



PSSRU

Study of Care Home Residents' and Relatives' Expectations and Experiences

A report by Robin Darton, Personal Social Services Research Unit, University of Kent, for the Registered Nursing Home Association

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The author

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The publishers

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Photographs

Pictures of care home residents used in this report are from the RNHA photo library and do not depict any of the individuals who took part in the study.

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Summary

Residents and Relatives Involved in the Study

This study examined the differences between older people's expectations and experiences of living in a care home setting, and collected comparable information from relatives involved in choosing a care home for residents who were unable to participate.

The study involved two parallel surveys: an interview survey of new residents admitted to care homes for older people in England for long-term care; and a telephone survey of relatives of residents judged to be unable to participate.

Recruitment of care homes

A national sample of 605 homes was recruited, and data were obtained from 69 residents and 33 relatives of residents in 46 homes using two questionnaires in each case, an initial questionnaire soon after admission and a follow-up approximately three months later. The 46 homes included 19 homes providing nursing care and 27 homes providing personal care.

People's Reasons for Moving to a Care Home

Physical and mental health problems

The most important reason reported for moving into a care home from individuals' own homes was physical health. The survey of residents excluded those who were incapable of consenting to participate, but a majority of relatives reported that the resident was a danger to themselves or others, or had mental health problems.

Difficulties with mobility, household tasks and social isolation

Other important reasons for moving into a care home were difficulties with coping with household tasks, mobility in the home and general upkeep. An inability to return home from hospital or to provide continuing support in their home were important reasons for the residents covered in the survey of relatives, and for one-third of those in the survey of residents. Relatives identified social issues, such as social isolation, living alone and a fear or experience of crime as somewhat more important factors than residents themselves.

However, a minority of residents were less dependent. These residents were more likely to have been single or divorced and to have been living in their own home as owner-occupiers. They were also more likely to have been living in homes providing personal care, and to have been privately funded.

REASONS FOR THE MOVE: Why residents felt they needed to go into a care home

Health and mobility problems were the main reasons why people decided they needed to move into a care home.

79%

said that deteriorating physical health was the most important reason behind their decision to move into a care home.

60%

reported difficulties with their mobility, coping with household tasks and the upkeep of the house.

33%

said a family carer could no longer look after them.

28%

cited a lack of family or friends nearby.

20%

said their home needed adaptations or was too far from shops and amenities.

20%

said they no longer wanted to live alone.

Of the 69 residents, 28 had moved into nursing homes (often now referred to as 'care homes with nursing') and 41 had moved into care homes providing personal care only.

Making the Decision to Move

In the survey of residents, the decision to move into a care home was entirely or partially the resident's, supported by family and friends. Family and friends provided the main source of help according to the relatives, but a doctor or other professional was more likely to be involved than in the survey of residents.

THE DECISION TO MOVE: Who took it, who influenced it

The vast majority of care home residents had either made the decision to move there entirely on their own or had done so with the help and support of their family, friends and professionals.

42%

said the decision to move into a care home was entirely theirs.

39%

said the decision to move into a care home was partly theirs.

How Experiences Compared with Expectations

Both residents and relatives reported improved quality of life following the move into a care home. Relatives reported that quality of life changed from bad or very bad to very good or good for a substantial number of residents.

Having a say in day-to-day life

Residents' experiences of day-to-day life in the home tended to be higher than their initial expectations, with the majority (over 80%) indicating that they had a say in most aspects of their daily life. However, fewer had control over whether they could lock their bedroom on leaving it or over the heating in their bedroom, although the proportions were higher than initially expected. Residents were also generally satisfied with the help received from staff.

Despite generally favourable impressions of the homes, both residents and relatives retained a belief that residents may be abused in care homes. While public perceptions of the relative level of

abuse in care homes and private households may be influenced by media and other reports, it is of concern that a higher proportion of residents in the follow-up survey stated that residents may be psychologically or physically abused, while substantially higher proportions of relatives in the follow-up stated that some residents may have money or other possessions stolen, since these views may have been affected by their experiences of living in or visiting a home.

IMPROVEMENTS IN QUALITY OF LIFE

70%

felt their quality of life was 'good or very good' before moving to a care home.

In the follow-up survey this figure rose to...

82%

26%

48%

The proportion of residents who felt their quality of life was 'very good' rose from 26% before their move to a care home to 48% after they had settled in.

THE VAST MAJORITY OF RESIDENTS SAID THEIR EXPERIENCE OF LIVING IN A CARE HOME WAS GOOD

The follow-up study found that residents were generally satisfied with the care home they were now living in. 86% said their experience of living in their care home was good, with 14% saying it was both good and bad. None thought their care home was bad.

86%

said their overall experience of living in a care home was good.

14%

said their overall experience of living in a care home was good and bad.



Paucity of Information on Care Home Residents' Experiences

Although residential care has long been viewed in negative terms, notably in Townsend's *The Last Refuge* (1962), relatively little information has been obtained about residents' experiences of living in a care home.

From Townsend's study onwards, obtaining an accurate picture of residents' views has proved difficult, with residents tending to express satisfaction with their home, either because of a reluctance to complain, or because they find it difficult to think of alternatives (Sinclair, 1988). However, anecdotal evidence suggests that, although people may dread moving into a care home, their experiences once there can be very different.

Place of Care Homes in Meeting Needs

Some recent work (Towers, 2006) has indicated that the experience of living in a high quality care home environment can afford residents the same level of well-being and sense of control that is experienced by residents of extra care housing.

Despite the development of such new forms of provision, care homes still provide the great majority of places, and are likely to continue to support people with intensive care needs (Laing & Buisson, 2010).

RNHA Approach to PSSRU

This study examined the differences between older people's expectations and experiences of living in a care home setting, and collected comparable information for relatives involved in choosing a care home for residents who were unable to participate.

The Registered Nursing Home Association (RNHA) approached the PSSRU to examine the neglected area of residents' own views of living in care homes. The Department of Health also agreed to support the study, in particular to examine concerns about the possibility of abuse of residents in care homes, following the national study of the prevalence of abuse and neglect of older people living in their own homes (O'Keeffe et al., 2007).

The methodology for the study was developed in collaboration with BMRB (now TNS-BMRB), and was based on two earlier surveys undertaken by BMRB (Charlton et al., 2010). BMRB was responsible for the fieldwork for the study.

Aims and Objectives

The Study Aimed to:

- Compare the expectations and experiences of residents living in care homes for older people.
- Compare the expectations and experiences of relatives involved in choosing a care home for residents unable to take part in the study.
- Examine people's reasons for moving into or choosing care homes, and their perceptions and beliefs about them, and compare these with their experiences or their older relative's experiences of living in care homes for a period of three months.

- Compare the experiences of residents who moved into care homes with those of individuals who moved into extra care housing.
- Identify the characteristics of residents for whom care home provision is a positive choice.
- Provide evidence for the future development of the care home sector.

This summary report focuses on the findings of the surveys of residents of care homes and of relatives of residents of care homes.



Two Parallel Surveys

The study involved two parallel surveys: an interview survey of new residents admitted to care homes for older people in England for long-term care; and a telephone survey of relatives of residents judged to be unable to participate.

Selecting Care Homes

Local authorities grouped into six regions

The local authorities in England were grouped into six regions (strata), and a local authority or group of local authorities was selected within each stratum. The selected local authorities included areas with different levels of affluence, levels of urbanisation and rurality, and levels of minority ethnic population.

Random sample of homes approached

A random sample of 150 care homes run by private or voluntary organisations in each of the six local authorities/groups (areas) was approached to participate in the study, using the list maintained by the Commission for Social Care Inspection (CSCI) as the sampling frame. Before selecting the sample, the CSCI list was updated to remove homes that had closed. Each sample of 150 homes was expected to yield an achieved sample of about 100 homes, but the remaining homes in each area were kept in reserve in case recruitment rates were lower than anticipated. Each survey was designed to yield a minimum of 200 respondents, based on admission rates and estimated response rates.

Separate samples of homes providing personal care and nursing care

Separate samples of care homes providing personal care and nursing care were selected to ensure that sufficient homes providing nursing care were included.

Although homes providing nursing care are larger, on average, than those providing personal care, there are fewer such homes, and the higher levels of dementia and ill health among residents in homes providing nursing care were expected to result in a smaller proportion participating in the

survey. All homes providing nursing care were selected in each area, up to a maximum of 75 homes, and then homes providing personal care were selected to generate a sample of 150 homes. A random (systematic) selection procedure was used to select homes.

The recruitment of homes is described in the technical report (Charlton et al., 2010). The approach to the initial sample of 900 homes did not yield the required number of homes, and so a further sample of 300 homes was selected in the six local areas using the same procedure as for the main sample. From the combined sample of 1,200 homes, 601 homes were recruited, with the number of homes in each area ranging from 91 to 108. During the recruitment stage, 61 of the 601 homes withdrew, leaving 540 remaining in the study. The recruitment of homes took place between February and April 2008.

