Care Homes Commissioning and Delivery Plan

June 2022 – April 2024

Contents

1 Background and Scope

This is an outline commissioning plan relating to care homes across Sheffield. It brings together several activities/information into one place and includes a high-level delivery plan for taking the next steps in the commissioning of care homes in Sheffield.

Purpose of the Care Homes Commissioning and Delivery Plan

This Plan will:

- Introduce the background to and scope of the commissioning plan, including how this aligns with the principles and outcomes of the relevant strategies.

- Set out our strategic aim for care homes including: -
    - The vision
    - What good looks like

- What we know about care homes for older people including: -

    - A needs/demand analysis
    - A market analysis
    - Investment in the market

- Describe feedback from customers and other stakeholders about their aspirations for older people's care homes

- Set out how we benchmark against what good looks like, including a self-assessment of where we believe we are in meeting those principles giving some examples to suggest where we need to shift our thinking.

- Set out a high-level plan and timeline for delivery

This plan will not:

- Describe the proposals for fee uplifts over the next 2 years but it will refer to the financial envelope available to support the commissioning plan. The fees proposals will be subject to a committee report in 2023.

Further work will be undertaken to develop this commissioning plan over the next 2 years.

2 What Is a Care Home?

A care home is a communal setting where nursing, and or personal care, and accommodation are provided together. The accommodation is sometimes purpose built and residents have their own bedroom, some offer an en-suite bathroom or other private facilities. All meals and refreshments are provided, as are housekeeping services such as laundry and cleaning.

Generally, there are also communal areas such as lounges and dining rooms and often a garden or other outdoor space. Some offer hair salons and cafes or a bar. Family and friends are welcome to visit (subject to COVID restrictions), and residents can expect to have regular social activities organised for them. These homes provide 24-hour on site care teams and visits from GPs, dentists, physiotherapists, and other providers can be arranged.

There are two main categories of care homes:

- Care homes that provide nursing care in-house are generally known as nursing homes
- Care homes that provide personal care, but not nursing care are generally known as residential care homes.

The council purchase from both residential and nursing homes although we do not fund the nursing element in nursing homes. This is funded through Free Nursing Care which is paid via the Integrated Commissioning Board (ICB – formally CCG, currently £209.19 per week for 22/23)

The ICB also place people in nursing homes under Continuing Healthcare Care (CHC) funding, this is entirely free to the individual as it constitutes an NHS service however it must be proven that the person has a 'primary health need'

For many people a care home is their sole place of residence and although they do not legally own or rent their accommodation, it becomes their home.

Care homes offer accommodation rather than ‘housing’ because it is neither self-contained nor offers security of tenure through tenancy or ownership rights. Care home residents are licensees and are only entitled to minimal notice to leave. They pay an inclusive charge for accommodation, care, food, and other services. [1]

[1] Social Care Institute for Excellence (SCIE)

3 Why is change needed?

Context

Despite the difficulties that communal living can present Care Homes are there to recognise and support individuality, culture, and difference, to allow people choice and control over their life, support people to have a purpose and be able to contribute and support the person to continue with their network of contacts and embrace their position as part of a local geographical or community of interest.

All too often however Care Homes are not seen in this way, they are perceived as places of illness not wellness where privacy and independence are not possible due to communal living and where people lose identity and control.

We know most people would prefer to stay in their own home, but we also know there are ways to improve how people perceive and experience care in a Care Home by working with providers and individuals/families/friends. This commissioning plan starts a journey of improvement to enable Care Homes in Sheffield to be the best that they can be for the people who live there.

To deliver such improvements, however, change cannot be only on the part of Care Homes, there must be a sustainable market of provision and this commissioning plan will also acknowledge the need to support the Care Home sector and workforce if we are to reach our goal to make positive change.

Local and National Drivers

This plan is underpinned by a number of national and local drivers (as referenced in the Adult Social Care Market Sustainability Plan which can be found here market-shaping-statement-2022.pdf (sheffield.gov.uk) (and which was discussed at the Adult Social Care Committee meeting in September 2022) but also driven by the aspirations of people who live and work in the sector

In summary the main links and dependencies are with:-

- *The Care Act 2014 (5)* – Which describes the need to promote an effective, efficient and sustainable market which meets needs and offers choice.
- *People at the Heart of Care 2021* – The Government white paper which suggests a number of reforms including a cap on personal care costs, support towards care costs, a fair cost of care for providers and changes to arranging care for self-funders. We know that these changes have been delayed but the fair cost of care has not
- *The Adult Social Care Strategy 2022 - 2030* – Living the Life you Want to Live, its vision, outcomes and commitments. People living in care homes have the right to expect the same chances and opportunities to meet their goals and aspirations to live a good life

- *The Sheffield Dementia Strategy 2018 - 2024* – A multi-agency strategy aimed to help people live well, stay well and die well. Given that a significant proportion of people living with dementia reside in care homes then the 13 commitments described in the report are of particular importance
- *The Sheffield Carers Strategy 2016-2020* – Supporting carers is an integral part of a care homes remit, this maybe because the person has been cared for at home prior to their admission or maybe as the carer remains an integral part of the person's life and needs to continue to be part of the support on an ongoing basis, they may also be using the Care Home to provide some short-term respite for the unpaid carer. The 6 principles of the carers' strategy are important in particular the need for good information and advice about Care Homes and what they provide and that carers needs wants and opinions are considered as part of any support package that the cared for person receives
- *The Adult Health and Social Care Digital Strategy 2023* – Ensuring care homes are part of the digital and technological development approach will be important moving forward. This will ensure they are supported with the latest approaches for improving quality, effectiveness and efficiency. In particular we will expect providers to work with us to develop our approaches to use of technology generally but also to utilise new digital processes which are currently being introduced and will support information sharing and payment

4 Strategic Aim - Commissioning Principles and Objectives

The Vision for Care Homes

Creating and agreeing a vision for care homes is an important step in ensuring everyone is signed up to working towards the same goals/outcomes but a vision should be co-created to make sure it is real and meaningful.

The Adult Social Care Strategy for Sheffield was approved at Sheffield City Council's Co-Operative Executive on 16th March 2022 and covers the period of 2022- 2030. The document, and background information, can be found here on the Council's website.

The Sheffield vision (stated below) was co-created with local people but is an adaptation of the Social Care Futures[2] vision which has been widely accepted nationally as a good vision for adult social care to aspire and achieve.

'*Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery*.'

The same vision is appropriate to care homes as well as any other social care service however this is an opportunity to create a new vision specifically for the care homes sector. Evidence from the Social Care Institute for Excellence (SCIE) suggests this isn't necessary and a growing body of evidence indicates the vision above should be the guiding 'north star' as we consider where we want to be in the future.

The need for a separate care homes vision will be discussed further in the coming months as part of the commissioning delivery plan however the need for this is unlikely if we want all care home residents to be afforded the same opportunities as others.

What does a good care home look like?

Over the past few years, we have amassed a body of evidence and feedback about what a good care home should look like, not least more recently a Healthwatch report specifically on this subject What matters to us: Older people's experiences of living in a care home | Healthwatch Sheffield.

Rather than search for more feedback it is important to now collate, recognise and reflect on this and start to plan how we will respond.

The Social Care Institute for Excellence[3] in their report "A place we can call home - 2021" looked at all types of care with accommodation including care homes to

[2] https://socialcarefuture.org.uk
[3] https://www.scie.org.uk/housing/role-of-housing/place-we-can-call-home

determine what factors need to be taken account of in making a good home. They also considered the specific needs of diverse communities who often find it more difficult than others to access high-quality housing that facilitates their care and support

Their research paper indicates that excellence in housing with care and support has 7 basic principles

- Person centred and outcome focused
- Community connectedness
- Strong leadership culture and workforce
- Adopting innovation
- Enabling choice and control
- Promoting equality
- Co-production and shared decision-making

Feedback from Healthwatch and other consultation events has also given good insight into what people want from a care home which is similar to the national evidence base with some exceptions: -

- Communication and sharing of information
- The importance of meaningful relationships
- The importance of choice and control
- Promoting independence and maintaining identity
- Person centred assessment and reviews
- Inclusiveness
- Well paid and skilled workforce

My Home Life England was originally founded in 2006 by the National Care Forum in partnership with Help the Aged (now Age UK) and the city University of London. They continually develop best practice resources and suggest a good care home should:-

- Developing best practice together,
- Focusing on relationships,
- Be appreciative, and
- Have caring conversations.

