

RCN CARE HOME SURVEY 2004

Impact of low fees for care homes in the UK

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This survey was carried out by Jane Ball (of Employment Research Ltd) on behalf of the Royal College of Nursing.

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Introduction

Background

At the 2003 RCN Congress members raised concerns over the rate of closure of care homes. The following resolution was proposed and overwhelmingly carried (by 99.78%):

That this meeting of RCN Congress urges Council to lobby Governments to raise the level of fees paid to care homes to prevent the escalating rate of care home closures.

As a result, an RCN working group was formed to identify work in this area. The focus of this working group has been to look at the impact of low fees on quality of care, with the view to using information gathered as part of a lobbying campaign. Jane Ball (of Employment Research Ltd) was commissioned by the RCN to conduct a postal survey of RCN members working in nursing care homes. The survey was conducted in January/February 2004 and the results are highlighted in this document.

Sampling method and response

The sample was drawn from the RCN Nursing and Care Home Network (a sub-group of the RCN Forum for Independent Nurse Managers) (2,676 members). Only those nurses who indicated they were currently working in a care home setting were included. From this population 800 were drawn randomly and sent a questionnaire with a letter from the RCN General Secretary Beverly Malone in January. They were given a month to respond via freepost. No reminders were sent and the survey was entirely anonymous. Of the 800 forms sent out, 294 completed forms were returned. In addition to these, five responses were not applicable (retired/changed; sector/regional management) and another was a post office return. The survey response rate was 37%, which is excellent given that respondents were not reminded or prompted in any way¹.

It is clear that nurses in this sector are keen to have a voice on the issues affecting them at work. Not only did a good number respond to the survey, but the standard

of completion was high and three-quarters used the open-ended section at the back of the questionnaire to make additional comments. Many commented to the researchers how pleased they were that the RCN was undertaking the survey, and how valuable they saw the work. A third also indicated that they would like to contribute further to the RCN's work, and were prepared to give their names and contact details.

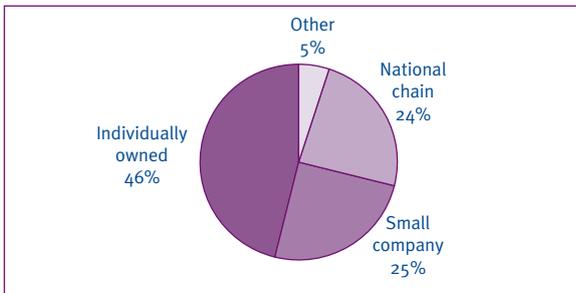
¹ If the pattern of response to the RCN annual employment survey applies, then an initial response of 37% would yield 55% after the first reminder and go up to 64% with the second reminder.

1

Profile – type of homes covered by the survey

Figure 1 shows the mix of homes covered by the 293 respondents, in terms of home ownership. Just under half (45%) are individually owned homes whilst the remainder are split between being part of large national chains (24%) or part of smaller companies. One in twenty described their home as ‘other’.

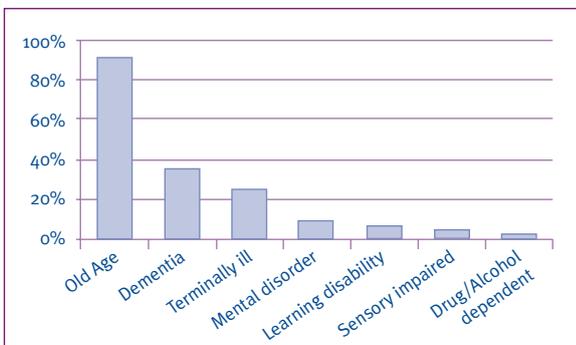
Figure 1: Type of home



Source: Employment Research/RCN 2004

The vast majority (94%) of homes surveyed are registered to provide care for older people or those with dementia. Figure 2 shows the proportion of homes registered for each type of care provisions. Homes may be registered for more than one type of care provision hence the total exceeds 100%. The remainder of the document focuses on the 274 respondents who work in homes registered to provide care for the elderly or those with dementia.