Selecting Residents

Obtaining consent for study participation

Following recruitment, homes were asked to ask each new resident whether they would be willing to participate in the study. Once such informed consent was obtained, contact details were sent to BMRB and an interviewer assigned to visit the home to conduct an interview. In cases where the home decided that the resident was not capable of providing informed consent, it was asked to approach a relative to invite them to participate in the study.

Interviews conducted between March 2008 and April 2009

Once consent was obtained, contact details were sent to BMRB and a telephone interview set up. Two interviews were conducted with residents and relatives, the second a minimum of three months after the first. The initial interviews were conducted between March 2008 and January 2009, and the follow-up interviews were conducted between August 2008 and April 2009.

Ethical approval

The study received ethical approval from the appropriate Research Ethics Committee at the University of Kent.

The Sample of Homes

Care Homes Recruited from Original Sample

The homes approached for the study were recruited from an original sample of 1,200 homes, plus four additional homes in Suffolk recruited via the RNHA. 605 homes were recruited, and data were obtained for residents in 46 homes.

Residents and Relatives Interviewed

Data were obtained from 69 residents and 33 relatives of residents in the 46 homes using two questionnaires in each case, an initial questionnaire soon after admission and a follow-up approximately three months later.

Types of Home Involved

The 46 homes included 19 homes providing nursing care and 27 homes providing personal care. The residents were living in 34 homes, 11 providing nursing care and 23 providing personal care, while the relatives provided information about residents who were living in 21 homes, 13 providing nursing care and eight providing personal care.

Among the 69 residents, 28 were living in homes providing nursing care and 41 were living in homes providing personal care. The 33 relatives provided information about 24 residents living in homes providing nursing care and nine living in homes providing personal care.

All Star Ratings Represented

CSCI star ratings were obtained for 91% of the sample of 1,204 homes to provide a means of comparing the participating homes with the whole sample. Table 1 shows the proportion of homes in each group that received each star rating.

Although the participant homes included a slightly higher proportion of homes with the highest star rating, each star rating category was reasonably well-represented.

Presentation of Results

In the presentation of the results of the study, most results are expressed in the form of percentages, despite the small number of responses. This is to permit comparisons between the different parts of the study, and is not intended to provide estimates for residents in care homes as a whole.

Table 1: CSCI Star Ratings for the Sampled, Recruited and Participant Homes

	0	1	2	3	Not available	Number of homes
	%	%	%	%	%	
Sample	3.3	16.7	55.0	15.9	9.1	1204
Recruited homes	4.1	18.3	55.0	15.9	6.6	605
Participant homes	4.3	10.9	58.7	19.6	6.5	46

Survey of Residents: Background Information

Table 2 shows details of the demographic characteristics of the residents included in the surveys of residents and relatives.

Demographic Characteristics of Residents

Most were female and over 80 years old

Of the 69 residents who participated in the study, just over three-quarters (77%) were female and four-fifths were aged 80 or over, with one-third being aged 90 or over. Sixty-two per cent of the residents were widowed, nine (13%) were single and 13 (19%) were married. Seven of the 13 married residents were living in the care home with their spouse. All of the residents reported their ethnic origin as white.

Previous Accommodation

Most previously lived in their own home

The majority of the residents (75%) had been living in their own home, including five in sheltered housing, prior to admission. However, information on reasons for admission indicated that at least 19 had moved to a care home following a stay in hospital. Twelve had been living in another care home prior to admission, and another 11 had previously lived in a care home.

Types of property occupied

Among those living in their own homes, similar numbers had been living in a house or a non-ground floor flat (29 cases, 51%) or in a bungalow or ground floor flat (26 cases, 46%). Twenty-nine (51%) were owner-occupiers and 26 (46%) rented their accommodation, the majority from a local authority or a housing association.

Majority lived alone

Around two-thirds (67%) lived alone and one-fifth (21%) lived with a spouse or a partner. The remaining residents lived with their children, other family members or other people.

Most had not moved far to care home

The majority (72%) reported that they had not moved far from their previous accommodation, but 17 (25%) had moved a 'long' or a 'fair' way.

Care Funding Arrangements

Just under half received public funding

Information on the payment of fees was obtained for 67 of the residents. In 30 cases (45%), the resident received public funding for some or all of the fees, and in 36 cases (54%) the fees were paid by the resident or another person or organisation, such as a relative or a charity.

Receipt of Informal and Formal Help and Support

Among those who were living in their own homes prior to admission, including those who had been in hospital, nearly three-quarters received informal help or support, principally from someone outside the household (33 cases), and just over half received formal care services, including home care (21 cases, 37%), meals (15 cases, 26%), nurse or health visitor visits (15 cases, 26%) and day centre visits (5 cases, 9%). Over one-third of all residents received chiropody services (25 cases), but very few received other therapy services such as occupational therapy, physiotherapy or speech therapy.

Table 2: Demographic Characteristics of Surveyed Individuals

	Survey of Residents		Survey of Relatives	
	No.	%	No.	%
Age group				
Under 60	1	1.4	0	0.0
60 to 69	1	1.4	2	6.1
70 to 79	10	14.5	8	24.2
80 to 89	34	49.3	18	54.5
90 to 99	23	33.3	5	15.2
Sex				
Male	16	23.2	13	39.4
Female	53	76.8	20	60.6
Marital status				
Single	9	13.0	3	9.1
Married/living as married	13	18.8	11	33.3
Widowed	43	62.3	18	54.5
Divorced/separated	4	5.8	1	3.0
Prior accommodation				
Own permanent accommodation	47	68.1	17	51.5
Sheltered housing	5	7.2	1	3.0
Hospital	2	2.9	7	21.2
Care home	12	17.4	7	21.2
Other	0	0.0	1	3.0
Don't know	3	4.3	0	0.0
Household tenure				
Owner occupied/mortgaged	29	42.0	16	48.5
Rented from LA/HA	18	26.1	4	12.1
Privately rented	5	7.2	1	3.0
Rented/rent free in other's accom.	3	4.3	3	9.1
Don't know	2	2.9	2	6.1
Not applicable (care home)	12	17.4	7	21.2
Household size				
Living alone	38	55.1	10	30.3
Living with spouse/partner	12	17.4	9	27.3
Living with children	3	4.3	6	18.2
Living with other family members	2	2.9	0	0.0
Living with others	2	2.9	0	0.0
Don't know	0	0.0	1	3.0
Not applicable (care home)	12	17.4	7	21.2
Total number of cases	69	100.0	33	100.0

Survey of Relatives: Background Information

Demographic Characteristics of Relatives

Mainly grown up children of residents

The majority (19 individuals, 58%) of the 33 relatives in the survey were children of residents, including children-in-law. Sixteen of the children of residents were married or living with a partner and six had a child aged 16 or under living with them. Ten (30%) of the relatives were the spouse or the partner of the care home resident, and the remaining four were other relatives. Apart from one person who was not sure, none of the spouses or partners of the residents were intending to live with them in the care home.

Majority of female relatives

Two-thirds (64%) of the relatives were female, including eight of the 10 spouses and partners of residents. The spouses and partners were all aged 65 or over, while the majority (73%) of the other relatives were aged 45 to 64. The majority of the other relatives were either in employment (10 individuals, 43%) or retired (11 individuals, 45%).

Demographic Characteristics of Residents

Slightly higher proportion of men represented in this residents' group

The residents covered by the survey of relatives included a higher proportion of men (39%). Not surprisingly, they were slightly younger, 70% being aged 80 or over and 15% being aged 90 or over, and more likely to be married or living with a partner (33%) and less likely to be widowed (55%). As in the survey of residents, all of these residents were white.

Previous Accommodation

Majority lived in their own home

Seven of these residents had been living in another care home prior to admission (21%), and

another had previously lived in a care home. Although the majority of the residents had been living in their own home, most of these residents (17 cases) had moved to a care home following a stay in hospital. As in the survey of residents, the numbers who had been living in a house or non-ground floor flat (10), or in a bungalow or a ground floor flat (13), prior to admission were relatively similar. A higher proportion of the residents were owner-occupiers (62%) and a lower proportion rented their accommodation (31%), including three who lived rent-free.

Apart from those living in another care home (7 cases), 11 (42%) lived with the relative, 10 (38%) lived alone, and four lived with a spouse or partner or with their children.

Over half received public funding for their care costs

These residents were more likely to receive public funding for some or all of the fees than in the survey of residents (20 cases, 61%). In 13 cases (39%) the fees were paid entirely by the resident or another person or organisation.

As in the survey of residents, the majority were reported to have moved not far from their previous accommodation (70%), but the proportion that had moved a 'long' or a 'fair' way (30%) was slightly higher. Excluding those who were living with the resident in their previous accommodation (11 cases), 82% reported that the resident was moving closer or would be a similar distance from them after the move.

