

“Looking to the future”

A report to Durham County Council’s
Joint Health Overview and Scrutiny Committee

“Looking to the Future”

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1. Executive Summary

This report has been compiled to assist the committee in their considerations for the future planning of residential care provision. Consultation was undertaken with 126 older people. The sample group comprise of those currently living independently, residents of extra care homes and residential care provision (including residents of an EMI unit).

Older people would like to remain independent and stay in their own home for as long as possible. The top 3 factors that would force them to move are most likely to be a garden too big to maintain, difficulty climbing stairs and difficulty in maintaining their house (physically and financially). They particularly highlight the need for access to affordable personal care, home maintenance and information & advice services.

If older people have to move into an extra care or residential care home, their priorities are to be able to afford their own en-suite room large enough to take some personal effects. They would also prefer to stay close to family and friends.

In general, extra care homes were slightly more likely to meet older people's expectations than residential care homes. Older people currently in extra care homes are also more aware of the cost of their accommodation and personal care in a way that residential care receivers were not. This could be indicative of the higher level of independence and awareness of those in extra care, and/or because they are more informed and involved with the delivery of their care packages.

Older people in extra care homes highlighted how the facilities enable them to live as independently as their health allows. They value the care assistance that supports this independence and provides healthy meals, although some are unhappy at the limited food choices presented to them. They were more critical of problems with timely personal care than those in residential care.

Respondents in extra care highlighted the impact of staff shortages that requires them to wait for someone to take them to the toilet or leaves them to do their exercises on their own. One respondent challenged the complex system that means individuals wait up to 24 hours for prescribed medication. Systems may need reviewing to ensure care services are available when needed and medicines obtained as quickly as possible.

Extra care homes have en-suite rooms. However, some residents pointed out that they only had a shower cubicle and those requiring a bath (especially those requiring assistance) have to use communal facilities. There may be a need for mixed en-suite provision to provide baths instead of showers in some rooms.

There is a high level of social interaction and participation in activities in both extra care and residential homes. However, residents in extra care were more critical about the range of activities available to them. Older men felt they were being discriminated against; card-making, crafts and bingo were seen as gender stereotyping because of the higher levels of women residents. They have requested a wider range of activities.

Higher levels of residents in extra care homes go on trips and holidays than those in residential care. However, both extra care and residential care home respondents sent out a loud request for assistance with care and transport to enable them to go on trips and holidays.

Elderly mentally ill patients (EMI) are particularly vulnerable. They are more passive receivers of care provision than others in extra care or residential care homes. Consultation with older people in EMI units involved referring to their care plans in addition to talking with them. They may be confused and unable to communicate their needs or aspirations and rely on care staff to deliver their care packages.

Nine recommendations have been identified as a result of this report. They are outlined in Section 6: Conclusions and Recommendations.

2. Introduction

This report presents the findings of a county wide consultation undertaken by Age Concern Durham County between Nov–Dec 2007 on behalf of Durham County Council’s Joint Health Overview and Scrutiny Committee. The information was collected to assist the committee in their considerations for the future planning of residential care provision.

The research involved 126 older people across County Durham who require varying levels of support and care.

- 80 older people currently living independently
- 14 Residents in 3 Durham County Council extra-care homes
- 29 Residents in 5 Durham County Council residential care homes
- 3 Residents in 1 private care home which also provides EMI support

Individual questionnaires were used to enable individuals to comment on how existing care provision meets their needs, and identify their priorities and aspirations in relation to their future care. (A copy of the questionnaires is given in Appendix 1).

Participants provided a wealth of additional information which provides a valuable insight into their views and aspirations. A full list of comments is provided in Appendix 2.

3. Older people currently living independently

Older people who currently live independently are the future recipients of care provision. Seven focus groups were held across the county involving 80 people over 50 years of age. Following discussion on the topic, individuals were asked to complete an individual questionnaire identifying their personal priorities for future support and access to care services. An analysis of the responses is given below.

3.1 Summary

This consultation has identified that the major challenges faced by older people living independently are practical and financial. They are concerned that as they get older they will struggle to maintain their property (house and garden), get upstairs and be able to access local shops and other amenities.

The majority of older people (89%) would prefer to have support or assistance that will help them live independently at home rather than move into alternative accommodation. Only 10% of people said they would consider moving in with a member of their family.