5 What we currently know about care homes (Older Peoples Care Homes Only)

The following sections on needs analysis, market analysis, customer/stakeholder insight and investment are focussed on older peoples care homes, as the largest group of care homes in the city and demonstrate the type of information that can be obtained in support of future commissioning and delivery plans. A more detailed analysis of other more specialist homes for adults with disability and mental health will be undertaken separately when the Office for National Statistic (ONS) data is available in the next couple of months. (Linked to the 2021 census).

Needs analysis (recent admissions)

A needs analysis of the people currently living in older peoples care homes was undertaken in December 2022. (See Appendix 1 for full report). The analysis focussed on SCC funded admissions of older people living in care homes, although there was some data on self-funders. The report did not include a prediction of future needs.

The impact of Covid may have changed the makeup of the population in older ages but the analysis suggested it was important to wait for Office for National Statistics (ONS) to undertake their population projections based on the 2021 Census data before making any firm conclusions about likely future demand.

The data covered admissions over a 5-year period from 2017/18- 2021/2022. (The data for 2022/23 covered 8 months April- 22 November 22)

The main findings indicated a typical care home profile to be as follows

Characteristics	**Typical Profile**
Gender	Female
Age	84.3
Admission route	S2A/Hospital
Service required	Residential Care
Primary support reason	Physical Support (and falls and dementia feature)
Ethnicity	Most likely to be White - English/Welsh/Scottish/British/Northern Irish

The conclusions from this report were: -

From the data we do have, we can profile a typical care home admission

- Most admissions are female
- Average age for admission is 84.3
- The main service required is residential care
- Hospital is the main route for admissions
- The primary support reason is physical support and falls and dementia also feature

- Most people are white- English/Welsh/Scottish/British/Northern Irish. The only other reported category is Black or Black British – Caribbean. Further work is needed to understand why there are fewer people from an ethnic background in care homes
- Most people don't report their sexual orientation, this might be because some people don't want to share this information. Those who have reported it are straight/heterosexual.
- Self-funders have increased over time, although the health data this is based on isn't entirely robust. Self-funders will include council supported admissions with capital over the threshold who then became self-funders, as well as people who are solely privately paying residents. Sheffield is an outlier with the national trend.
- The Cordis Bright population projections carry health warnings as they were done pre covid and the impact of Covid may have changed the makeup of the population in older ages. We need to wait for Office for National Statistics (ONS) to undertake their population projections based on the 2021 Census data before making any firm conclusions about likely future demand.

Market Analysis

A recent analysis of the older people care home market was completed in January 2023, the full report can be found at Appendix 2.

The findings from this report will be considered as part of a Market Sustainability Plan which has previously been submitted to the Adult Health and Social Care Policy Committee and mitigating and supporting actions will be undertaken as part of this work

The analysis suggests that 22/23 has been another challenging year for the care home sector. Whilst many of the additional regulations related to Covid-19 have been withdrawn and deaths associated with Covid-19 have substantially reduced, their remains lasting impact from the previous years of the pandemic. Some homes still have high vacancy rates and there are still outbreaks occurring which result in temporary staff shortages or closure to admissions.

Recruitment and retention of staff which has been an issue for several years has become even more challenging due to burnout of staff from the pandemic years and staff shortages nationwide meaning that other sectors are offering improved wages and benefits to fill their vacancies encouraging some staff to leave the sector.

The cost-of-living crisis has hit both staff and providers working in the sector. Providers have seen their costs increases at rates of inflation far exceeding recent years and some providers may have experienced even greater cost increases, for example if their fixed price fuel contracts have ended this year. Care staff who are often on low wages have been especially hit by the crisis with many struggling to feed their families, heat their homes and pay other essential expenses.

Sheffield currently pays for Standard Residential and Nursing Care at a flat rate of £565 per week, in addition Nursing placements receive a standard Funded Nursing Care (FNC) payment of £209.19 per week from the NHS. This method differs from many other local authorities who have different fee rates for different types of care such as High Dependency or Elderly Mentally Infirm (EMI). This is after a recent £18 per week increase following the fair cost of care exercise.

Care home providers in Sheffield range from small, long-established operators with a single care home in a converted property, to large national organisations that run many purpose-built care homes – typically focused on areas of the city where land costs are lower.

There are 69 care homes in Sheffield that have older people as their main specialism and not run by the NHS. 54 of these homes are operated by groups with more than one home either at a local, regional or national level, these homes are split between 27 different providers, the remaining 15 homes are one-offs with the company owning just a single home.

Compared to the national average Sheffield's Older Peoples care homes are likely to be larger and nursing and residential care is more likely to be co-located in the same dual registered home. Whilst homes are more likely to be purpose built, they are also more likely to be older with older purpose-built homes dominating the market. A larger proportion of the Sheffield Market is run by not-for-profit companies with more than half of the not-for-profit market being run by Sheffcare who took over the running of some council run homes in 2002.

An analysis of care home financial performance was undertaken by the Council's finance teams using information from published financial accounts as of January 2021. The overall market picture showed 21% of care home companies in the city were ranked at moderate to high risk of business failure. Despite the significant challenges in the care home market only one home (residential) has closed in the past year, no care homes have opened in this time. In addition, 3 nursing homes have been taken over by a new provider to Sheffield with the previous provider entering liquidation soon after.

When using a CQC rating of Good or Outstanding of care being of an acceptable standard Sheffield Care Homes are currently outperforming the national average. The is particularly the case in Residential homes where the difference is most notable and has been consistent every year.

Whilst there has been some improvement in occupancy levels in care homes since the height of the pandemic most types of provision still have below the 90% occupancy rate that is often anecdotally cited as an optimum to promote financial viability whilst maintaining choice of provision. Nursing Care has higher occupancy rates than Residential Care and Dementia beds has higher occupancy rates as general for both Nursing and Residential Care. It is possible that these types of care have shown the greatest recovery as these types of provision are harder to replicate in other settings.

Admissions into care homes fell significantly during 2020/2021 due the pandemic. Since then, admissions into Nursing Care have recovered to similar levels to years prior to the pandemic, however admissions into residential care remain lower.

Investment into older people's care homes

Approximately £46m per annum is spent annually by SCC on care homes for older people

The Government announced the Market Sustainability and Fair Cost of Care Fund on 16th December 2021 with the primary to support local authorities to prepare their markets for reform and to support local authorities to move towards paying providers a fair cost of care. Given the Autumn Statement, it's unclear at this time the implication until guidance is given on 21st December 2022. Due to this, and without the detailed funding letter noted above, the Fund for 2022/ 2023 must now be considered as a one-off fund at this stage.
Where average fee rates are below the fair cost of care, local authorities should use this additional funding to increase fee rates paid to providers beyond the level required to cover increases in core costs such as inflation, workforce pressures, National Living Wage, and National Insurance.

Options are being considered and presented to the Adult Health and Social Care Committee (in Dec 22 and March 23) about how the grant funding should be allocated and how these impact on the fee rates for 23/24.

