

# Care workers' experiences and perspectives on their work in Extra Care Housing

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# The Provision of Social Care in Extra Care Housing (ECHO)

**The aim:** to investigate how care is negotiated and delivered in extra care schemes.

**The objectives:** exploring,

- how residents make decisions about the changing nature of their care needs and how they negotiate these with care providers;
- how providers of care (managers of extra care schemes / social care provision) negotiate changes to the provision of care, both at an organisational and individual level;
- how front line staff mediate, and respond to, the changing needs of residents;
- how commissioners of extra care and social care negotiate changes in care with providers, including the balance of care.



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# The Provision of Social Care in Extra Care Housing (ECHO)

## **Design and methodology**

Longitudinal study of four schemes (including one specialist dementia scheme) based in 2 localities.

Each scheme visited on four occasions. Interviews held with residents, care workers and managers of schemes. As well as commissioners of services.

Residents interviewed four times across 20 months.

Care workers interviewed once.

Managers of schemes interviewed at the beginning and end of the study.

Commissioners interviewed at the beginning and end of the study.



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# Area characteristics

<b>Area 1</b>	Unitary authority, urban, pressure on land, revised contracts for small scale longstanding ECH schemes, large scale current investment in ECH encouraging providers to create accommodation for both private sale and nominated residents.
<b>Area 2</b>	County council, two tier authority, medium sized towns and rural areas, struggles to fill places designated for local authority supported people, land available for future developments but doubts about future funding, staff recruitment problems.



<b>Site A</b>	Housing and care provider (not for profit), 54 flats, rent (social landlord), built in 1977, amalgamated with another site in 2007.
<b>Site B</b>	Housing and care provider (not for profit), 49 flats, rent (social landlord), in operation for 12 years.
<b>Site C</b>	Separate housing and care providers (care provider is not for profit, housing provider is non-asset holding, non-charitable registered society), 42 flats, rent, built in 2015. Specialist dementia scheme.
<b>Site D</b>	Separate housing and care providers (care provider is not for profit, housing provider is non-asset holding, non-charitable registered society), 95 flats, available for rent, shared ownership or leasehold sale, built in 1998, extended in 2015.





# Care worker - sample

- 19 care workers (site A n5, B n5, C n4, D n5).
- 13 worked as care workers/ assistants or support workers, 3 team leaders (1 of the social club), 1 deputy manager and 1 activities champion.
- The 3 team leaders & deputy manager worked full time, the remainder worked part time. Contracted hours ranged from 10 to 30 per week.
- 5 participants had worked in current role for less than 12 months, the remainder had worked in the scheme for between 1 and 17 years (6 for 5 years+)
- All participants except the team leader of the social club carried out direct care with residents.



# Training

**All participants were overwhelmingly positive about their training.**

*“Yeah, [name of care provider], I’ve had lots of training through them. I went on a week’s training course, got the induction program, that was in [name of city]. I’ve had my medication training, I’ve got training courses coming up, there’s the e-learning system which is you know, your health and safety, safeguarding, adults, children, nutrition, you know, so the training is second to none really.”*

**(Site C, Care and Support Worker)**

**Across sites participants noted that they would like to receive training in end of life care.**



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# Perspectives on what they do

**The aims of ECH & wider policy objectives were implicit in descriptions of their roles**

*“Basically, the work I feel I do here is we assist vulnerable adults to have more of an independent life here, so by doing small tasks for them like helping them to make their food, their personal care, just making their lives a lot easier.”*

**(Site B, Acting Senior Carer, 9 years at scheme)**

**Others described a series of tasks to perform**

*“..... Getting people up and washed and dressed, showered or bathed in the morning, make breakfast, .... Erm obviously put clean clothes on of choice whatever they want to wear erm always give them choice and obviously making sure their well being is alright.”*

**(Site D, Resident Support worker, 17 years at scheme)**



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# The organisation of care

Care was organised into 'runs' determined by residents needs.

*"It's a sheet called a run with carers' names at the top, times down the side and then flat numbers and times."* **(Site B, Care Assistant)**

*"No you get a run every morning or afternoon you get a run what you're doing and one day you could be up this building next the new building."*  
**(Site D, Support Worker)**

*"When you come in in the morning, you come in and you'll pick up your [....] rota and it will give you your times and what residents you're going to visit that day.'*  
**(Site C, Support Worker)**



# Limitations of the organisation of care

**'Runs' were a source of frustration.**

*"You do get stressed sometimes when it's, when sometimes you've got to rush. You have got to stick to your times."* **(Site A, Care Worker)**

*"It's back-to-back, especially if you have the handset. We have 15 minutes leeway but the residents have to have their time as well. If you need the toilet that's 5 minutes and then you're 5 minutes late. It would be good to have 5 minutes in between. You don't cut the time short but if it's an emergency you have to. If you're running late you just have to finish later."* **(Site B, Care Assistant)**