The majority of older people identified that their priorities for assistance are around practical support, particularly personal care, property maintenance, information and advice and foot care.

Factors that would influence that choice of an extra care or care home are primarily around personal space (their own room with a bathroom large enough to take some personal effects). They are also concerned that they can afford accommodation and care costs and a desire to be close to family and friends.

3.2 Reasons why older people may move from their home

Respondents were asked to identify the factors that could compel them to move from their current home. In order of priority, the factors are:

- | | |
|--------------------------------------------------|-----|
| 1. Garden too big to maintain | 56% |
| 2. Experiencing difficulty with stairs | 51% |
| 3. House too difficult / expensive to maintain | 46% |
| 4. Move nearer to local amenities | 43% |
| 5. Better access to public / voluntary transport | 29% |
| 6. Move closer to family | 26% |
| 7. Move to a safer / quieter neighbourhood | 25% |

3.3 Preferred care options

The preferred care options were:

- | | |
|--------------------------------------------------|-------|
| • Stay in their own home with carer support | 82.5% |
| • Sheltered accommodation would be considered by | 37.5% |
| • Extra care home | 26% |
| • Residential care | 20% |
| • Live with a family member | 10% |

(See fig.1)

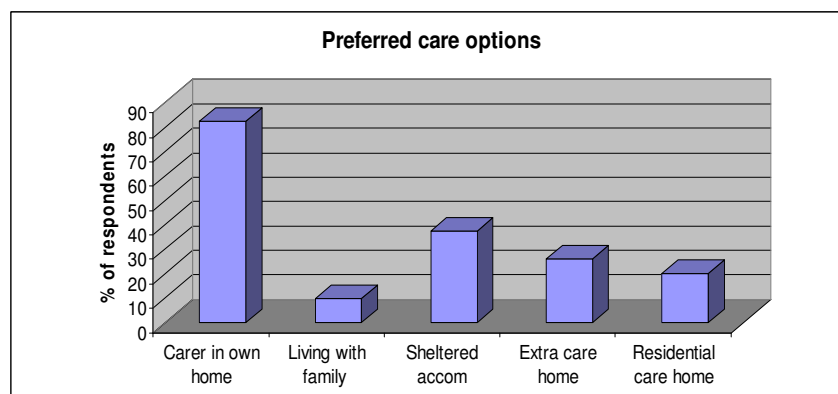


Fig 1: Older people currently living independently would prefer to have a carer or live in sheltered accommodation

3.4 What would make it easier for older people to live independently

“It is difficult to imagine needing any of these services. At 74 years of age I still manage most things independently although I cannot move furniture! Property maintenance is obviously a high priority”.

Questionnaire respondent

In order of priority older people prioritised the following services to help them live independently:

1. Help with personal care
2. Maintaining your property
3. Information and advice (where to go to access services)
4. Foot care
5. Heavy housework (laundry, cleaning)
6. Advocacy help
7. Light housework (dusting, tidying)
8. Assistance or advice with money matters
9. Preparing meals
10. Shopping
11. Changing light bulbs, moving furniture etc

3.5 What factors would influence choice of extra care or residential care home

Older people were asked to consider what factors would influence their choice of an extra care or care home. Whilst priorities differed slightly between respondents, a clear pattern emerged from the analysis.

In order of priority the priorities are:

1. Own room (with own bathroom)
2. Own room large enough to take some personal effects
3. Cost
4. Close to family and friends

5. Care assistance
6. Friendliness of staff
7. Activities
8. Access to computers
9. Tea making facilities
10. Own television / radio
11. Privacy

“A modicum of independence is necessary in a care/ extra care home, but there should be the availability of a community room enabling company when necessary”.

Questionnaire respondent

4. Older people living in extra care homes

Seventeen people living in three extra care homes participated in the consultation. They were asked about their care environment, social interaction, access to additional services and suggestions that would help to plan services for the future. The results of the analysis are given below.

4.1 Summary

Older people in extra care homes should not be viewed as a single homogenous group, but as individuals requiring varying levels of intervention in order to enable them to live as independently as possible.

Respondents in this consultation felt the home had met their expectations. Overall, residents were happy about most aspects of the general provision of care and their surroundings, although some were unhappy with the food provided.