6 Customer/stakeholder Insight

Discussion has taken place with a number of individuals living in care homes both on a planned and routine basis (as part of the quality monitoring process). This assisted our understanding what people feel about care homes and what aspirations they have for the future. Discussions have also taken place with social care workers, internal staff, and providers. (See Appendix 3 for further information).
The feedback has been pulled together into themes to illustrate what people said was important to them

Communication and sharing of information

- Having the right information at the right time before moving into a care home
- Helping people plan for contingencies, provide more support with direct payments, and provide support to self-funders
- Developing relationships build trust and improve partnership working with providers

The importance of meaningful relationships

- Positive relationships with other residents and members of staff for a sense of connection and self-worth, particularly for those with no family or friends also,
- For those who had family and friends it was about keeping those connections

The importance of choice and control

- Having the ability to influence changes and having a full say in the support they need
- Moving into a home was seen as challenging but having the choice about where they would like to live and being included in conversations was important also,
- Having the choice about everyday things, particularly on key areas like their food, and their physical environment
- Having access to healthcare when they need it

Promoting independence and maintaining identity

- More involvement from the voluntary sector and sharing of ideas to help with activities
- Feeling valued, doing the things that are important and having access to the outside world

Person centred assessment and reviews

- Care plans to be explicit about their social needs, ensuring they are involved in decisions, more use of the 'This is Me' part of the care plan
- Reviews of care to happen in a reasonable timeframe.
- A coordinated approach between the council and health in terms of care planning/assessments and funding arrangements so people are not repeating themselves and they are clear and transparent about what level of support is being funded in a care package
- Monitoring to be more outcomes focused and there is no duplication with CQC

Inclusiveness

- A recognition and understanding of different needs/dependency levels, including the extreme frailty and dependence of older adults and how they can be supported to maintain their independence and identity
- There is a need to better understand the experiences of older people from black and minority ethnic groups
- How residents with dementia and sensory loss in care homes are better supported
- Ensuing people with special characteristics are included, LBGT+
- People value homeliness, space, and freedom

Well paid and skilled workforce

- People value carers /staff who are highly skilled and good at their job
- People recognised the issues with recruitment and retention of care workers
- There was a recognition about the low fees and rates of pay offered to care workers

Actual comments from individuals

Actual comments from Providers

Actual comments from SCC staff

Actual comments from other stakeholders

Establishing the Principles and how we benchmark against them

Consolidating the evidence base and feedback we can identify a set of 8 overarching/ guiding principles that suggest what elements/activities constitute a good care home, the majority of these are not focussed only on older people but are relevant to all age groups.

The guiding principles will be utilised in developing any agreements/contractual arrangements with providers and also used to develop the quality and performance toolkit. It is important to note quality and safeguarding are themes running through all of the principles and adopting the principles is likely to improve quality and safety.

NB:- These principles should not detract from the expectations of the regulator CQC and what care homes are already expected to achieve.

The table below represents a self-assessment of where we believe we are in meeting those principles giving some examples to suggest where we need to shift our thinking.

This is not intended to be an exhaustive assessment or suggest the most creative options for change more act as an illustration about what might be worked towards in the next 2 years

This self-assessment will be undertaken again working with individuals, providers and other stakeholders to ascertain if we have indeed moved forward year upon year.

Examples of how we meet this now	Principles of a good Care Home (themed)	Examples of what we could we do better
A care homes booklet which has basic information about care homes Individual care homes sharing their statement of purpose with people prior to visiting A social work team dedicated to care homes who have expertise in this area and can share information Care planning includes the individual and their chosen representatives Reviews of the persons stay includes the individual and their chosen representatives	**Information sharing**	More comprehensive information in a variety of formats about what people can expect from a care home with the ability to access this before admission More sector wide promotional work on care homes as a place to live, thrive, work and make friends Clear specifications with care homes and commissioners that can also be viewed by potential residents and their close contacts Feedback from people already living in a care home available to prospective residents in a variety of formats Contract and quality and performance reviews of homes available to the public
Inspection and quality reports show mostly positive relationships between individuals and carers in the home, people care Some homes have good community connections with the local voluntary groups, dementia groups and the local schools e.g., adopt a care home	**Community connectedness and meaningful relationships**	Staff focussed time to learn more about the person and their previous connections, many lose touch with friends outside the home when they move Create a directory of support for local neighbourhoods to ensure care home understand the local facilities in their area and good practice ideas for including residents e.g., voluntary work in the home Voluntary sector partners linked into care homes in the area

Examples of how we meet this now	Principles of a good Care Home (themed)	Examples of what we could we do better
Many residents are taken out into local areas to experience life outside a care home Quality and performance reviews look at records relating to connections the person has		Improving the care homes specification to include:- - Assist in promoting self-worth so residents of care homes feel they retain their identity and still have a purpose - Require care homes to facilitate existing connections and relationships if the individual wants these to continue - Expect care homes to reach out to local communities so the home and the people living there feel part of it not outside it Develop a catalogue of good practice to help refocus care homes on tools which can help them identify/support individuals to retain a sense of self-worth – e.g. This is me plan, volunteering, residents working in the home Quality and performance team continue with an increased focus on monitoring outcomes and feedback about identity and self-worth
Most care homes have feedback mechanisms to hear the voice of people living there Inspection reports and quality and performance reports indicate people have basic choices in areas such as food, waking and retiring times, where they spend their time and choice of clothing etc	**Choice and control and shared decision making**	Improving the care homes specification to include: - - Demonstrate how the voice of people living in the home is gathered and affects change - Demonstrate how the individual and their significant connections (where agreed) have influenced, contributed and agreed their plan of care Quality and performance team continue with an increased focus on monitoring outcomes and feedback about how

Examples of how we meet this now	Principles of a good Care Home (themed)	Examples of what we could we do better
Individuals are involved in the choice of home they go to, their review and identifying their care needs		choices are made and how voice is responded to in the running of the home More resident and relative groups who affect change about the running of the home Providers to undertake annual review of needs Payment by results based on what the person says/satisfaction levels
Each person has an individual care plan which describes their life, background needs and how these will be met There is a document called this is me as part of the care plan approach, which can be used to tell the person's story	**Promoting independence and maintaining identity**	Improving the care homes specification to: - - Promote enablement at every opportunity working with not for the person - Recognise the person's identity, see them as a person who has skills and abilities - Encourage learning and development Better connections with OTs to promote the ethos of an enabling approach More support to providers on good care planning for independence More consistent use of the "this is me document" when completing the assessment and caring for the person

Examples of how we meet this now	Principles of a good Care Home (themed)	Examples of what we could we do better
Person centred assessment and reviews already take place Individuals are included in the development of their care plans	**Person centred and outcome focused**	Specifications are more outcome focussed and less detailed about specific tasks that a provider must achieve More understanding of what person-centred means and how this can be applied in a care setting
Care homes have a process to ensure registered managers meet the required benchmark Staff are required to attend specific mandatory and other training as part of their employment	**Strong leadership culture and workforce**	Testing out the leadership and culture of organisations through the procurement process Continued focus on staff satisfaction levels as part of quality monitoring More focus on monitoring about what difference staff training makes to the individuals living at the home
Staff are required to attend specific training on equality and diversity Staff attend dementia Stars training Care homes who have people from ethnic backgrounds ensure they provide culturally appropriate food/clothing/visits etc Care homes accommodate differing needs	**Promoting Equality and inclusiveness**	Further work to understand why there are few people from ethnic backgrounds choosing a care home More involvement from voluntary sector and other providers who can support/advise on culturally appropriate support Improving the care home specification to: - • Encourage best practice approaches are routinely reviewed to ensure the environment and approach is supportive to dementia and sensory loss • Recognise that those who have to remain in bed should have the same opportunities for social participation and not be left alone for long periods of time.