Receipt of Informal and Formal Help and Support

Among those who were living in their own homes prior to admission, including those who had been in hospital, 22 (85%) received informal help or support and almost 70% (18) received formal care services, including home care (12 cases, 46%), nurse or health visitor visits (10, 38%), day centre visits (8, 31%) and meals (6, 23%). Nearly two-thirds (21 cases) received chiropody services, but fewer received other therapy services.

Comparative Characteristics of Residents

Less Dependent than Residents in General

It was anticipated that the residents who participated in the study would be less dependent than residents in general, and partly for this reason the study was extended to include a sample of relatives of residents.

Levels of disability

Table 3 shows the level of disability reported by the participating residents and relatives, compared with data from a survey of older people admitted to care homes in 2005 (Darton et al., 2006). As may be seen from the table, the sample of residents was generally less dependent than the residents admitted to homes providing personal care in the 2005 survey, particularly in relation to self-care. However, differences in mobility levels were less marked, and a much higher proportion used a wheelchair. It should be noted that the data were collected prior to admission in the 2005 survey, and the relatively high use of wheelchairs may

reflect the different circumstances of care homes compared with residents' previous accommodation. The residents covered by the survey of relatives were more dependent, as expected, and included more individuals living in nursing homes.

Aggregate measure of physical functioning

The information collected in both studies could be used to estimate a short form (Hobart and Thompson, 2001) of a well-known aggregate measure of physical functioning, the Barthel Index of Activities of Daily Living (Mahoney and Barthel, 1965), and this is shown in Table 4.

The short form is based on five functions (bathing, using stairs or steps, using the WC, mobility/wheelchair use, and getting in/out of bed). The scores on the index range from zero (maximum disability) to 20 (minimum disability). The (rounded) Barthel scores have been grouped into five categories (0–4, 5–8, 9–12, 13–16, 17–20), following Granger et al. (1979), but with an additional subdivision of the scores from 13–20.

Table 3: Disability of Surveyed Individuals, Compared with 2005

	2008-09 Survey		2005 Survey of Care Homes		
	Survey of residents	Survey of relatives	Personal care	Nursing care	All homes
	%	%	%	%	%
Unable to do without help					
Bath/shower/wash all over	76.8	93.9	91.2	94.9	92.8
Go out of doors	76.5	93.9	83.0	94.9	87.3
Dress/undress	39.1	87.9	76.6	92.5	82.6
Get up/down stairs or steps	64.2	78.8	74.3	90.9	80.4
Use WC	36.2	75.8	45.9	80.8	58.6
Wash face and hands	15.9	78.8	47.4	74.7	57.7
Get around indoors (except steps)	34.8	69.7	40.6	76.1	53.3
Get in/out of bed (or chair)	30.4	62.5	37.7	75.0	50.8
Feed self	7.2	27.3	18.5	49.6	30.3
Use wheelchair	52.9	60.6	19.1	39.9	26.5
Use other mobility aid	36.2	6.1	-	-	-
Number of cases					
Total	69	33	494	271	820
Minimum valid number	67	32	456	248	761

The mean values of the Barthel Index for the sample of residents and for the residents covered by the survey of relatives were similar to those for homes in the 2005 survey providing personal care and nursing care, respectively. This would appear to be due to the higher proportions of residents recorded as using a wheelchair, since smaller proportions of residents were recorded as requiring help with the other component functions of the Barthel Index than in the 2005 survey.

Higher proportions in the very low and total dependence categories than in 2005 survey

For the sample of residents, the grouped distribution of Barthel scores indicates that higher proportions of residents were in the very low

dependence and total dependence categories than residents admitted to homes providing personal care in the 2005 survey.

Although the proportions are based on relatively small numbers of individuals, residents with low levels of dependency are of particular interest since they may not have had much advice about alternatives to moving into a care home (Netten and Darton, 2003).

In particular, privately- or self-funded residents whose capital assets fall to the level where they become eligible for local authority funding may not have care needs that meet the increasingly stringent levels of eligibility criteria (Department of Health, 2002) applied by local authorities, and thus be forced to consider leaving the home.

Table 4: Barthel 5 Item Index of ADL for Surveyed Individuals, Compared with 2005

	2008-09 Survey		2005 Survey of Care Homes		
	Survey of residents	Survey of relatives	Personal care	Nursing care	All homes
	%	%	%	%	%
Barthel 5 Item Index of ADL					
Mean	10.6	6.1	10.4	5.2	8.5
Barthel 5 Item Index of ADL (banded)					
Very low dependence (17-20)	23.2	6.1	14.3	4.0	10.4
Low dependence (13-16)	26.1	15.2	29.3	11.7	23.0
Moderate dependence (9-12)	10.1	9.1	18.0	9.7	15.0
Severe dependence (5-8)	11.6	15.2	22.9	17.3	20.9
Total dependence (0-4)	29.0	54.5	15.5	57.3	30.7
Number of cases					
Total	69	33	494	271	820
Valid number	69	33	433	248	729

The Decision to Move to a Care Home

Tables 5, 6 and 7 show the health and care reasons, the housing reasons and the social issues involved in moving into a care home, as reported by the residents and relatives.

Residents' views

Taking the decision

Over four-fifths of residents (56 cases, 81%) reported that the decision to move into a care home was entirely (29 cases, 42%) or partially theirs (27 cases, 39%). Sixteen residents reported that nobody had helped them in the decision, but for the rest, help was largely provided by family or friends (47 cases). A doctor helped in five cases and another professional helped in six cases.

Physical health

The most important reason reported for moving into a care home by those who were living in their own

homes prior to admission, including those who had been in hospital, concerned their physical health, which was reported by 45 (79%) residents.

Difficulties with upkeep, mobility and household tasks

Around 60% of residents reported difficulties with the upkeep of the house, their mobility in the home and coping with household tasks, and 19 (33%) reported that their family or carer could no longer look after them. One-third also reported that they could not return home following a stay in hospital, as noted above, and around 20% reported that their home needed adaptations or was too far from shops and amenities.

Health of spouse

For around half of the married residents the health of their spouse was an important factor, and for a few of the widowed residents the death of their spouse or partner was an important factor.

Table 5: Reasons for Moving into a Care Home

Resident's state of physical health



Resident's state of mental health



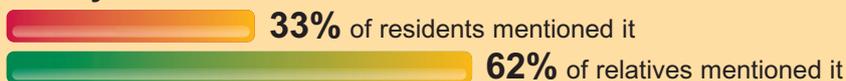
Resident's danger to self and others



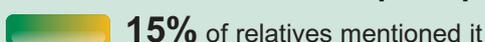
Resident unable to go home after hospital



Family/carers not able to look after resident



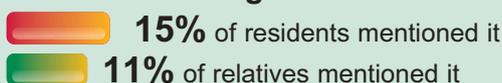
Resident would not accept help from family



Local authority not able to support resident



Resident no longer wanted to stay in previous accommodation



Moving from another care home

Among those who moved from another care home, two-thirds reported that their physical health was an important factor in deciding to move, and one-quarter no longer wished to live there.

Social issues

A minority of all residents identified social issues as important factors in the decision to move, principally the lack of family or friends nearby (28%) and a desire not to live alone (20%). A few (7%) identified the fear of crime as important, and in one case the experience of crime or being taken advantage of was a very important factor for the resident.

Relatives' views

The respondents in the survey of relatives reported that the resident had been involved in the decision to move into a care home in one-fifth of cases (7 cases). Six respondents reported that nobody else had been involved in the decision. As for the survey of residents, help was largely provided by family or friends (23 cases). A doctor helped in nine cases (27%) and another professional in 15 cases (45%).