Most people in extra care socialise with other residents and participate in activities. This consultation identified that older people have different interests and require different levels of assistance to participate. Comments were made about the gender stereotyping of activities and the need to provide activities to meet the wider interests of residents. Many residents are unhappy that they cannot go on trips or holidays because of their health care needs.

Although respondents praised the staff, there were criticisms of the timeliness of personal care due to staff shortages and systems. Residents commented that they had to wait to be taken to the toilet and experienced difficulties with speedy access to prescribed medication.

4.2 Expectations and care

- Overall, 59% of residents felt 'very happy' that the extra care home had met their expectations with 6% stating the home had not met their expectations (see fig. 2).

"It has met expectations and I am quite happy here. I don't ever have to move again".

Questionnaire respondent

"Not exactly met expectations but am happy to be here even though it is very expensive".

Questionnaire respondent

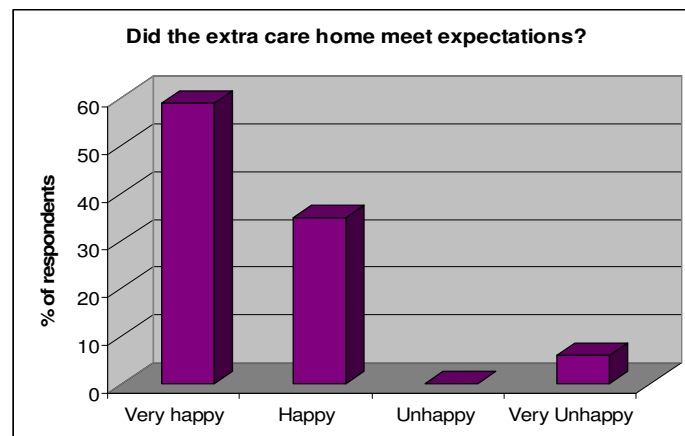


Fig 2. The majority of residents felt the extra care home had met their expectations

- The majority of residents were 'very happy' (59%) or 'happy' (35%) that they were involved in how their care package was delivered. However, 6% felt 'unhappy' with their involvement.
- The majority of respondents were 'very happy' (59%) or 'happy' (35%) that the facilities allowed them to live an independent life.

"I live independently with a little intervention but go out when I want. I am lucky to be quite independent".

Questionnaire respondent

“I was the first tenant here when it opened. The facilities enable me to live an independent life as much as my health allows”.

Questionnaire respondent

- The majority of residents were ‘very happy’ (59%) with the way in which their dietary needs were being met. However, 12% were ‘unhappy’ with 6% being ‘very unhappy’ with the food provided.

“They do encourage us to eat the right diet”

Questionnaire respondent

“Some things on the menu I cannot eat. I need plain food, more choice. There is no alternative if I cannot eat that day's veg. Although I am diabetic, I need more pudding choices, they are offering me a choice that I don't like”.

Questionnaire respondent

- The majority of respondents (94%) were happy that their faith and cultural needs were being met.
- All respondents were ‘very happy’ that their visitors were made welcome.

“Our visitors can have a meal here if ordered in advance”

Questionnaire respondent

- 100% of respondents were ‘happy’ or ‘very happy’ that their personal dignity was being respected.
- 100% of respondents were ‘happy’ or ‘very happy’ with the extra care home’s environment.
- All respondents have their own bathrooms. However, one extra care home respondent required a bath with care assistance in one of the home’s

communal bathroom because only a shower was provided in his en-suite room. As a result, this respondent stated they did *not* have their own bathroom.

4.3 Social interaction and participation

- 70% of respondents were very happy or happy with their participation in activities in the home
- 64% of residents in extra care have the opportunity to go on trips although some choose not to go on them. However, other residents reported that they were unhappy that they could not go on trips because of health care needs.
- 47% of residents reported that they had the opportunity to go on holiday. However, 53% were unhappy that they could not go on holiday because of their health and the need for care assistance.

“Trips are organised by the staff (2 a month in summer) and CREATE runs afternoon group on a Wednesday with others. We have a social committee - they organise entertainment themselves. I don't go on holiday - my own choice”.