Examples of how we meet this now	Principles of a good Care Home (themed)	Examples of what we could we do better
		• Explore ways to reduce isolation & loneliness within the home • Culturally appropriate care Staff to undertake training on LBGT and inclusion More homes to sign up to dementia Stars and demonstrate the impact of this
Some care homes already have activities coordinators who share resources and time between their different homes There is a willingness across the sector to look at innovation Innovation can occur in individual homes or organisations	**Adopting Innovation**	Creating opportunities for partners and care homes to come together to share best practice Collating best practice into a single repository that can be used by care homes to develop and continually improve Residents' forum/advisory group established for Sheffield to oversee the quality and promote best practice Relatives and other stakeholder involved in the persons care are involved in monitoring activities and able to rate the care homes Care homes to explore different funding sources like grants to develop innovation

7. The Challenges

There are some immediate challenges, these being: -

- ***Stabilising the workforce in social care*** - We know that improving the pay and skills of the workforce is vital to encourage people to consider care work as a career. Recruitment and retention of care workers is a national not just local issue but the cost-of-living crisis for front line care workers is hitting hard and people may make different career choices as a result
- ***Sustainability*** – Providers of care homes have long raised the issue of sustainable fee rates, ageing buildings, higher mortgages and staff retention means the use of expensive agency workers is commonplace. The cost-of-living crisis with increases in heating and food has an impact on care homes.
- ***Budget pressures*** –The council dealing with significant budget pressures, working towards the fair cost of care could mean a significant hit on the budget
- ***Relationships -*** These are some pockets of good working relationships, but this isn't consistent. Developing stronger provider relationships and partnerships is fundamental to making change happen. Only when we bring the sector with us on the journey will changes be achieved.
- ***Integration*** – Integration particularly with health commissioning colleagues is important and this is widely recognised as such however there remains some work to do in bringing this together in a cohesive way which is supportive to care homes.
- ***Commissioning as opposed to providing –*** Discussion continues about whether SCC should provide rather than commission all of its care homes provision. A recent options appraisal exercise (Dec 2022) indicated it was not feasible to do this on mass right now but there might be opportunities in the future to consider this in some areas or work towards a hybrid model. To do this however, the agreed model for a care homes design would need to be established.

Appendix 1 – Needs Analysis – Full Report

Needs Analysis

Care Homes

Older People

November 2022

Care Home Needs Analysis

Introduction

This needs analysis mainly covers the current needs of SCC funded admissions of older people living in care homes, although there is some data on self-funders. The

report does not include predictions of future needs. The impact of Covid may have changed the makeup of the population in older ages. We need to wait for Office for National Statistics (ONS) to undertake their population projections based on the 2021 Census data before making any firm conclusions about likely future demand.

The data covers admissions over a 5-year period from 2017/18- 2021/2022. The data for 2022/23 covers 8 months (April- 22 November 22)

Summary of findings

From the data we hold, have been able to profile a typical care home admission

Typical Care Home Admission

Characteristics	Typical Profile
Gender	Female
Age	84.3
Admission route	S2a/Hospital
Service required	Residential Care
Primary support reason	Physical Support (and falls and dementia feature)
Ethnicity	Most likely to be White - English/Welsh/Scottish/British/Northern Irish

Analysis of data

Age /Age Band

81% of admissions are between the ages of 75-94, 44% are between 85-94

The average age of admission is 84.3.

Age	Nursing	Residential	Grand Total	% Total
65-74	204	247	451	12%
75-84	532	902	1434	37%
85-94	488	1213	1701	44%
95+	75	248	323	8%
Grand Total	**1299**	**2610**	**3909**	**100%**

* Includes data from 2017-2022 , Note 22/23 is part year to 22/11/22

Year	Nursing	Residential	Grand Total
2017/2018	82.4	84.6	83.8
2018/2019	83.3	85.1	84.6
2019/2020	82.8	85.8	84.9
2020/2021	80.4	84.8	83.4
2021/2022	84.0	85.3	84.8
2022/2023	83.6	84.8	84.4
Grand Total	**82.8**	**85.1**	**84.3**

Includes data from 2017-2022 , Note 22/23 is part year to 22/11/22

Admissions to service

On average 66% of total admissions are to residential care.

2020/2021 is an outlier because of Covid, however admissions post covid have been less than in previous years.

Years	Nursing		Residential		Grand Total	%
2017/2018	260	37%	437	63%	697	18%
2018/2019	212	28%	534	72%	746	19%
2019/2020	250	31%	559	69%	809	21%
2020/2021	182	32%	394	68%	576	15%
2021/2022	244	36%	427	64%	671	17%
2022/2023	151	37%	259	63%	410	10%
Grand Total	**1299**	**Av34%**	**2610**	**Av66%**	**3909**	**100%**

Includes data from 2017-2022 , Note 22/23 is part year to 22/11/22

Admission Route

50% of admissions are from hospital. 40% of admissions come from S2A. A further 10% are from hospital not via S2A

15% are from the community with short term residential in place prior to long term and 35% had none of the above (i.e., just community).

All this is reliant on workers filling in the hospital admissions data though to find the non-S2A hospital part.

Primary Support Reason

79% of all admissions were due to physical support. Falls appear to be a contributing factor in a quarter of all admissions. Dementia is a factor in (also) a quarter of admissions.

Reason	Nursing	Residential	Grand Total	% Total
Learning Disability Support	12	13	25	1%
Mental Health Support	117	176	293	7%
Missing data	1		1	0%
Physical Support	1012	2072	3084	79%
Sensory Support	16	36	52	1%
Social Support	29	66	95	2%
Support with Memory and Cognition	112	247	359	9%
Grand Total	**1299**	**2610**	**3909**	**100%**

Includes data from 2017-2022 , Note 22/23 is part year to 22/11/22

Gender

65% of all admissions are female.

Gender	Nursing	Residential	Grand Total	% Total
Female	744	1811	2555	65%
Male	555	799	1354	35%
Grand Total	**1299**	**2610**	**3909**	**100%**

* Includes data for all years from 2017-2022 , All - note 22/23 is part year to 22/11/22

Ethnicity

87% of admissions are white - English/Welsh/Scottish/British/Northern. There are fewer people from an ethnic background

Ethnicity	Nursing	Residential	Grand Total	% Total
Asian or Asian British - Bangladeshi	1	2	3	0%
Asian or Asian British - Chinese	4	2	6	0%
Asian or Asian British - Indian		1	1	0%
Asian or Asian British - Other Asian Background	2	2	4	0%
Asian or Asian British - Pakistani	5	4	9	0%
Black or Black British - African	2	3	5	0%
Black or Black British - Caribbean	13	18	31	1%
Black or Black British - Other Black Background		1	1	0%
Mixed/Multiple Heritage - Other Mixed Background		1	1	0%
Mixed/Multiple Heritage - White and Asian		1	1	0%
Mixed/Multiple Heritage - White and Black African	1		1	0]%
Mixed/Multiple Heritage - White and Black Caribbean		2	2	0%
Not Known	117	175	292	7%
Other Ethnic Group - Arab	1		1	0%
Other Ethnic Group - Other Ethnic Group		5	5	0%
Refused	21	46	67	2%
Undeclared	1	5	6	0%
White - English/Welsh/Scottish/British/Northern Irish	1118	2302	3420	87%
White - Irish	4	11	15	0%
White - Other White Background	9	29	38	1%
Grand Total	**1299**	**2610**	**3909**	**100 %**

* Includes data for all years from 2017-2022 , All - note 22/23 is part year to 22/11/22