Physical health of residents

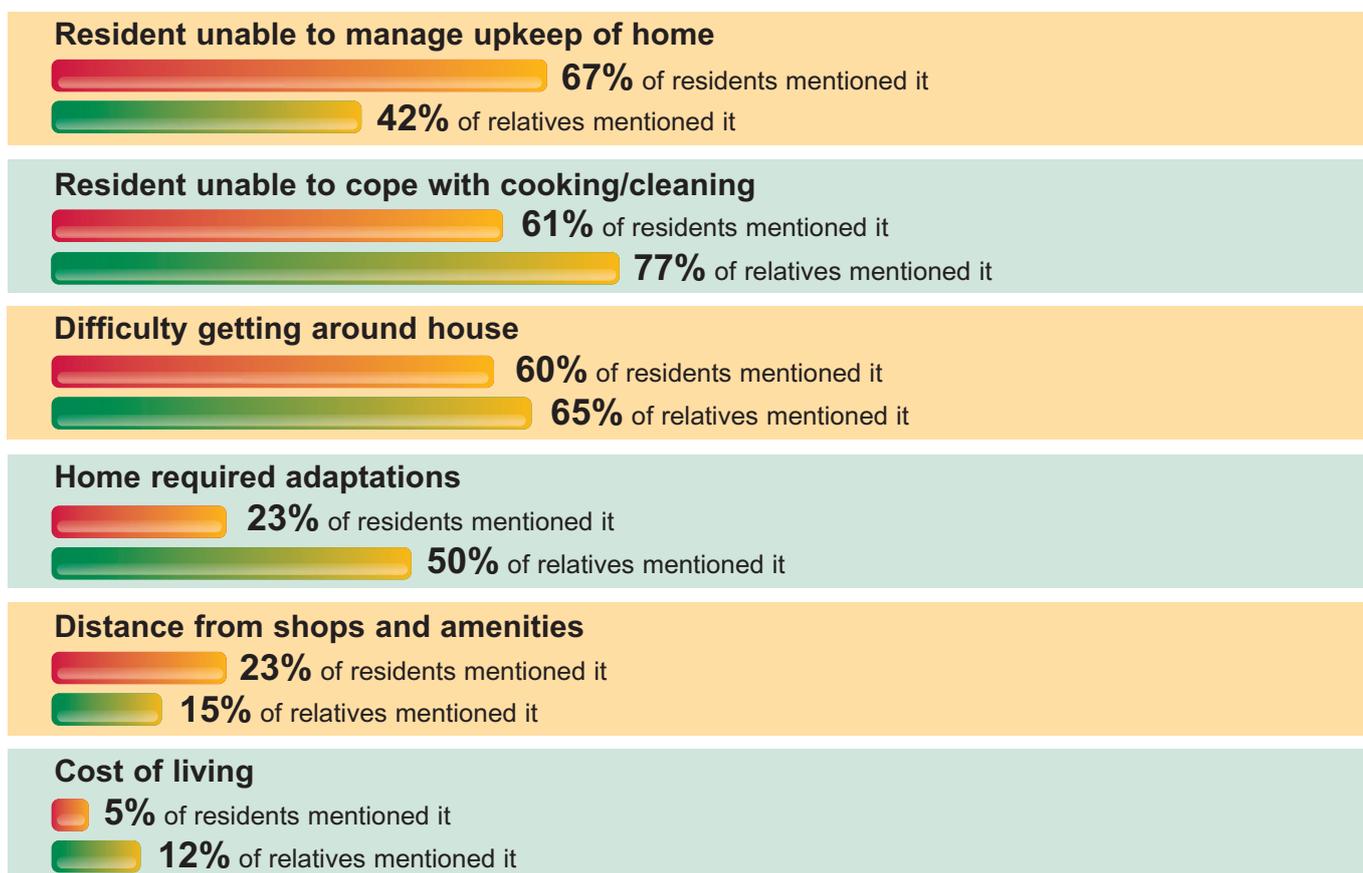
As in the survey of residents, the most important reason reported for individuals moving into a care home from their own homes concerned their physical health, reported for 23 (88%) residents.

Residents' other pre-admission health and social care problems

A wider range of reasons for the move to a care home was offered in the questionnaire to relatives than to residents. Eighty-one per cent of residents (21) were reported by relatives to be a danger to themselves or others. In 18 cases (69%) relatives cited mental health reasons as a reason for the move into a care home. Sixty-two per cent of relatives (16) reported that the resident's family or carer could no longer look after them and 65% (17) also reported that the resident could not return home following a stay in hospital, as noted above. In around two-fifths of cases (11, 42%) relatives indicated that the local authority was no longer able to support the resident.

Difficulties with coping with household tasks were more important than in the survey of residents, reported in 20 (77%) cases, and problems with

Table 6: Housing Reasons for Moving into a Care Home



mobility in the home were reported in a similar proportion of cases (17 cases, 65%), but fewer reported problems with general upkeep (11 cases, 42%). However, a higher proportion of relatives (13 cases, 50%) indicated that the individual's home required alterations.

Relatives reported that physical health was an important factor for all seven residents who moved from another care home, and that mental health was an important factor in six cases. Relatives also reported that three residents no longer wished to live in the previous home, three were unable to return after a hospital stay and three moved due to a poor standard of care.

The relative importance of social issues

The respondents in the survey of relatives identified social issues as somewhat more important factors in the decision to move than in the survey of residents. A similar proportion (30%) identified the lack of family or friends nearby (28%), but 36% indicated that the resident was isolated from the local community and 42% identified a desire by the resident not to live alone.

Fear and experience of crime

More relatives (15%) than residents identified the fear of crime as important, and 30% of relatives reported that the resident's experience of crime or

being taken advantage of was an important factor. In eight cases (24%) relatives thought the resident's experience of crime or being taken advantage of was a very important factor, compared with one case in the survey of residents.

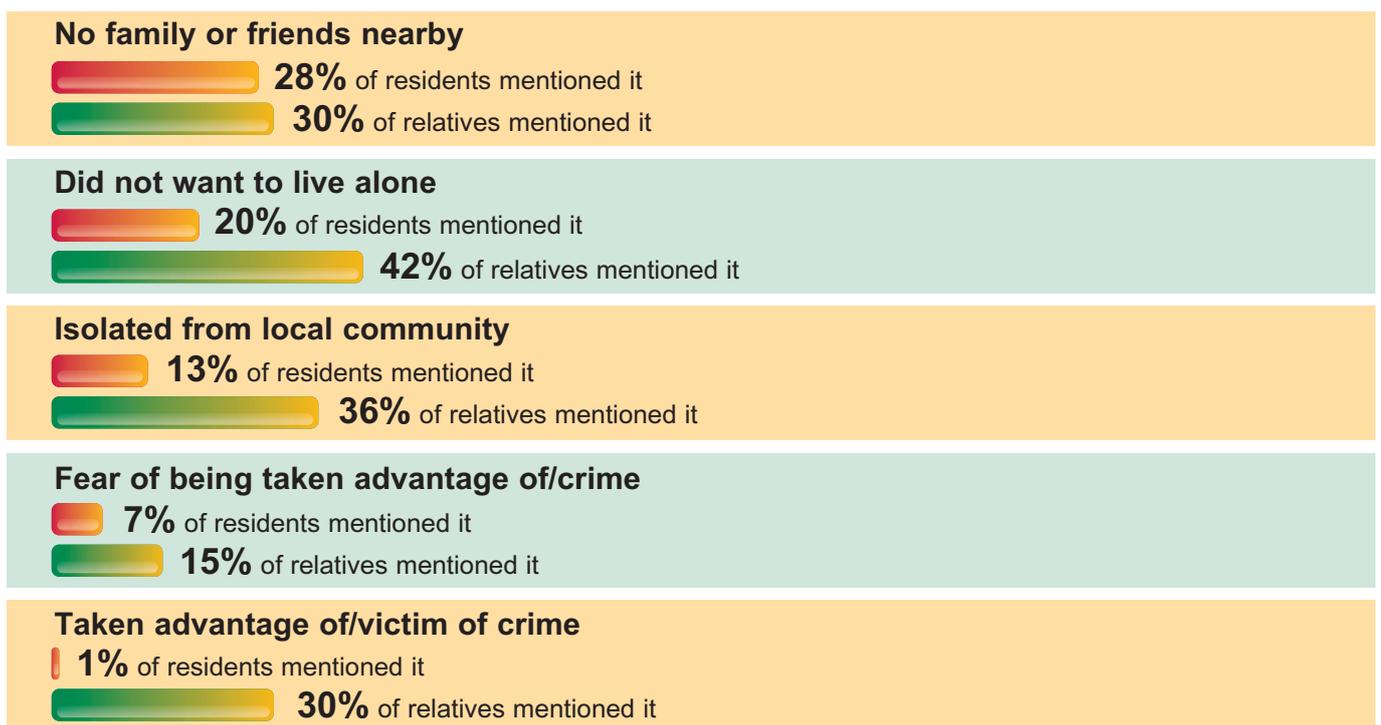
Residents with Low Levels of Dependency

Exploring why they chose to move into a care home

As shown in Table 4, the sample of residents included a larger group of residents with low levels of physical dependency than in the 2005 survey. Only residents judged by home staff as capable of participating in an interview were included in the survey, and thus it is of interest to examine the reasons why residents with low levels of physical dependency chose to move into a care home.

Sixteen of the 69 residents were in the low dependency group, having a Barthel Index score of 17–20. Compared with the residents in the survey with a Barthel Index score of 0–16, there was a slightly larger proportion of male residents among the low dependency group (5 cases, 31%), and they were more likely to be single or divorced (7 cases, 44%). For the higher dependency group the corresponding figures were 21% and 9%, respectively.

Table 7: Social Issues in Moving into a Care Home





More likely to have been living in their own home than the higher dependency group

The low dependency residents were more likely to have been living in their own home (14 cases, 88%) than the higher dependency group (33 cases, 62%), and the majority (10 cases) of the low dependency residents had been owner-occupiers. Only two of the 19 residents who moved to a care home following a stay in hospital and two of the 12 that had been living in another care home were in the low dependency group.