Extra care home resident

“Suggestions for activities are not acted on”

Extra care home resident

“I am limited because of strokes. No trips because care is needed”.

Extra care home resident

“They don't do woodwork, more men's activities are needed. There are more women here than men. I would like more help to take a holiday”.

Extra care home resident

- 70% feel that the activities are relevant to them, although 30% were ‘unhappy’ with the activities available.

- 82% felt that they were able to suggest other activities to the staff, and most residents were aware of how the social committees operated in their home.
- Most residents of extra care homes (94%) socialise with other residents
- All respondents in extra care were able to have their own television or radio.

4.4 Access to information and personal care

- 82% of residents said they knew where to go if they needed help and 94% said they knew who to ask. However, 18% said they did not know where to go for information and 6% did not know who to ask.
- 88% of respondents said they received the personal care they needed, however 12% said they were unhappy with the level of personal care.
- 71% were 'very happy' that they received timely personal care, however 18% were only 'happy' and 12% were 'unhappy'. No-one was 'very unhappy'.

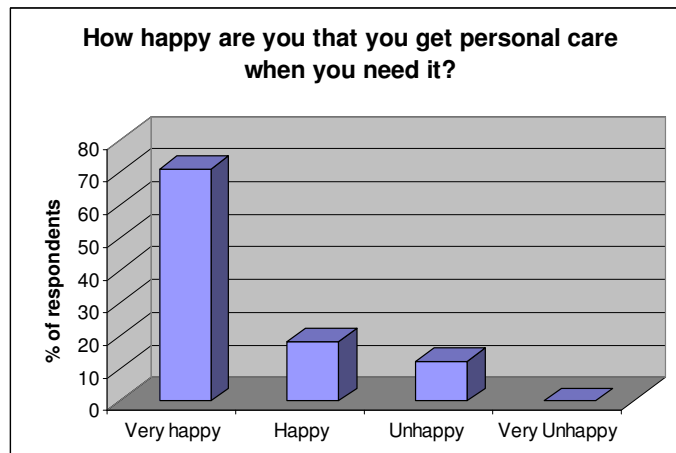


Fig. 3. Some extra care home residents are not satisfied that they receive personal care when they need it.

- Respondents praised the care workers, but were critical about staff shortages and the systems in place.

“Tenants have to wait 24 hours for prescriptions - could a better system be put in place? This is not the staff's fault. When a doctor is called out and writes a prescription - the staff have to go through a procedure of ordering that means the tenant cannot obtain their medicines/tablets for 24 hours. Can this not be speeded up - in my case the chest infection I had was able to take more of a hold. This is not a criticism of the staff, but the system”.

Extra care home resident

“I have to wait sometimes for help going to the toilet”.

Extra care home resident

“Personal care is late sometimes”

Extra care home resident

- The majority of respondents (94%) received visitors.

5. Older people living in residential care homes

Twenty-nine people in six residential care homes across County Durham participated in the consultation. The residential care homes selected for this research included one private home with an EMI unit. Respondents were asked to share their feelings about how happy they were about residential care meets their individual needs in relation to personal dignity, culture, environment, social interaction and access to information and personal care. The results of the analysis are given below.

5.1 Summary

Overall, people in residential care homes are happy with the level of care they receive and their involvement in the delivery of their care package. All respondents were happy with that their faith and cultural needs were met, enjoyed the food and enjoyed their surroundings. Most residents (72%) do not have their own bathroom.

Whilst the level of general participation is high in residential care, some residents feel they are placed with people they do not get on with and some have not formed friendships. There was an overall disappointment among residents that their health prevents their participation in activities and prevents them from enjoying trips or holidays. Most residents enjoy the activities and entertainment and felt comfortable with suggesting other activities, however some commented on the repetitive programme, especially those who do not like bingo.

The majority of residents receive at least one visitor and know where to go for information and who to ask. They were happy with the level and timeliness of personal care.

5.2 Expectations and care

- Each resident had their own story of how they had come to the residential care home. Some had chosen to move, some wanted the security, and others did not want to move but were placed in residential care because of physical or mental health care needs that could not be met by their families or other care provision.
- The majority of residents were 'very happy' (52%) or 'happy' (38%) that the home had met their expectations. Those who had been to the home previously for respite or weekly visits felt they had particularly known what to expect. For some, residential care was an environment they needed to adapt to (see fig 4).