Sexual Orientation

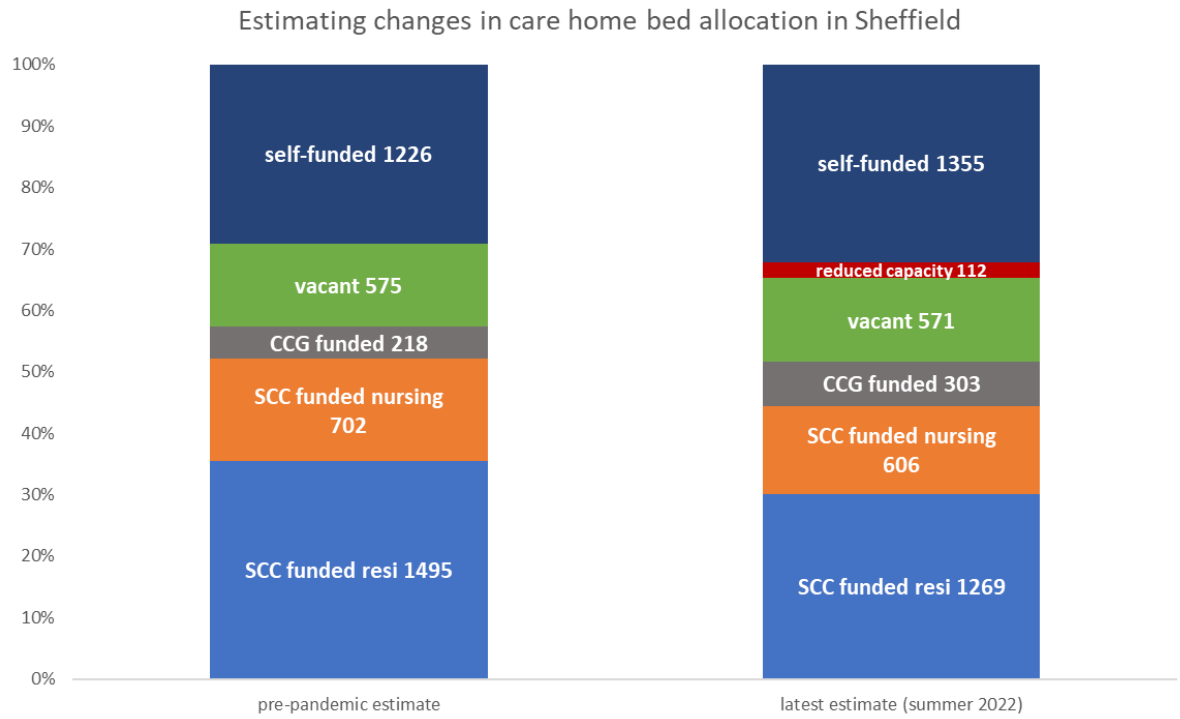
77% have not defined their sexual orientation. We only know about 22% who state they are heterosexual/straight

Sexual Orientation	Nursing	Residential	Grand Total	% Total

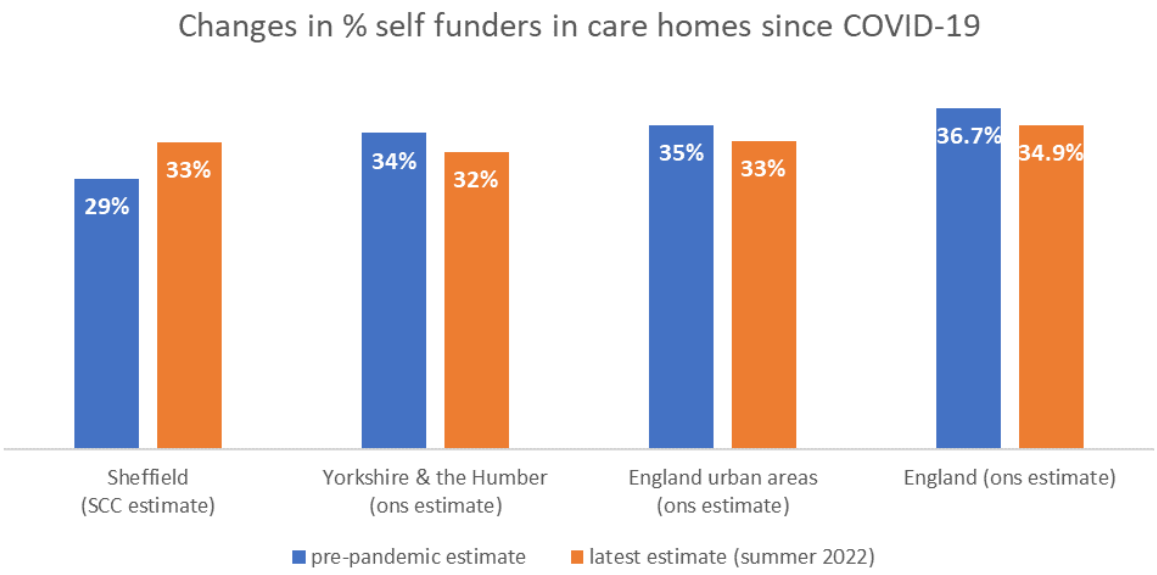
B. Gay Man	1	1	2	0%
C. Heterosexual/Straight	288	576	864	22%
E. Other - Please State	11	28	39	1%
F. Declined To State	41	68	109	3%
G. Still To Be Obtained	542	1163	1705	44%
NULL	416	774	1190	30%
Grand Total	**1299**	**2610**	**3909**	**100%**

Self Funders

Self-funded beds appear to have increased over time. Though the health data this is based on isn't entirely robust. Self-funders noted here will include council supported admissions with capital over the threshold who then became self-funders, as well as people who are solely privately paying residents.



Interestingly, it looks as though Sheffield is an outlier on the national trend here, possibly due to the previous policy decision to minimise admissions and to keep more people at home.



Population Projections

Cordis Bright [4]population projections were based on pre COVID projections and therefore COVID will have changed the population make up at older ages. We need to wait for Office for National Statistics (ONS) to undertake their population projections based on the 2021 Census data before making any firm conclusions about likely future demand.

Conclusions

From the data we do have, we can profile a typical care home admission

- Most admissions are female
- Average age for admission is 84.3
- The main service required is residential care
- Hospital is the main route for admissions
- The primary support reason is physical support and falls and dementia also feature
- Most people are white- English/Welsh/Scottish/British/Northern Irish. The only other reported category is Black or Black British – Caribbean. Further work is needed to understand why there are fewer people from an ethnic background in care homes
- Most people don't report their sexual orientation, this might be because some people don't want to share this information. Those who have reported it are straight/heterosexual.
- Self-funders have increased over time, although the health data this is based on isn't entirely robust. Self-funders noted here will include council supported admissions with capital over the threshold who then became self-funders, as well as people who are solely privately paying residents. Sheffield is an outlier with the national trend.
- The Cordis Bright population projections carry health warnings as they were done pre covid and the impact of Covid may have changed the

[4] Report on the Care Home Market Analysis 2021 CordisBright

makeup of the population in older ages. We need to wait for Office for National Statistics (ONS) to undertake their population projections based on the 2021 Census data before making any firm conclusions about likely future demand.

Appendix 2 - Care Homes Market Analysis 2022/2023

Summary

22/23 has been another challenging year for the care home sector. Whilst many of the additional regulations related to Covid-19 have been withdrawn and deaths associated with Covid-19 have substantially reduced, their remains lasting impact from the previous years of the pandemic. Some homes still have high vacancy rates and there are still outbreaks occurring which result in temporary staff shortages or closure to admissions.

Recruitment and retention of staff which has been an issue for several years has become even more challenging due to burnout of staff from the pandemic years and staff shortages nationwide meaning that other sectors are offering improved wages and benefits to fill their vacancies encouraging some staff to leave the sector.

The cost-of-living crisis has hit both staff and providers working in the sector. Providers have seen their costs increases at rates of inflation far exceeding recent years and some providers may have experienced even greater cost increases, for example if their fixed price fuel contracts have ended this year. Care staff who are often on low wages have been especially hit by the crisis with many struggling to feed their families, heat their homes and pay other essential expenses.

Sheffield currently pays for Standard Residential and Nursing Care at a flat rate of £565 per week, in addition Nursing placements receive a standard Funded Nursing Care (FNC) payment of £209.19 per week from the NHS. This method differs from many other local authorities who have different fee rates for different types of care such as High Dependency or Elderly Mentally Infirm (EMI). This is after a recent £18 per week increase following the fair cost of care exercise.

Market Overview

Older People's Market 65+

Care home providers in Sheffield range from small, long-established operators with a single care home in a converted property, to large national organisations that run many purpose-built care homes – typically focused on areas of the city where land costs are lower.

There are 69 care homes in Sheffield that have older people as their main specialism and not run by the NHS. 54 of these homes are operated by groups with more than one home either at a local, regional or national level, these homes are split between 27 different providers, the remaining 15 homes are one-offs with the company owning just a single home.