Link between physical dependency and type of home selected

Physical dependency was associated with the type of home that residents moved into. Overall, 41 of the 69 residents were living in care homes providing personal care, but 14 of the 16 low dependency residents were in such homes.

Seven residents were living in voluntary homes, and all of these residents were in the two lowest dependency groups.

More likely to be privately funded

The low dependency residents were also more likely to have been privately funded. In ten cases (63%) the fees were paid by the resident or another person or organisation, compared with 51% of the higher dependency group.

Less likely to be receiving informal or formal help and support

Prior to moving into a care home, the low dependency residents were less likely to have received formal or informal help and support than those in the higher dependency group.

Similar level of involvement in decision to move

The degree of involvement of the resident and the sources of help for the decision to move into a care home were similar for the low dependency residents as for the residents as a whole, although none received help from a professional other than a doctor.

Other reasons for moving

For the low dependency residents who were living in their own homes prior to admission, the most important reason for moving into a care home concerned the upkeep of the house, reported by nine (64%) of residents.

Other reasons were reported by fewer residents than among those in the higher dependency group. For example, physical health was reported as a reason by five (36%) residents, compared with 40 (93%) residents in the higher dependency group.

The Choice of Care Home

Table 8 shows the reasons reported by the residents and relatives for the choice of the home, and the degree of satisfaction with different features of the home reported in the follow-up survey.

Residents' Views

Choice of suitable homes

Twenty-eight residents (41%) indicated that there had been a choice of suitable homes and nine (13%) indicated that the alternatives were unsuitable, while 26 (38%) stated that there had been no choice.

Majority made decision entirely or partially

Among those who had a choice of home, including unsuitable ones, 78% reported that the decision was entirely (16) or partially theirs (13), similar to the proportion that made the general decision to move to a care home.

Seven residents reported that nobody had helped them in the decision, but for the rest, assistance in the choice of home was largely provided by family or friends (23 cases, 79%), while a doctor or other professional helped in a small number of cases, as in the general decision to move to a care home.

Over half visited home before moving

Just over half of the residents (55%) visited the home before they moved in, and 22% visited other homes. In 83% of cases the resident reported that their family or friends visited the home before they moved in and 41% reported that their family or friends visited other homes, although a further 16% were unsure about this.

Main reasons for choosing their home

Information about the reasons for choosing the home was only collected from those residents who had been involved in making a choice and for whom there was a choice of home, accounting for 29 of the 69 residents.

The main reasons cited by residents for choosing the particular home were the fact that it catered for their care and health needs (76%), staff friendliness (76%), homeliness (69%), proximity to family and friends (69%), the standard of care (66%) and cleanliness (62%).

In the follow-up survey, all but one of the residents (98%) reported that the home catered for their care and health needs and 86% stated that it had a homely feel, and residents cited staff friendliness (94%), security (92%), cleanliness (90%), the standard of care (88%) and the size of the home (84%) as the factors with which they were most satisfied.

Cost of living

Although the cost of living was only cited by 10% of the 29 residents in the initial survey as being a factor in the choice of home, it was the least satisfactory factor in the follow-up survey: only 40% of residents were satisfied with the cost of living.

Proximity and reputation of home

Residents were also less satisfied with the proximity of the home to their previous home (48% satisfied) and the reputation of the home (54%). However, 70% of residents in the follow-up survey reported that the home catered for their ethnic or religious needs, whereas only 10% of the 29 residents in the initial survey reported that this was a factor in the choice of home.

Bringing possessions

The majority of residents (87%) indicated that they were able to bring all the possessions that they wanted into the home. A small number were unable to bring furniture (3 cases), paintings or photographs (one case), books (one case) or other items (3 cases).

Relatives' Views

Choice of suitable homes

In the survey of relatives, a similar proportion, 42% (14 cases), as in the survey of residents indicated that there had been a choice of suitable homes, but more indicated that the alternatives were unsuitable (36%) and fewer indicated that there had been no choice (18%). One-third reported that the process of finding a home was fairly or very difficult.

Making the decision

Among those who indicated that there had been a choice of home, including unsuitable ones, 18 (69%) reported that the choice was entirely theirs. The respondents reported that the resident had been involved in the choice of home in three cases. Seven respondents reported that nobody else had been involved in the choice of home. As for the survey of residents, assistance with the choice of home was largely provided by family or friends (17 cases, 65%), while a doctor or other professional was involved in two cases.

Visits and information before the move

All but one of the respondents (97%) visited the home before the resident moved in, and 76% visited other homes. In choosing the home, 79% of relatives reported that they were aware of Commission for Social Care Inspection reports. Nearly three-quarters of these relatives (73%) made use of these reports to choose the home, and all but one found the reports very or fairly useful. Around half of the relatives (52%) sought advice from social services and 15% sought advice from other agencies about care homes. Around half of the relatives (48%) also indicated that they were aware of their right to demand certain standards of care, as set out in the National Minimum Standards for Care Homes.

Reasons for choosing a home

Information about the reasons for choosing the home was only collected from the relatives who reported that they had had a choice of homes, accounting for 26 of the 33 relatives. Relatives cited similar reasons to those cited by residents for choosing the particular home, including the fact that it catered for their care and health needs (100%), staff friendliness (100%), homeliness (100%),

cleanliness (100%), the standard of care (100%) and proximity to family and friends (69%). In general, a higher proportion of relatives reported that these factors were important in choosing the home. In addition, relatives cited security (100%), the reputation of the home (81%), the size of the home (69%), the cost of living in the home (62%) and the closeness of the home to their previous home (62%) as reasons for choosing the home. Eight of the 33 relatives reported that they had compromised in the choice of the home, the main reason, reported by four of the relatives, being in the proximity to family and friends.

In around half the cases relatives reported that the resident was offered the choice of an en suite room. Relatives reported that the resident was offered the choice of a single or shared room in just under one-half of the cases where shared rooms were available. However, shared bedrooms usually represented a small proportion of the total number, and relatives said that residents were more likely to be offered a choice where there were more shared bedrooms.

All but one of the respondents indicated that the resident was able to bring all the possessions that they wanted into the home, the exception being furniture.

Table 8: Reasons for Choice of Care Home and Resident Satisfaction

	Survey of Residents		Survey of Relatives
	Choice	Satisfaction	Choice
	%	%	%
Catered for care and health needs	76	98	100
Staff friendliness	76	94	100
Homeliness	69	86	100
Proximity to family and friends	69	70	69
Standard of care	66	88	100
Cleanliness	62	90	100
Security	48	92	100
Reputation	48	54	81
Proximity to previous home	28	48	62
Size of home	14	84	69
Recommended by health professional	14	-	27
Stayed in home previously	14	-	4
Cost of living	10	40	62
Catered for ethnic or religious needs	10	70	46
<i>Total number of cases</i>	29	50	26

Expectations of Life in the Home

Tables 9 and 10 show the expectations and experiences of life in the home reported by the residents and relatives in the initial and follow-up surveys.

Residents' Views

Residents in the initial survey felt that they were likely to have a moderate say in the day-to-day life of the home, but their expectations of the comfort and care provided and in aspects of their control over their life were more positive.

How much say they expected to have over their daily lives

Over three-fifths expected that they would have a say in when they had visitors (74%), in coming and going from the home (64%), or being able to be alone (62%), and over one-half expected that they would have a say in the time that they went to bed (58%), whether they could remain living in the home (57%), when they could have a hot drink (55%), or the way they could arrange their bedroom (51%). However, fewer than half expected that they would have a say in when staff helped them (49%), the time they got up in the morning (43%), the choice of meals (41%), the staff who helped them (41%), whether they could adjust their bedroom heating (35%), or whether they could lock their bedroom when leaving it (29%).

Expectations about meeting their health and other needs

In contrast, 93% expected that staff would look after their health and needs, 90% expected the home to be comfortable and warm, 88% expected to be clean and appropriately dressed, 88% expected the home to be secure, 87% expected to feel safe in the home, 83% expected the staff to be caring and sensitive and 81% expected to have company in the home.

Slightly lower proportions expected to have access to money for personal items (74%), or to buy clothes and shoes (72%), and 65% expected that the residents would be friendly. In terms of control over their life, 80% expected to keep their own possessions, and 93% expected to keep their own clothes. However, a relatively small proportion of homes provided an adequate explanation of the arrangements for clothing and laundry prior to moving in. Fifty-five per cent of residents were advised about the arrangements for washing and cleaning, but only 38% were advised of what

clothing would be needed and only 23% were advised about the quantity needed.

Around half of the residents (49%) reported that staff explained how the fees would be paid before they moved into the home, but 14% were not sure whether staff discussed the fee arrangements.

In terms of their expectations about the social life in the home, a majority of residents expected either no change or an improvement in the level of social contact. Seventy-one per cent thought that they would socialise more or that there would be no difference in their social life, and 78% expected to see their family and friends as much or more than before.

