell me about the things that you can do to take part in your community here: • Would you like to include or exclude some things? • Can you choose who you do things with? • How would you change something you didn't like? Do you feel informed about what happens in the home?	Visitors Belonging Connection Supported eg. digital
Care and support Tell me about the care and support that you have had at this home: • Who, when and where supports you • What you are supported with What has worked/not worked for you/why?	Safety Making changes Medication
Access to healthcare How do you feel about the healthcare that you have received since you moved into the care home? • What happens when you are unwell? • Changes in healthcare services – for the better/worse? • How are they better/worse?	GP Chiropodist Hospital appointments Dentist Opticians Medication
Changes If there was one thing that you could change about this care home, what would it be?	

About Healthwatch Sheffield

We are here to help adults, children and young people influence and improve how services are designed and run. We are completely independent and not part of the NHS or Sheffield City Council.

We collate the feedback you give us so that we can make evidence-based recommendations to the organisations that design, pay for, and run our local services.

Acknowledgements

We would like to thank all the residents at residential and nursing homes in Sheffield who shared their views and experiences with us; without you this report would not have been possible. Our thanks also to their relatives who gave us their valuable perspective.

Thank you also to the care home managers and care staff who facilitated our visits and enabled us to speak to a variety of residents.

Please note that we changed the names of people who spoke to us in our findings to protect their identity. We visited six care homes and heard about an additional two, these have not been identified in the report.

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