Compared to the national average Sheffield's Older Peoples care homes are likely to be larger and nursing and residential care is more likely to be co-located in the same dual registered home. Whilst homes are more likely to be purpose built, they are also more likely to be older with older purpose-built homes dominating the market. A larger proportion of the Sheffield Market is run by not-for-profit companies with more

than half of the not-for-profit market being run by Sheffcare who took over the running of some council run homes in 2002.

Care Homes with a primary specialism of older people (65+) or dementia, Sheffield and England Comparators, September 2022

Supply Side Measure	Sheffield	England
Average Size (beds) of care homes without nursing	40	34
Average Size (beds) of care homes with nursing	61	55
Care homes without nursing, beds per 1,000 population 75+	30	33
Care homes with nursing, beds per 1,000 population 75+	48	37
All 65+ care homes, beds per 1,000 population 75+	78	71
Purpose built as % of capacity	81%	54%
Share of bed capacity first registered since 2000	26%	31%
Not-for-profit share of independent sector capacity	23%	16%

An analysis of care home financial performance was undertaken by the Council's finance teams using information from published financial accounts as of January 2021. The overall market picture showed 21% of care home companies in the city were ranked at moderate to high risk of business failure. This was determined through the independent credit risk reporting tool provided by Dun & Bradstreet. Detailed financial assessments looked at financial solvency, liquidity, profitability and overall stability coupled with market resilience and risk ratings. The analysis indicated that 29% of care homes in Sheffield may struggle to fulfil existing liabilities through their most liquid assets; in short are at risk from short term cash flow failure. Due to the deadlines on when providers need to submit their information to companies' house, most of this information was for the period prior to the pandemic and it is possible that this situation may have deteriorated further.

Trends In home closures and openings

Despite the significant challenges in the care home market only one home (residential) has closed in the past year, no care homes have opened in this time. In addition, 3 nursing homes have been taken over by a new provider to Sheffield with the previous provider entering liquidation soon after.

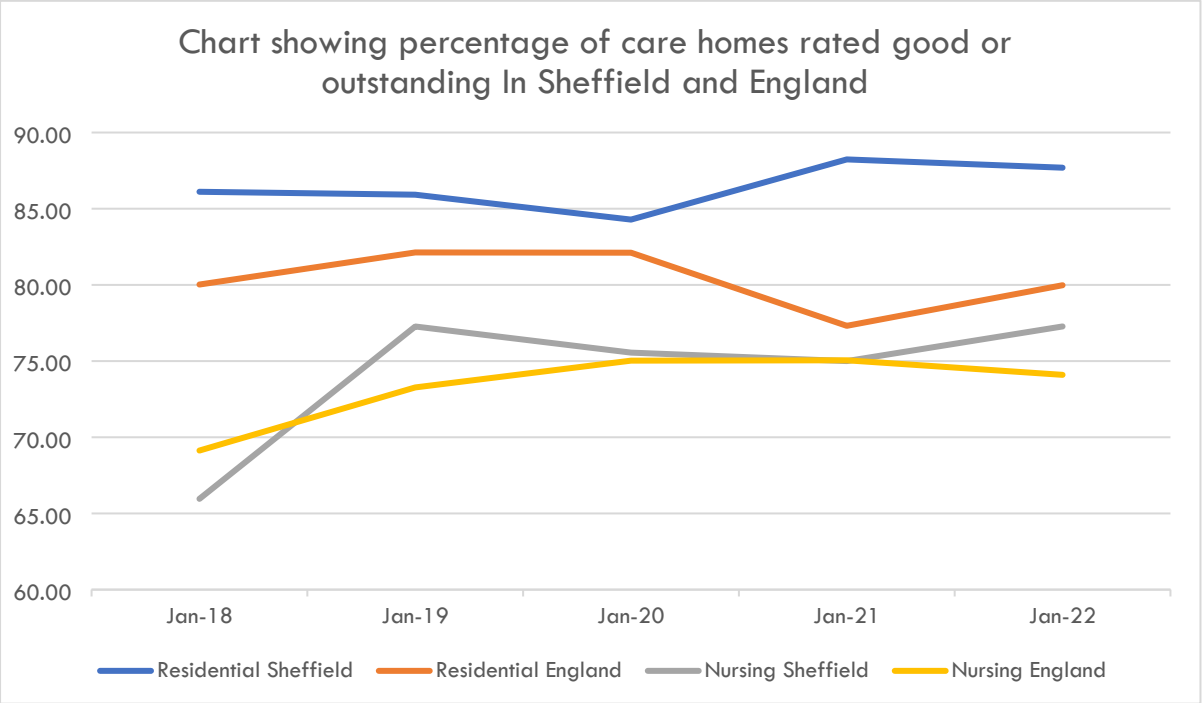
The home that closed was a small residential home in an older non-purpose-built building targeting the self-funder market. These characteristics have been shared by 3 of the 4 homes that have closed in Sheffield since the start of the pandemic.

In addition to the lack of new care homes opening, discussions with providers show a lack of appetite for opening new Older People's homes in Sheffield, often citing low fees as a key concern. There has been some interest from providers in repurposing vacant or decommissioned units in existing homes for new specialisms, but there is

only interest in reopening these as a form of residential care rather than nursing care due to challenges in recruiting nurses, this is despite our current Nursing capacity being closer to capacity. If Nursing occupancy continues to increase or there are further nursing home closures in the future, there is a risk that Sheffield will not have sufficient nursing beds to meet demand.

Quality

When using a CQC rating of Good or Outstanding of care being of an acceptable standard Sheffield Care Homes are currently outperforming the national average. The is particularly the case in Residential homes where the difference is most notable and has been consistent every year. Sheffield Nursing homes are also outperforming the national average but to a lesser degree, previously these had been below the national average before overtaking this in 2018 and staying above or about this level since.



The in-house quality monitoring team undertake visits to care homes and include:-

- a combination of resident / relative and staff discussions and observations,
- quality assurance checks in a number of areas including checking Care Plans are person centred, and support is delivered in line with the persons specific care and support needs
- observational and resident discussions focussing on
    - quality of life
    - choice
    - how individuals are listened to
    - how their feedback is acted upon, and
    - how the home supports people to do things that matter to them.

They continue to monitor more frequently than the CQC aiming to visit all homes at least twice per year. However, this has not always been possible as still many visits are being postponed due to outbreaks. As of 9/12/2022, 3 care homes were rated as Amber by SCC with various degrees of restrictions on placements with the remainder rated as Green with no restrictions in place.

Vacancy and occupancy

Whilst there has been some improvement in occupancy levels in care homes since the height of the pandemic most types of provision still have below the 90% occupancy rate that is often anecdotally cited as an optimum to promote financial viability whilst maintaining choice of provision. Nursing Care has higher occupancy rates than Residential Care and Dementia beds has higher occupancy rates as general for both Nursing and Residential Care. It is possible that these types of care have shown the greatest recovery as these types of provision are harder to replicate in other settings.

Admissions into care homes fell significantly during 2020/2021 due the pandemic. Since then, admissions into Nursing Care have recovered to similar levels to years prior to the pandemic, however admissions into residential care remain lower. This will go some way to explaining why Nursing Care has had the greatest recovery in its occupancy rates.

Commissioner's have received feedback from frontline social workers about the difficulties in finding suitable Nursing Dementia placements. Whilst this category of care has the lowest vacancy rate of about 10% this would still normally be sufficient to find suitable placements. It is therefore possible that continuing issues with staffing and outbreaks is reducing actual operational capacity of homes below their full quota of beds. With this type of care there is also a possibility that even with vacant beds and sufficient staffing the provider may be limited to how many individuals with a higher level of needs they can take at a time, as these individuals are likely to be unsettled when first entering the home which may in turn have an unsettling impact on other individuals already residing there.

As such Nursing Dementia is the category of care in Older People's care home which is viewed as having the greatest challenges in maintaining sufficient supply.