Relatives' Views

Higher expectations than residents on a wide range of key issues

Respondents in the initial survey of relatives felt that residents would have a greater say in the day-to-day life of the home than the residents themselves, with the exception of coming and going from the home, locking their bedroom when leaving it and adjusting the bedroom heating. Respondents also had higher expectations of the comfort and care provided and of aspects of the resident's control over their life.

Over four-fifths expected that residents would have a say in when they had visitors (88%), when staff helped them (82%), and in the choice of meals (82%), and 70% or more expected that residents would have a say in being able to be alone (79%), when they could have a hot drink (76%), whether they could remain living in the home (73%), the time they got up in the morning (70%), the time that they went to bed (70%), or the way they could arrange their bedroom (70%). Sixty-seven per cent expected that residents would have a say in the staff who helped them.

However, the proportions of respondents that expected residents to have a say in coming and going from the home (64%), adjusting the bedroom heating (33%) and locking their bedroom when leaving it (27%) were almost identical to the proportions reported in the survey of residents.

All respondents in the initial survey of relatives expected the home to be comfortable and warm, that staff would look after the resident's health and

needs, that the staff would be caring and sensitive, that the resident would feel safe in the home, and that the home would be secure.

Almost all expected the resident to be clean and appropriately dressed (97%), to have company in the home (91%), and that the residents would be friendly (88%). In terms of the resident's control over their life, almost all expected the resident to keep their own possessions (97%), and all expected them to keep their own clothes. However, as in the survey of residents, smaller proportions of homes provided an adequate explanation of the arrangements for clothing and laundry prior to moving in. Although almost all were advised about the arrangements for washing and cleaning (94%), only 67% were advised of what clothing would be needed and only 39% were advised about the quantity needed.

As expected, a higher proportion of relatives than residents reported that staff explained how the fees would be paid before the resident moved into the home, but staff did not discuss the fee arrangements in six cases (18%). Nonetheless, all respondents indicated that the staff were very helpful at the time of the move into the home.

In terms of their expectations about the social life in the home, 15 relatives indicated that they expected that the resident's social life would be affected by their state of health, such as dementia. Apart from these cases, the majority of relatives expected either no change or an improvement in the resident's level of social contact. Seventy-two per cent of relatives thought that residents would socialise more or that there would be no difference in their social life, and 94% of all respondents expected that the resident would see their family and friends as much or more than before.

Table 9: Expectations and Experiences of Say in Life in Home

When can be visited



When can come and go from home



When can be alone



Time to go to bed



Whether can remain living in home



Table 9: Expectations and Experiences of Say in Life in Home

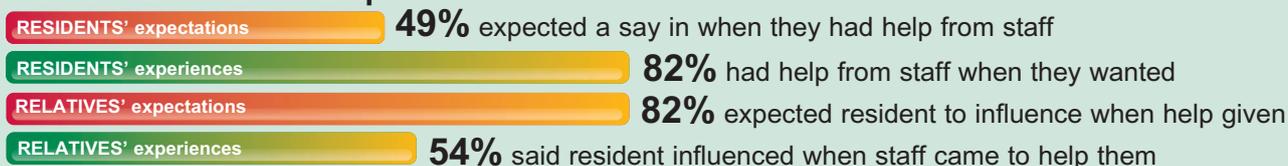
When can have a hot drink



How arrange bedroom



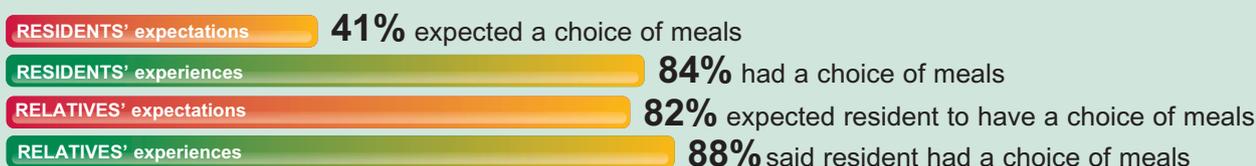
When staff come to help



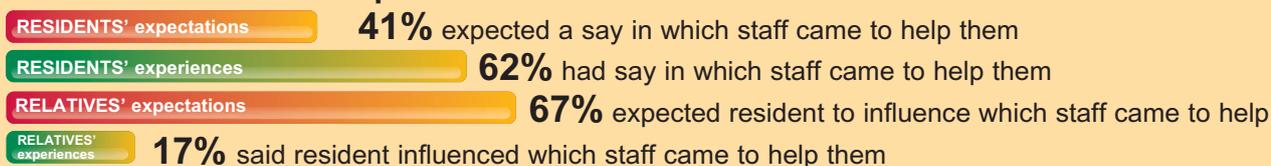
Time get up



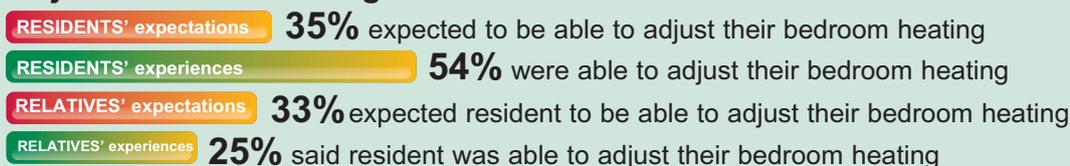
Choice of meals



Which staff come to help



Adjust bedroom heating



Locking their room

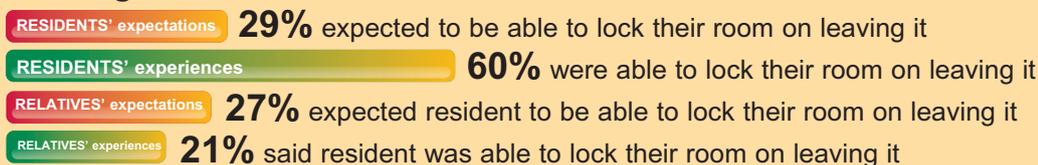


Table 10: Expectations and Experiences of Living in Home

Staff look after health and physical needs



Feeling comfortable and warm



Feeling clean and appropriately dressed



Home secure

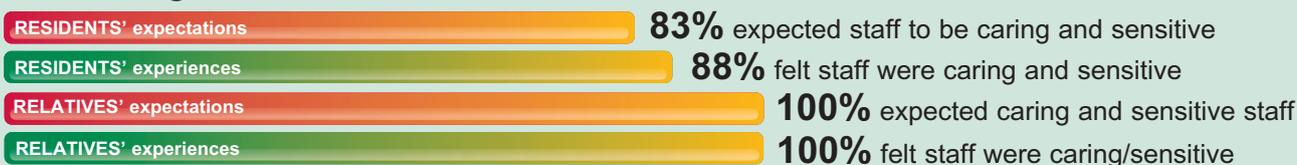


Feeling safe

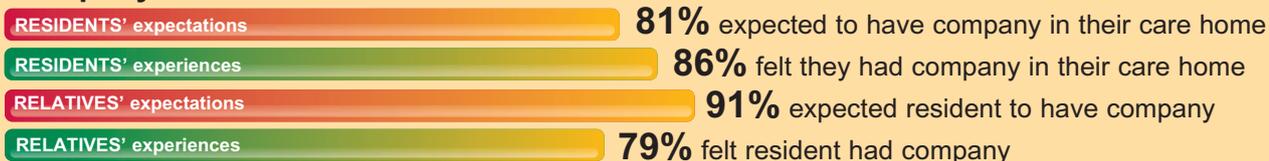


Table 10: Expectations and Experiences of Living in Home

Staff caring and sensitive



Company



Money for personal items



Money for clothes and shoes



Friendly residents



Experiences of Life in the Home

Residents' Views

Social life better or at least as good as before

In the follow-up survey, 78% of residents indicated that they socialised more or that there was no difference in their social life, and 82% saw their family and friends as much or more than before, both proportions being slightly higher than in the initial survey. For the majority of residents (68%) the home was the focus of their social life, but 28% indicated that at least half their social life was outside the home. The majority were happy with the amount of contact with their family and friends (68%), but 20% indicated that they would like to see their family and friends a fair amount or a lot more. Within the home, 70% of residents in the follow-up survey reported that they had made two or more friends, but 18% were not interested in making friends.

Majority took part in activities

Two-thirds of the residents in the follow-up survey reported that they took part in activities in the home. However, 40% indicated that health and mobility problems prevented them from taking part in social activities.

The main activities that residents participated in, reported by at least one-third of those who took part, were: sing-songs or music; board games, bingo and card games; and sports or exercise classes. The main benefits of participation, reported by around one-half of those who took part, were in the enjoyment of friendship and company.