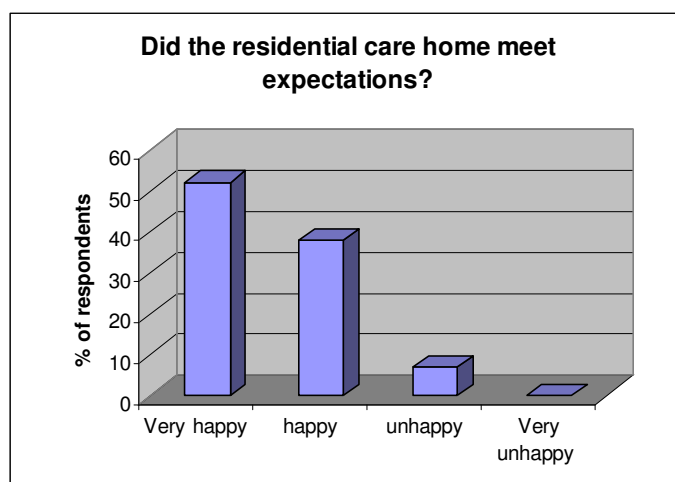


Fig 4. The majority of residential care home respondents felt that the home had met their expectations.

- Most people were 'very happy' (35%) or 'happy' (52%) that they were involved in how their care package was delivered. However, 10% were not sure whether they were involved (see fig. 5). Respondents who are involved in the delivery of their care packages commented that it can be challenging.

"I didn't have any expectations. Being involved in your care package is not easy, I'm quite involved. My surroundings are comfortable.

An older person living in residential care

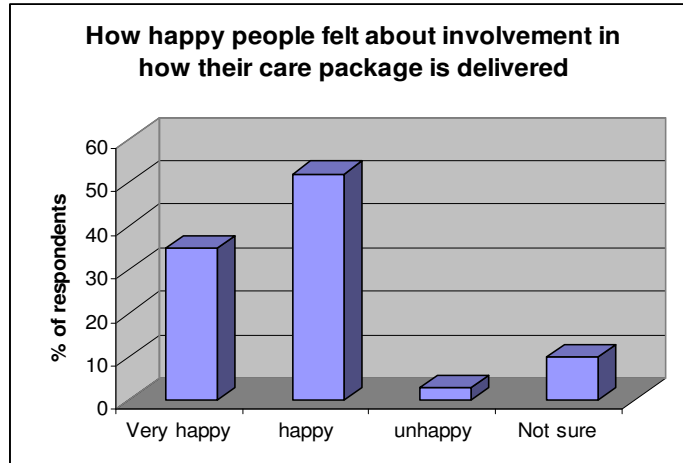


Fig 5. Most respondents said they were happy with their involvement in the delivery of their care package

- Older people with mental health problems found it harder to discuss their views or aspirations. They were also less likely to know if they were involved in the delivery of their care package.

“This lady is very happy. She goes out every day. There is a quadrangle inside the grounds that the EMI unit is built around so she can go out into the nice garden. She does not know if she is involved in her care. She enjoys her food. She does not go on trips with the home, but with her family. She never goes on holiday. She enjoys a sing along. This lady is confused but has answered to the best of her ability. She has forgotten who I am between questions and introduces herself again and again.”

Consultant interviewing a respondent in a residential EMI unit

- 86% of respondents were happy that the facilities enabled them to live an independent life.

“I went 3 times a week to visit my boyfriend before he died at 80. My brother phones every week. I am fairly independent and can shop for myself”.

Residential care home respondent

- All respondents were happy that their dietary needs were being met

- All respondents were happy that their faith and cultural needs were being met
- All respondents were happy that their personal dignity was respected

“There are laundry problems - I get someone else's underwear”.

Residential care home respondent

- All respondents were happy that their visitors were made welcome
- All respondents were happy with their surroundings
- Only the private residential care home provided en-suite rooms. Residents in council managed care homes accessed communal bathrooms.

5.3 Social Interaction and participation

- The majority of respondents participate in activities in the residential home.

“I have all my cultural needs met. I play the digital piano for residents, also I can write poetry etc when I feel well enough to do so, when allowed to go to the ecumenical service (communion) each 3rd Sunday in the month I attend my own Methodist Chapel's services when well enough to do so and I will always be glad of living here”.