Table showing occupancy levels in Sheffield 65+ Care Homes 6/1/2023

Vacancy Type	Vacancies (Total)	Occupied	Occupied %
Dementia Residential	164	1000	85.91%
General Residential	223	815	78.52%
General Nursing	134	619	82.20%
Dementia Nursing	60	509	89.46%

Table showing trends in Occupancy over time in 65+ care homes

	Nursing %	Residential %
06/01/2023	85.32	82.42
01/02/2022	87.43	83.43
Jan-21	78.01	77.02
Apr-20	92.46	94.75
Nov-19	90	92
2018/2019	83.5	91
2017/2018	93.6	90.6

Table showing care home admissions over time.

	2017/2018	2018/2019	2019/2020	2020/2021	2021/22	22/23 to date approx. 9 months
Residential Admissions 65+	437	534	559	394	427	276
Nursing Admissions 65+	260	212	250	182	244	171

Fees Benchmarking

Sheffield differs from most other local authorities in that we pay a single rate for standard care in a care home regardless of whether that care is residential or nursing or with/without dementia. The rate we pay ranks quite low amongst the rates currently paid by other local authorities in the Yorkshire and Humberside Region. From 21/22 data Residential Care Sheffield ranked 10th out of 15 when compared to the minimum rate paid and 12th out of 15 when compared to the maximum rate. For Nursing Care Sheffield ranks 11th out of 15 when compared to the minimum rate paid and 13th out of 15 when compared to the maximum.

Residential

Local Authority		2021/22 rate	
		Minimum	Maximum
1	Barnsley	590.40	641.64
2	Bradford	561.47	561.47
3	Calderdale	512.74	538.67
	Calderdale EMI	591.83	618.15
4	Doncaster	544.16	544.16
5	East Ridings of Yorkshire	545.16	605.78
6	Hull	487.40	523.30
7	Kirklees -res	553.35	582.09
	Kirklees - res with dementia	573.35	602.09
8	Leeds	567.00	632.00
9	North East Lincolnshire	527.87	527.87
10	North Lincolnshire	506.59	537.01
11	North Yorks	599.34	599.34
12	Rotherham	504.00	526.00
13	Sheffield	530.00	530.00

14	Wakefield	568.00	664.00
15	York – res	558.94	601.37

Nursing

Local Authority		2021/22 rate	
		Minimum	Maximum
1	Barnsley	590.40	641.64
2	Bradford	597.52	597.52
3	Calderdale	588.96	617.57
	Calderdale EMI	617.57	643.87
4	Doncaster	597.61	597.61
5	East Ridings of Yorkshire	545.16	605.78
6	Hull	487.40	523.30
7	Kirklees	565.86	594.6
	Kirklees - with dementia	585.86	614.6
8	Leeds	599.00	649.00
9	North East Lincolnshire	527.87	527.87
10	North Lincolnshire	506.59	537.01
11	North Yorks	592.41	592.41
12	Rotherham	518.00	575.00
13	Sheffield	530.00	530.00
14	Wakefield	568.00	664.00
15	York	604.86	641.60

Also, when compared to information collected by the Improved Better Care Fund in 20/21 Sheffield also ranked as the lowest fee payers amongst core cities.

Local authority	Average amount paid to external providers of care homes without nursing for clients aged 65+ (£ per client per week): 2020-21 counterfactual	Average amount paid to external providers of care homes with nursing for clients aged 65+ (£ per client per week): 2020-21 counterfactual (EXCLUDING NHS FNC)
Birmingham	£537	£617
Bristol UA	£726	£740
City of Nottingham UA	£580	£624
Leeds	£610	£661
Liverpool	£523	£569
Manchester	£528	£564
Newcastle upon Tyne	£740	£824
Sheffield	£505	£505
England	£646	£698

Source: iBCF

Factors affecting the viability of the market

Staffing

Staffing is a significant challenge in social care with providers reporting significant challenges in recruiting and retaining staff. Whilst this has been a longstanding issue it has increased in recent years due to staff feeling burnt out from the pandemic, leaving the sector due to the now removed mandatory vaccination and higher levels of vacancies in better paid jobs in other sectors.

Nurse recruitment and retention is especially problematic, with a nationwide shortage and many favouring employment in the NHS or for agencies. This has been illustrated by a rise in the use of agency nurses in nursing homes this has risen from 14% November 2021 to 18% October 22 and currently sits at 26% for bank/agency usage (6/1/2023). It should however be noted that the significant rise between October 22 and January 2023 is likely to be in part due to a wording change on the capacity tracker which collects this data in November 2022. Previously the question only asked for agency usage it now asks for bank/agency usage. Bank staff could still be directly employed by the home.

High levels of agency use not only increases the cost of providing the care it also affects the continuity of care.

Inflation

Care homes, like most businesses and individuals in the country have felt the effects of the cost-of-living crisis and high rates of inflation. CPI Inflation in the 12 months to September 2022 was 10.1% and this has an impact on all costs a business has. In additional it has been announced that the national minimum wage will increase by 9.7% in April 2023, as most care home staff are paid at a rate close to this, there will be a significant increase to Care Homes wage bills from this date.

Energy Prices

Energy prices have soared recently especially since the invasion of Ukraine. This has led to large increases in the rates to homes and businesses. Businesses are often affected differently to households on these due to the variety of different contracts available to them. Some homes who managed to get a good long term fixed deal on their energy may not have seen any price increases whilst other homes whose deal has ended in the past year may have an increase potentially in exercise of 5x their previous deal. Whilst the government announced support via the Energy Bill Relief scheme from 1 October 2022, this only runs for 6 months, and prices may still be significantly higher than under previous contracts. The current support is due to expire In April 2023, whilst the government has given some indication that care homes may be treated as a vulnerable industry and entitled to further support after this date this has yet to be confirmed. As such this is still an area of particular concern and uncertainty for providers.

Insurance

Following the pandemic, the cost of insurance renewals for many Care Homes increased significantly due to the level of perceived risk by underwriters, this has

been raised as a concern in previous consultation exercises on fee rates. Whilst this trend appears to have levelled out and is now more in line with other inflationary pressures the cost of insurance for most homes is still considerably higher than pre-pandemic levels.

Self-funders

We do not have complete information on the number of self-funders in the Sheffield Market or how much they pay for their care. We do estimate there to be around 900-1300 self-funders in Older People's care homes in Sheffield, this represents 30-37% of the market. However, these self-funders are not evenly spread out and are heavily concentrated in the wealthier areas of the city.

We only have the private fee rates for 46% of homes in the city. The table below shows the difference the price paid by SCC for rooms in these homes and the minimum price charged to a self- funder for an ensuite room.

	Median difference between SCC rate and private fee (pwk)	Maximum difference between SCC rate and private fee (pwk)
Residential Care	£220.00	£455
Nursing Care	£153.50	£479

Last year we did not have enough information to calculate a reliable average private fee but the highest difference we were aware of between our rate and the private rate was £409 per week. There is therefore some evidence to suggest the difference between the rates paid by SCC and self-funders has widened further.

Social Care Charging Reforms

On the 17 November 2022, the government announced that proposed Social Care Charging reforms would be postponed until at least October 2025. These reforms would have included a cap on care costs, higher capital limits and the right for self-funders to access care at the rates paid by local authorities. These reforms were expected to reduce the number of self-funders paying for their own care in care homes whilst increasing the number of people who have their care arranged by the Council. This would have reduced the ability of care homes to achieve cross subsidies from private fee payers.

As these reforms have now been postponed it is likely that cross-subsidy will continue unless rates paid by local authorities increase at rates exceeding inflation.