*"It depends on their care package, because we are set boundaries and time limits and so obviously we've got to keep within that time frame but if we go over, then we're going to have to explain what we did with that extra time for that to be carried on to go into their care package so it all depends."* **(Site C, Care Worker)**



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# Limitations of the organisation of care

**A lack of 'time' and staff shortages caused frustration**

*"... If we're short one member, cause then you have to split a run, which means you have a lot more people ... and you don't have that extra time then just to have that little talk with them. You're literally in and out."*

**(Site B, Care Assistant and Domestic)**

*"I would make sure everything is done and add on. If it's gone over more than 15 minutes and I know I will be running late, I would phone the team leader and say look I'm running late, could somebody pick up my next cos if it's meds..."*

**worker)**

**(Site D Support**



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# Changing resident profile

*“There are people that are on different, as I class, brackets of care. You will have some low people that may just need a bit of cream put on or a bit of shopping done or stuff like that and then you’ve got your very high care packages that come in that, you do everything for them so that’s their personal care, their shopping, their house work and everything. [.....] I would say from the time I’ve worked here it’s getting progressively, it feels like its’s getting progressively higher care if you know what I’m trying to say. Because when I first came to work here it was literally making the meal for somebody and now its more of the personal care that’s come in, more manual handling.”*

**(Site B, Acting Senior Carer)**



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# Responding to changing care needs

*“Normally if it’s additional care, if it’s needed there and then, they’ve taken longer than their time, we have got a worksheet. This is my worksheet and on the back you have got a piece of paper which is unplanned care. Which you fill out. The office then sees that and say. Right, if it happens so often. It might be a one off that day. But if it’s happening quite regularly then obviously they’ve got to go to the next [...] they go on to their support workers or social workers or what have you and say ‘right they actually need extra care because this is not working out now. They obviously need, they’ve obviously deteriorated a little bit’. And it might only be if they’ve had an accident and they’ve hurt themselves and they can’t cope for that few weeks. It might just be that few times. And then they could reassess it again but they do need reassessing if it’s happened too often”.*

**(Site A, Care Worker)**



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# How statutory services respond

*we'd contact the local social care team, request a review because this need has been recognised um, with a view obviously if needs be, to get more time or if that's not needed the family would be contacted with a view really to just tweaking that care plan to include the additional care." ..... "But for the social care team and the social workers to act upon that, honestly it, it can take time, yeah and it may need a few reminders **and you almost have to fight a as well a little bit for that extra cause you've got to justify it, prove it"**.*

**(Site C, Deputy Manager)**



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# 'Favours'

**There were examples of care workers doing 'favours'.**

*"And another lady, she's so tiny she bought an apron and she was swimming in it so I took it home and took it up. Sort of cut that much off (laughs). I took it up for her. Things like that yeah. When one of our ladies was in hospital I went to see her a couple of times. Took her washing in, washed it, took it back".*

**(Site A, Care Worker)**

*"sometimes .... if they're running low on groceries or shopping and that and I know I'm going to nip there and I've got enough to carry I might bring a pint of milk. So if you need some I might just grab it and bring it in tomorrow sort of thing." [When asked if she was allowed to do that she replied] "No, no. but a lot of people do it. .... Yeah well we can't, we don't like seeing them go without that's what it is. Most of us are like that".*

**(Site B, Care Assistant)**



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# 'Favours'

*"..... and the one time I was making a gingerbread cake and just one that you put together and there's one gentleman that never comes out his flat. He's got quite a lot of dementia; you know but he isn't that old actually. But I just feel a bit sorry ... he could do with a bit more companionship so I went up and finished the cake off. I thought he can put all the sweets on it you know. So I went up into his flat and spent time with him and he seemed to enjoy ... it's a bit of a task for him to do, just putting the sweets on but he seemed to enjoy it. Yeah so that was off my own back but not something that was in the care plan, yeah."*

**(Site C, Care Worker)**



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## The organisational approach to Favours.

*“It sounds very funny. The office state that you have to follow care plan because if one of us carers goes over and beyond when we shouldn’t so it then can lead to other staff members being shouted at [...] because not all of us are doing. So it’s easier to stick to what’s on the care plan. If I notice something’s not on the care plan that I need then I have to go to my line manager and ask for a review to be taken place for them to accommodate my ideas in there as well”.*

**(Site B, Acting Senior Carer)**

*“It wouldn’t do us a favour because that’s not how the business should work and I strongly believe in that because it’s not about me being kind, but it’s not fair you know I’m kind of charging one person for the shopping but for the other one I will do for free and then [name of organisation] pays me for that and I think you know where is the equality yeah”.*

**(Site A, Team Leader)**



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# Conclusions

- Care workers valued their training and preparation for their work.
- Most felt well supported by their managers and organisation.
- Many, but not all, offered explicit or implicit understandings of the aims and objectives of ECH.
- The organisation of work imitated patterns at some traditional care homes/ domiciliary care services & was a source of frustration and concern amongst some care workers.
- The process of responding to a resident's changing care needs was generally understood.
- Care workers often noted, or alluded to, the changing ECH context.



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**Any questions?**



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