Residential care home respondent

- However, 7% were 'unhappy' with their level of participation.

“I have nothing against the home or some of the people. I expected to find a friend, I was lonely. There is no companionship. I was told by the social worker I would find friends. I get into trouble with my loud voice - it makes me unpopular! The manager is trying to find me a companion”.

Residential care home respondent

- Some respondents said they go on trips or holidays with family members. Others participate in trips arranged by the care home. However, 48% of

respondents are 'unhappy' that they do not go out on trips and 62% are 'unhappy' that they do not go on holiday. Some reported that they had not been on holiday since they entered the care home.

"I don't take part in activities - they are not really relevant to me. I've been on one trip since I came here. I haven't been on holiday".

Residential care home respondent

- Many respondents reported that their health makes it difficult to go on trips or holidays.

"I have Parkinson's. I can't take part in activities, I can't go on trips and I haven't been on holiday. Illness prevents me taking part".

Residential care home respondent

- 29% felt that the activities are not relevant to them.

"I don't play Bingo! There is not enough entertainment - I would like an accordionist. I would like them to put you with people like yourself".

Residential care home respondent

- 79% of respondents feel able to suggest other activities to the staff.

"I'm not sure that I have ever suggested any activities, but I accept all offers for activities!"

Residential care home respondent

- Older people with mental health problems were less likely to suggest other activities to the staff and appear to be more passive receivers of entertainment provided by the home.

"Client does not go on trips or holidays. He takes part in activities within the home. He listens to the singer monthly. He cannot suggest activities to the staff. He cannot suggest anything – he thinks his mum is still alive".

Consultant interviewing a respondent in a residential EMI unit

- 93% of respondents said they were 'very happy' or 'happy' with how they socialise with other residents
- The majority of residents have a television or radio in their room.

5.4 Access to information and personal care

- The majority of residents said they knew where to go for information and who to ask. However, 3% said they were unsure.

"I do not know who anyone is in order to ask for information or help".

Residential care home respondent

EMI residents are particularly vulnerable.

"She would not know where to go for help. She is very clean but couldn't say if she gets care when she needs it. No visitors call. She likes to get her coat and walk outside in the garden".

Consultant interviewing a respondent in a residential EMI unit

- All respondents were happy that they received personal care they needed
- 94% of respondents were happy that they received personal care when they needed it
- The majority of residents received at least one visitor. EMI respondents were less likely to receive visitors.

6. Conclusion and Recommendations

This consultation has identified that the major challenges faced by older people living independently are practical and financial. They are concerned that as they get older they will struggle to maintain their homes and mobility and lose access to local shops and other amenities. The majority of older people want live independently at home with affordable support, rather than move into alternative accommodation.

This consultation identified that older people currently living independently would require a care home to provide an en-suite room large enough to accommodate some personal effects. However, older people currently in extra care and residential care continue to use communal bathroom and toilet facilities.

Throughout this consultation, participants pointed out in their questionnaires that they may be included in the social group called 'older people' but asked us to remember that they are all individual people who just happen to be older in biological age. They have different interests and aspirations. Some want to do woodwork, others listen to an accordionist. Some don't want to go on a trip; others would love to go on holiday. This consultation identified that older people should not be viewed as a single homogenous group, but as individuals requiring varying levels of intervention in order to enable them to live as independently as possible.

Recommendations

- Provide clear information about the cost of care and the options available to older people
- Ensure older people can have their own en-suite room that is large enough to accommodate some personal effects.

- Encourage older people to visit the care home as much as they need to before moving in. Those who had come once a week for a few weeks were much happier because they knew what to expect.
- Provide advocacy services to enable those who have a grievance to be involved in finding the solution.
- Make sure all residents know where to go and who to ask for information.
- Avoid perceptions of gender stereotyping by identifying alternative activities that can engage older men.
- Investigate programmes of care assistance and travel that can enable older people to go on trips and holidays if they wish.
- Review the system for obtaining prescribed medication in care homes.
- All respondents praised the care staff but were concerned about staff shortages. Their concern needs to be addressed.

APPENDIX:
Questionnaires used in the consultation