Figure 2: Category of registration

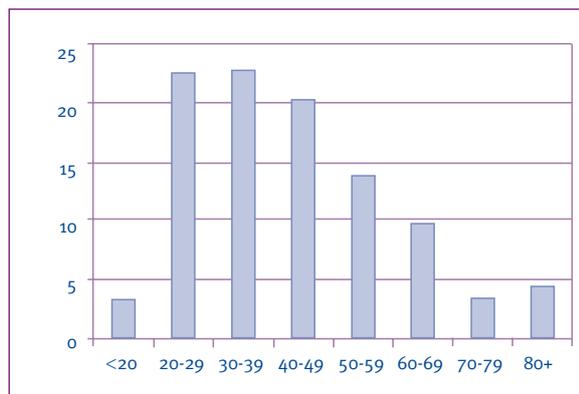


Source: Employment Research/RCN 2004

In virtually all cases (98%) the registered manager is a registered nurse. In the six cases where this is not the case – four are individually owned homes, one is part of a small company and one is described as ‘other’. In all six cases the homes are registered to provide care for old age.

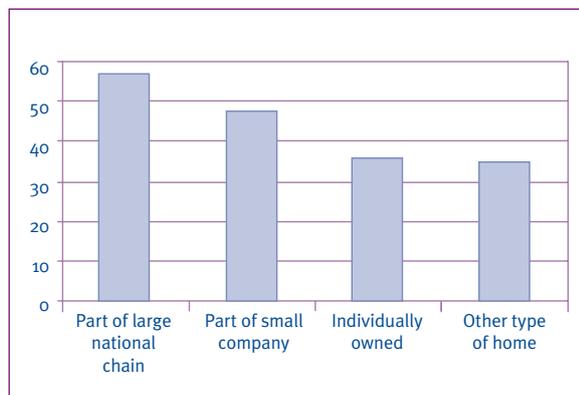
Typically, homes had 44 beds although the size of homes varies considerably, from the smallest with just 11 beds to the largest with 210 (see Figure 3). The homes that are part of a national chain are generally larger and the individually owned homes smaller, as Figure 4 shows. Respondents completing the forms were in the main either sisters/senior nurses at the homes (47%) or managers (33%). In a few cases (4%) the respondent was the home owner (see Figure 6). They had typically been working at their current workplace for an average of seven years, although this ranged from a few months to 22 years (Figure 5).

Figure 3: Number of beds



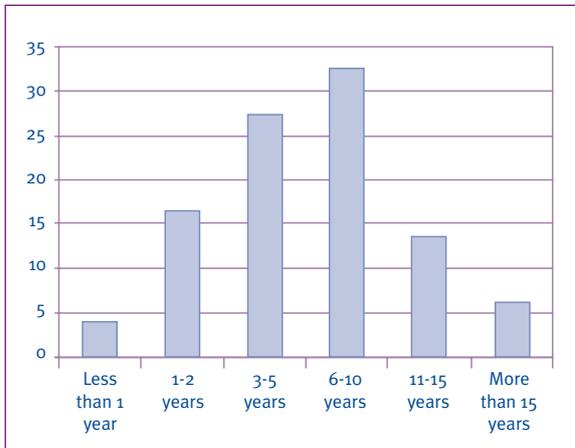
Source: Employment Research/RCN 2004

Figure 4: Number of beds by home type



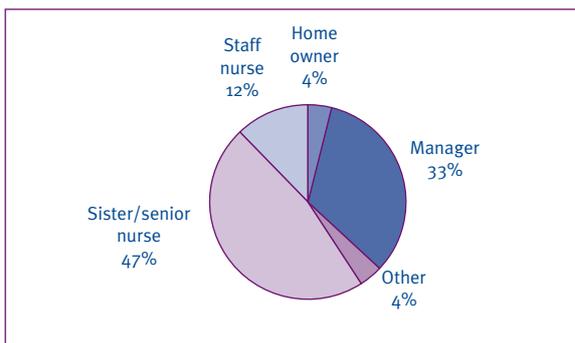
Source: Employment Research/RCN 2004

Figure 5: Time at current workplace



Source: Employment Research/RCN 2004

Figure 6: Respondent's job-title



Source: Employment Research/RCN 2004

2 Staffing

One in five respondents was able to provide details of the whole time equivalent number of staff employed. On average, homes reported that they employed eight registered nurses, 18 care assistants and five house keepers – a mean of 31 whole time equivalents.