Generally a greater say than expected

In the follow-up survey, residents reported having a greater say in the day-to-day life of the home than in the initial survey. Residents felt that they had a say in being able to be alone (100%), the time they went to bed (96%), when they could be visited (94%), the way they could arrange their bedroom (86%), whether they could remain living in the home (86%), the time they got up in the morning (84%), the choice of meals (84%), when staff helped them (82%) and when they could have a hot drink (80%). Fewer felt that they had a say in whether they could lock their bedroom when leaving it (60%), or whether they could adjust their bedroom heating (54%), but these proportions were

still higher than in the initial survey. All of those who felt that they had a choice of meals were happy with the range of food offered.

Expectations generally exceeded on comfort and care

As in the initial survey, residents were asked in the follow-up survey to indicate whether a number of statements about the comfort and care provided were true of living in the home. Although residents had relatively high expectations about these aspects of living in the homes in the initial survey, the proportion of positive responses in the follow-up survey was higher for each statement, and over 85% of residents gave positive responses to each of the questions.

In terms of the design of the home, 74% of the residents in the follow-up indicated that their room was well-designed to meet their needs, and 78% indicated that the home was well-designed. Two residents reported that their room was totally inappropriate. For 92% of residents the size of their room was 'just right', but for four residents it was too small. Similar proportions of residents were satisfied with the size of the communal rooms (88%) and the size of the home overall (94%). Forty-four per cent of residents were able to get around the home without problems, and 46% were able to get to all the places in the home that they needed to with help. For 64% of residents, mobility in the home was much or somewhat easier than in their previous accommodation.

Relatives' Views

Impact of move on social life

In the follow-up survey, 75% of relatives indicated that the resident socialised more or that there was no difference in their social life, and 88% indicated that they saw their family and friends as much or more than before. However, in five cases (21%) the resident's social life was affected by the presence of a condition such as dementia, and almost all of the other residents had the same or more social contact than before moving in, a higher proportion than expected in the initial survey.

Participation in activities

Three-quarters of the relatives reported that the resident took part in activities in the home. However, 71% indicated that health and mobility



problems prevented the resident from taking part in social activities and one-third indicated that hearing problems prevented the resident from participating. As in the survey of residents, the main activities that residents participated in, reported by at least one-third of respondents, were: sing-songs or music; and board games, bingo and card games. However, fewer took part in sports or exercise classes, which might be expected from the greater level of dependency among these residents. The majority of relatives (83%) indicated that they were very or fairly happy with the range of activities offered by the home.

Perceptions of the amount of say residents had in shaping their daily lives

In the survey of residents, residents reported having a greater say in the day-to-day life of the home in the follow-up survey than in the initial survey. However, in the survey of relatives the responses to the corresponding questions in the initial and the follow-up surveys were generally very similar, with the exception of the questions on the choice of who would help the resident and when staff helped them. Fewer relatives indicated that residents had a choice in these matters in the follow-up than in the initial survey: in the initial survey, 67% of relatives thought that the resident would have a say in who would help them and 82% thought that the resident would have a say in when they would be helped.

However, in the follow-up survey the corresponding percentages were 17% and 54%, respectively.

Comfort and care

Relatives had very high expectations of the comfort and care provided for residents, and their experiences were very similar to their expectations, apart from a smaller proportion that reported that the resident had company (79%) than was expected in the initial survey (91%). All of those who felt that the resident had a choice of meals were happy with the range of food offered.

Design of the home

In terms of the design of the home, 67% of the relatives in the follow-up indicated that the resident's room was well-designed to meet their needs, and 75% indicated that the home was well-designed. For one resident the room and the home were reported as totally inappropriate. In the majority of cases, the size of the resident's room was described as 'just right', but for two residents it was judged to be too small. All respondents were satisfied with the size of the communal rooms and the size of the home overall. One-third of residents were reported as being able to get around the home without problems, and 63% were able to get to all the places that they needed to with help. For 63% of residents, relatives thought that mobility in the home was much or somewhat easier than in their previous accommodation.

Care Services and Staff Support



Residents' Views

Access to therapy services and healthcare

Prior to admission, over one-third of residents received chiropody services, but very few received other therapy services.

After moving in, the proportion that received chiropody services more than doubled, to 72%, and 20% reported that they received physiotherapy. However, few residents received occupational therapy and none of the residents received speech therapy.

Since moving in, 80% had also had a consultation with a GP or a practice nurse, and 30% had been to hospital.

General satisfaction with help received from care home staff

Residents were generally satisfied with the help that they received from staff, with 80% being very satisfied, and 92% reported that staff were very welcoming to visitors.

The majority of residents (86%) reported that they were always treated with respect by staff, 82% reported that staff always knocked on their door and waited before entering their room, 78% reported that all staff treated them as an individual, and 74% reported that staff were never in a rush when helping them.

However, excluding those for whom the question was not applicable, a smaller proportion (61%) reported that they were always informed about changes in their care.

Two-thirds (68%) of residents considered a particular member of staff to be a friend, the majority of whom were senior nurses or carers.

Knowing how to make a complaint

Three-quarters (76%) of the residents included in the follow-up indicated that they knew how to make a complaint to the home, if they needed to. Five residents (10%) had been dissatisfied with the home or the staff, and four of the individuals concerned had made a complaint.

Relatives' Views

Access to therapy services and healthcare

As in the survey of residents, relatives reported that a higher proportion of residents received chiropody services after moving in than before. Excluding one person who did not have access to chiropody services, 91% received chiropody after moving in, compared with 63% of those included in the follow-up who received chiropody before moving in. However, relatives reported that residents were no more likely to receive other therapy services after moving in than before admission.

Since moving in, 92% had also had a consultation with a GP or a practice nurse, and 46% had been to hospital. Relatives reported that 79% of residents had had hospital treatment prior to moving in, and in two-thirds of these cases they indicated that the medical or nursing care provided in the home was of a higher standard.

A small number of relatives indicated that they expected the home to provide certain medical or nursing procedures that were not available, but the majority (83%) did not identify any such procedures.

Improvements in physical and mental health

Relatives were asked whether they detected any change in the resident's physical or mental health following the move into the care home. Excluding those who had moved from another care home, relatives reported that six of those who had moved for mental health reasons (43%) and five of those who had moved for physical health reasons (28%) had shown an improvement in functioning.

Homes run in the interests of residents

All relatives were generally satisfied with the help that the resident received from staff, with 71% being very satisfied, and all but one felt that the home was run in the best interests of the residents.

All relatives reported that the staff were very helpful, and 92% reported that staff were very welcoming when they were visiting the home. In most cases (88%) the relative had regular contact with the home, and 74% of those who needed to make contact with a member of staff found it easy to do so. Compared with the survey of residents, somewhat smaller proportions of relatives reported that the staff always treated the resident with respect (75%), that all the staff treated the resident as an individual (71%), or that staff were never in a rush when helping them (63%). However, excluding one case for whom the question was not applicable, the same proportion (61%) reported that they were always informed about changes in the resident's care.

Complaints

One-quarter of the relatives included in the follow-up had been dissatisfied with the home or the staff, and four of the six individuals concerned had made a complaint. In each case the relative had noticed the problem themselves, rather than being informed of the problem by the resident.

Awareness of care standards that could be expected

As noted above, around half of the relatives in the initial survey indicated that they were aware of their right to demand certain standards of care, as set out in the National Minimum Standards for Care Homes. For the relatives in the follow-up the proportion had increased to 83%.

Satisfaction with Life in the Home

Table 11 shows the views of residents and relatives about care homes in general and Table 12 shows their opinions on the existence of abuse.

Residents' Views

Most said experience was good

Overall, 86% of residents included in the follow-up indicated that their experience of living in the home was good and the remainder indicated that it was both good and bad. Thirty-seven residents (74%) indicated that the home was at least as good as expected, while four stated that it had not been as good as expected.

Among those who had previously lived in a care home, three-quarters (76%) indicated that living in the home was the same or better than living in the previous home and one resident stated that it was somewhat worse.

Good overall impression of care homes

Having lived in the home, the majority of residents indicated that their overall impression of care homes was good (84%) and 12% indicated that it was good and bad. Only 40% of residents stated that they wished that they were living in their original home, a similar figure to that obtained in the initial survey (43%), and the majority (92%) expected to remain living in the home at least for the near future.

Among those who had not previously lived in a care home (33 residents), 21% reported in the initial survey that they had had a bad impression of care homes before moving into the home, and a further 9% indicated that their impression had been both good and bad.

Among those who had previously lived in a care home (17 residents), four (24%) reported in the initial survey that their experience had been both good and bad and none reported that it had been bad.

In the follow-up survey, residents were also asked a few open-ended questions about their satisfaction with life in the home. Around three-quarters of the residents responded to these questions, and the majority (58%) had no complaints or made general positive comments about the home. Around one-third made comments about the staff, the majority

of which were positive, but there were a few instances of insensitive or rushed treatment of residents.

