

**MEETING OF CARE HOME MANAGERS, NHS AND SOCIAL WORK STAFF, 30<sup>TH</sup> NOVEMBER 2005: SUMMARY OF ISSUES RAISED BY WORKSHOP PARTICIPANTS**

**1) Communication, coordination and information (14 references)**

Poor communication between NHS and Care Home staff at a management and professional level. Lack of information about patients admitted from hospital. Care Home nurses and care assistants treated as 'inferiors' Lack of understanding amongst NHS staff about the knowledge and skills of care Home staff. Inadequate feedback of information about residents admitted to hospital. Care Homes kept 'out of the loop' regarding relevant policies and activities in NHS Greater Glasgow. Lack of knowledge of available skill levels in NHS.

**2) Quality of life of Care Home residents(11 references)**

Need to improve quality of life and combat boredom: activity, relationships with outside world and social contacts. Many care homes like 'an institution in the community'. Engagement with the community (eg day centres, outings) often cease after admission to a home; people living in their own homes can access a range of community services. Need to accept some risk if residents are to have a reasonable quality of life. Comment from one attendee: 'Risk Assessments are often ridiculous, we are strangling in red tape!'

**3) Bringing more stimulation, life and ideas into Care Homes (8 references)**

Encourage referrals to specialists. Some staff are so demoralised they think no one will listen to their ideas re Residents' need for referrals and other professional involvement. Encourage involvement of volunteers, students (eg health and socialwork courses) and children (intergenerational activities). Need champions to encourage innovations and improvements in Care Homes. Empowering Residents who are able and Advocacy for those not able to try new ideas . Routine care always a higher priority than Activity provision.

**4) Training, employment and involvement (7 references)**

Residents, relatives and staff should have more input to service provision and design; to be empowered in this way it would be necessary for individuals to have more information and access to learning opportunities. Morale needs to be improved and in some care Homes more registered-nursing input is required. Higher self-esteem for Care staff by encouraging joining RCN with relevant support, access to libraries, encouraging self education, and open training days with RCN.

## 5) **Excessive bureaucracy (5 references)**

Excessive guidelines and protocols. 'Sticks rather than carrots'. Care Commission focuses on the measurable and sometimes lacks consistency (interpretations differing between staff members). Concern that CC reviews take place over very short time period: cannot really 'get under the skin of an organisation'. There is too much documentation: it feels as if the Home is gathering information for the 'sake' of it rather than it being used to make improvements. Could completing all these forms be done by a 'civilian' rather like the Police services rather than the Trained staff whose time could be better used with the Residents than with the paperwork.

## 6) **Other issues**

Lack of professional and public understanding of the functions of Care Homes and hospices and of the facilities and opportunities provision.

- Problems with wheelchair accessibility
- Priority always given to 'routine care'; often to the detriment of other issues which are of importance to residents; 'care too medicalised'
- The need for more resources and equity of services: need to campaign for this.