Appendix 3 – Feedback Report (full)

What people have told us about older peoples care homes

November 2022

Key messages

Communication and sharing of information

- having the right information at the right time before moving into a care home
- helping people plan for contingencies, provide more support with direct payments, and provide support to self-funders
- developing relationships build trust and improve partnership working with providers

The importance of meaningful relationships

- positive relationships with other residents and members of staff for a sense of connection and self-worth, particularly for those with no family or friends
- also, for those who had family and friends it was about keeping those connections

The importance of choice and control

- having the ability to influence changes and having a full say in the support they need

- moving into a home was seen as challenging but having the choice about where they would like to live and being included in conversations was important
- also having the choice about everyday things, particularly on key areas like their food, and their physical environment
- having access to healthcare when they need it

Promoting independence and maintaining identity

- more involvement from the voluntary sector and sharing of ideas to help with activities
- feeling valued, doing the things that are important and having access to the outside world

Person centred assessment and reviews

- care plans to be explicit about their social needs, ensuring they are involved in decisions, more use of the ‘This is Me’ part of the care plan
- reviews of care to happen in a reasonable timeframe.
- a coordinated approach between the council and health in terms of care planning/assessments and funding arrangements so people are not repeating themselves and they are clear and transparent about what level of support is being funded in a care package
- monitoring to be more outcomes focused and there is no duplication with CQC

Inclusiveness

- a recognition and understanding of different needs/dependency levels, including the extreme frailty and dependence of older adults and how they can be supported to maintain their independence and identity
- there is a need to better understand the experiences of older people from black and minority ethnic groups
- how residents with dementia and sensory loss in care homes are better supported
- ensuing people with special characteristics are included, LBGT+
- people value homeliness, space, and freedom

Well paid and skilled workforce

- people value carers /staff who are highly skilled and good at their job
- people recognised the issues with recruitment and retention of care workers
- there was a recognition about the low fees and rates of pay offered to care workers

Residents living in care homes and their relatives

During July and August 2022 Healthwatch Sheffield spoke to 5 relatives and 16 older people living in residential and nursing care homes in Sheffield, they visited 6 homes and heard from 2 homes which they were unable to visit. They wanted to understand about people's experiences, what works and what doesn't work, as well as what they would like to change or improve. There were opportunities throughout the conversations for residents to share their own priorities. The aim is to help shape the future planning of services and support commissioners to develop a service specification that best fits with residents needs and reflect what is important to them.

A summary of responses and a snapshot of some of the comments made by residents are detailed below. Healthwatch have published a full report which describes in much more detail about what people have said with a list of their recommendations

Interviews with residents and relatives 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

Summary of responses

- Choices are empowering – 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.
- People value relationships and a sense of connection - 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.
- People want to live in an enabling environment - 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.
- High satisfaction with the access to healthcare at a care home - most people reported good access to healthcare and additional services such as dentist, optician, and chiropodist, whether they chose to see them or not.

Quotes from residents included in the Healthwatch report

Providers of care homes including managers and owners

During September and October 2002, care home providers were invited to engagement sessions focussing on what a service specification for care homes might look like. Attendees were asked about new ideas in their practice and about what worked and what didn't. They were asked what is possible given the available resources

Summary of responses

- Agreed the presentation and the approach is great and it is what they all want to strive for and achieve, but there are many pressures in the system (e.g. low fee levels), makes thinking about innovation and developments difficult.
- Recruitment is a struggle, staff retention is low, staff vacancies are high and turnover rate is high.
- Business is very tough, playing catch up after Covid, and the focus is trying to manage the recruitment, agency use, and occupancy levels.
- Want a better relationship with the Council, they want to see much more partnership working and trust building.
- A regular forum with SCC would be welcomed but they often feel like they are not being heard.
- Appreciate support from contracts officers but sometimes inspections are time consuming and duplicate CQC.
- Some feel motivated to improve standards and they are trying to drive the change
- The dependency of people they are caring for has increased.

- There are lots of ad hoc requests for information which is a burden and seems to lack coordination.
- They had been looking at increasing the benefits for their staff through better terms and conditions like Westfield Health, blue light cards and cycle to work schemes
- Having an activities coordinator has been beneficial, they are sharing the staff member between both homes, see the residents laughing and enjoying all the Halloween decorations that have been put up has been amazing. This makes its feel more like home
- The training that is offered to staff is important as staff feel confident, and they can rely on them
- Want to get to know social work teams face to face and build good relationships with their staff
- It would be helpful if providers knew who the key contact people are from the Council, i.e. contracts teams and finance teams etc

Quotes from Providers

Localities Teams, Best Interest Assessors & Head of Service, OT

During May, July, August, and September 2022, 25 ASC employees were asked for their views on what a care home specification might look like.

Summary of what they said

- Teams felt really reassured to hear that this specification is taking place, they liked the vision and the presentation.

- Recognition that there are huge staffing issues within the sector, people talked about this issue many times.
- The electronic records are not helpful and the information is too generic there is not enough about wellbeing etc
- Care homes do not appear to have sufficient staff to focus on social interaction and activities within the home, and they rarely come across situations where older people are regularly taken out of the home by staff
- There is a lot of focus on what might be available in the community, but for many residents going out into the community to engage in activities would not be possible without high ratio support from care staff.
- Care plan reviews are very patchy and very rarely include the voice of the person.
- The “This is me” document is often poorly completed (with just a few lines encapsulating a person’s life) and is hidden in the care plan. It should be a working document which needs to be constantly updated, it evidences an understanding of a resident’s personal history and their preferences.
- More should be made of social interaction and stimulation.
- The big 60 bedded units don’t feel intimate or homely and they have big corridors, prefer the smaller homes
- There needs to be more examples of interactions which can occur with more impaired residents
- Like the term “relationship centred care”, but for people with moderate to advanced dementia it demands a lot of input from workers. The experience is that there are not sufficient staff in care homes to provide this support.
- Suggestions were made about how people with who are bed bound or have dementia can be supported in a care home.
- There are some good examples of innovations and ideas, personalisation of the home to make it homely and the importance of developing strong relationships with the staff, and example of gardening, possibility of raised beds and getting the residents involved in activities, also exploring how the voluntary sector can support the homes and linking care homes to extra care schemes and their facilities – like the cafes etc
- There are some homes that are good and do a lot for the residents, it’s down to having a good manager and attentive staff. Staff wellbeing is important too
- The option of care homes exploring different funding arrangements
- Detail needed in the specification around how the resident’s independence will be fostered, and their need for social stimulation met within the care home environment
- Need more recognition of the fact of the extreme frailty and dependence of older adults in care homes. There needs to be more examples of interactions which can occur with more impaired residents
- Care plans to include the voice of the residents and their families

Quotes from localities teams, BIAs, and HOS

ASC Strategy Engagement

During 2021, as part of the development of the ASC strategy, we engaged a project group of council officers, individual employers, voluntary and community sector workers and managers, social workers, carers, and family members of people who receive services or who receive direct payments. We ran a series of sessions to explore together how ongoing social care and support for older people might look in the future. We wanted to know what people thought is important and then work out what an ideal model for ongoing care

Summary of responses applicable to care homes

- Want to feel connected to the world around them and to live a good life, both inside and outside the home. They told us they fear losing their connections from family friends, neighbours, shops, clubs etc.
- Are afraid of living in care homes, losing their life savings, independence, and privacy, living in small sized rooms, and having no control over their environments. They want care homes to feel homely, vibrant places
- Broadly see care homes as places of illness and frailty pervaded by boredom and loneliness.
- Direct payments are not promoted enough, there's not enough support for people who use direct payments
- Want the assessment process to improve, it to be more person centred, plans to be creative and outcomes focused.
- Want to feel valued, so that their personal identity is maintained

- Want to make a positive choice about whether they move into a care home, have control over their lives, including control over where and with whom they live.
- Want support they need on that day at that time, not a formulaic response to a need they don't have.
- Don't feel that they have a full say in decisions about the support they need, they want this imbalance of power to be reversed.
- Want to deal with people they know and can trust and build meaningful relationships

There was a broad consensus ***internally*** on several issues

- Providers must be equal partners and trusted as such – Without the full involvement of "the market", both for profit and non-profit, there can be no radical vision because the current shape of care and support "provision" will have to change.
- Workforce issues must be properly addressed - we need an adequate/highly skilled well/ paid workforce

Quotes relevant to care homes

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