The other issue that generated a number of comments was the quality of the food provided. Five residents made comments on the food, and four of these were negative. Individual comments by small numbers of residents included issues of independence and freedom (positive), the cleanliness of the home (both positive and negative), the security of the home at night (negative) and the laundry arrangements (negative).

Although residents made some negative comments, overall their comments indicated a substantial level of satisfaction with life in the home. However, although the views of residents about care homes were more favourable in the follow-up, the proportion that believed that residents may be abused did not decrease between the initial survey and the follow-up. Although the proportions that believed that residents might be neglected, or have money or possessions stolen, remained fairly constant, the proportion that believed that residents may be physically or psychologically mistreated doubled, from 12% to 24%.

Relatives' Views

The relatives reported that their previous impression of care homes was generally bad (42%) or both good and bad (30%). Around 60% believed that some people were neglected (64%) or psychologically or physically mistreated (61%), and around 30% believed that some residents had money (27%) or other possessions stolen (33%).

Increase in proportion thinking care homes were generally good

Among the relatives who were included in the follow-up, accounting for 24 of the 33 individuals, 92% reported having a favourable general impression of care homes, and the others reported that their impression was both good and bad.

Nearly all likely to recommend the home

All but one of the 24 relatives indicated that they would be very likely (75%) or quite likely (21%) to recommend the home. However, among these relatives around two-thirds still believed that some people in care homes generally were neglected or

mistreated, and substantially higher proportions believed that some residents in homes generally had money (38%, compared with 21% in the initial survey) or other possessions stolen (54%, compared with 21%).

Improved quality of life

Prior to admission, 39% of relatives reported that the resident's quality of life was bad or very bad, and for the relatives included in the follow-up the figure was 46%. However, since admission, 75% of the relatives included in the follow-up reported that the resident's quality of life was very good or good, and 17% reported that it was neither good nor bad. All relatives in the follow-up believed that the resident was settling in better (58%) or as well as they had hoped (42%), and all but one expected the

resident to remain living in the home at least for the near future.

As in the survey of residents, relatives were asked a few open-ended questions about their satisfaction with the home, and all of the relatives responded to the questions. The great majority (83%) made general positive comments, with most expressing a high level of satisfaction with the home. The main issue raised by the relatives, mentioned by four respondents, concerned the level of staffing, which could limit the number of activities provided for residents. Individual comments by relatives concerned various unsatisfactory aspects of the design or maintenance of the home, and the cleanliness of the home (both positive and negative).

Table 11: Previous and Current General Impression of Care Homes¹

	Survey of Residents			Survey of Relatives	
	Previous - not in care home	Previous - in care home	Current	Previous	Current
	%	%	%	%	%
Good	39	71	84	17	92
Both good and bad	9	24	12	29	8
Bad	21	0	0	50	0
Not sure/Don't know	30	6	4	4	0
<i>Total number of cases</i>	33	17	50	24	24

Note: 1. Respondents in both initial and follow-up surveys only.

Table 12: Previous and Current Beliefs about Care Homes¹

	Survey of Residents		Survey of Relatives	
	Previous	Current	Previous	Current
	%	%	%	%
Mistreated	12	24	63	67
Neglected	28	24	67	63
Money stolen	18	20	21	38
Possessions stolen	16	20	21	54
<i>Total number of cases</i>	50	50	24	24

Note: 1. Respondents in both initial and follow-up surveys only.

Residents' Views

Residents were asked to rate their overall quality of life and their general health before moving into the current home and again in the follow-up. The majority of the initial 69 residents (70%) rated their overall quality of life as good or very good before moving in.

Increase in proportion who felt quality of life was now very good

Of the 50 residents who were included in the follow-up, 41 (82%) rated their overall quality of life as good or very good. However, of these 50 residents, the proportion that rated their quality of life as very good increased from 26% before moving in to 48% at the follow-up.

In relation to health, 52% of the initial 69 residents rated their general health as good or very good before moving in, and at the follow-up 62% of the 50 residents rated their general health as good or very good. Conversely, 12% rated their general health as bad or very bad before moving in, and the same proportion rated their general health as bad or very bad at the follow-up.

Relatives' Views

For those residents whose quality of life was very good, good or neither good nor bad, their relatives were asked a number of questions about their experience of placing the resident in a care home. Before the resident moved into a care home, 45% of relatives had had difficulty balancing the needs of the resident with those of other family members and 36% had had difficulty balancing the needs of the resident and work. Following the move, 18% found difficulty in finding the time to visit the resident and the same proportion reported struggling with the cost of the home.

Abuse and Neglect

Perceptions in a previous study

As noted above, the recent national survey of the prevalence of abuse and neglect (O'Keeffe et al., 2007) focused on older people living in private households, and there is no equivalent information available for care homes. In a national survey of the perceptions of abuse of older people among the general population, one-quarter reported knowing an older person who had been neglected or mistreated, and just over one-half reported that it had occurred in a care home (Hussein et al., 2007). Poor care was the most frequently-identified problem, reported by 51% of respondents, neglect and a lack of respect were reported by just over 20%, physical abuse was reported by just over 10%, and 5% reported financial abuse. However, the authors note that abuse is more pervasive in older people's own homes than in care homes and hospitals, and question whether the focus on formal care in the media and elsewhere influences people's perceptions, particularly given the degree of satisfaction expressed by recipients of care services.

Perceptions in present study

The residents and relatives in the present study were most likely to believe that some people in care homes were neglected or psychologically or physically mistreated. However, the proportions who believed that residents had money or other possessions stolen were much higher than the proportion who reported knowledge of financial abuse in the survey by Hussein et al., particularly among the relatives, who were likely to be more similar to the respondents in Hussein et al.'s survey. Although, as with abuse in general, most financial abuse takes place in people's own homes, there are specific concerns about financial issues for residents of care homes, ranging from theft to broader issues of the loss of financial control and the management of residents' financial affairs (Crosby et al., 2008).

Conclusions

Reasons for Moving

The most important reason reported for moving into a care home from individuals' own homes was physical health. The survey of residents excluded those who were incapable of consenting to participate, but a majority of relatives reported that the resident was a danger to themselves or others, or had mental health problems.

Other important reasons for moving into a care home were difficulties with coping with household tasks, mobility in the home and general upkeep. An inability to return home from hospital or to provide continuing support in their home were important reasons for the residents covered in the survey of relatives, and for one-third of those in the survey of residents. Relatives identified social issues, such as social isolation, living alone and a fear or experience of crime as somewhat more important factors than residents themselves.

However, a minority of residents were less dependent. These residents were more likely to have been single or divorced and to have been living in their own home as owner-occupiers. They were also more likely to have been living in homes providing personal care, and to have been privately funded.

Making the Decision

In the survey of residents, the decision to move into a care home was entirely or partially the resident's, supported by family and friends. Family and friends provided the main source of help according to the relatives, but a doctor or other professional was more likely to be involved than in the survey of residents.

Improved Quality of Life

Both residents and relatives reported improved quality of life following the move into a care home. Relatives reported that quality of life changed from bad or very bad to very good or good for a substantial number of residents.

Experiences Mainly Exceeded Expectations

Residents' experiences of day-to-day life in the home tended to be higher than their initial expectations, with the majority (over 80%) indicating that they had a say in most aspects of their daily life. However, fewer had control over whether they could lock their bedroom on leaving it or over the heating in their bedroom, although the proportions were higher than initially expected. Residents were also generally satisfied with the help received from staff.

Despite generally favourable impressions of the homes, both residents and relatives retained a belief that residents may be abused in care homes. While public perceptions of the relative level of abuse in care homes and private households may be influenced by media and other reports, it is of concern that a higher proportion of residents in the follow-up survey stated that residents may be psychologically or physically abused, while substantially higher proportions of relatives in the follow-up stated that some residents may have money or other possessions stolen, since these views may have been affected by their experiences of living in or visiting a home.

This study did not achieve the intended sample size, and it is quite possible that the participating homes and respondents formed a self-selected sample, although the comparison of the star ratings does not suggest that the homes were particularly unusual.

However, the study does suggest that the residents and relatives that responded generally valued the care and support provided by the homes. Their experiences of the homes tended to exceed their initial expectations and the quality of life of residents was often judged to have improved.

Inevitably, there were aspects of living in a home that were less satisfactory. Residents had less control over their environment than over other aspects of day-to-day life, and relatives reported

that residents had less say than expected in when and who would help with their care.

Given the level of physical and cognitive frailty among residents, participation in activities and socialisation with other residents were sometimes restricted by personal circumstances. Some relatives and residents commented on staffing issues, and expressed concern that staff were sometimes too rushed to give sufficient attention to the residents or organise activities.

Individual respondents identified matters that could have had a significant effect on the comfort and well-being of the residents, and homes should ensure that they have the means of identifying and rectifying these.

The positive responses indicate that care homes can provide welcoming and comfortable places to live for residents who choose to live in them, and providers should be able to achieve the standards of the best.

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