Typically, registered nurses (RNs) make up less than a third (30%) of the employed nursing staff. Although the proportion of RNs employed ranged from 15% to 48%, there was no significant difference between homes in terms of their ownership and whether the home is part of a chain or privately owned. However, there is a small difference between differently sized homes – smaller homes (less than 30 beds) have a slightly higher proportion of RNs employed, particularly in comparison with the middle-sized homes (31–50 beds).

This type of staffing data is not particularly easy for respondents to provide so another question asked nurses to describe the staffing pattern on the last shift they worked. Clearly staffing patterns in the day may differ from those at night, so the data were analysed according to whether the last shift was in the day/night. Respondents were asked to provide the following totals for the last shift they worked: number of residents, total

number of registered nurses on duty (including themselves), number of care assistants, and number of housekeeping staff. These data have been used to show the typical staffing levels, mix, and staff to resident ratios in nursing care homes.

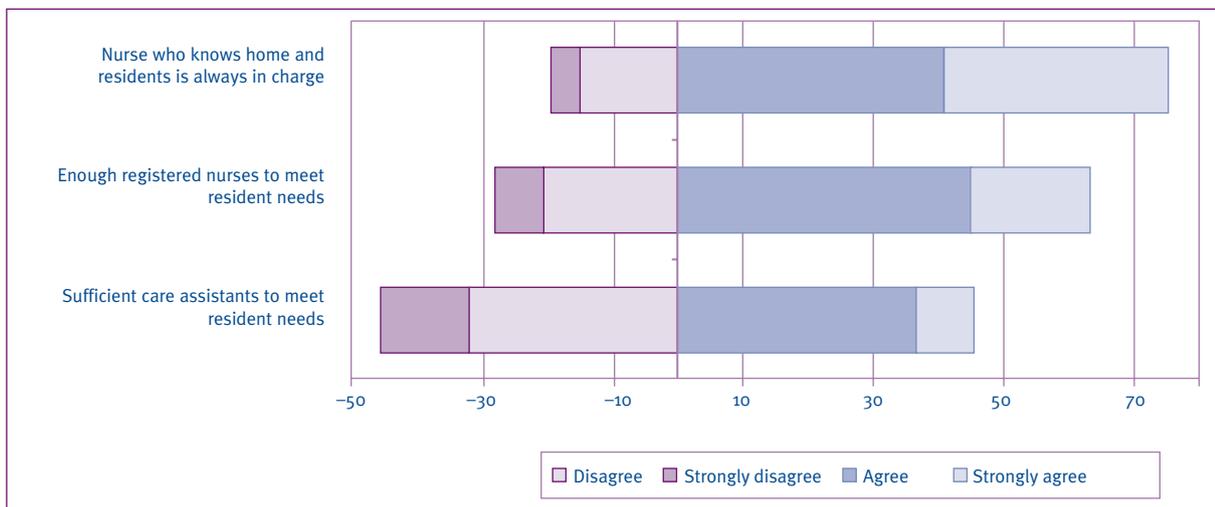
Table 1: Staff on duty – days and nights

	Day (n= 214)	Night (n=59)
Registered nurses (average)	2.2	1.3
Care assistants (average)	6.4	2.7
Housekeeping staff (average)	3	0
RNs as % of nursing staff	25%	34%
Total residents (average)	37	37
Residents per nursing staff	4.5:1	9.5:1
Residents per registered nurse	19:1 RN	30:1 RN

Source: *Employment Research/RCN care home survey 2004*

Figure 7 presents the results to some attitude statements on staffing issues. Just under 30% feel that there are not enough RNs on staff to meet residents’ needs. One respondent expressed concern that:

Figure 7: Nurses’ views of staffing in their care homes – percentages



Source: *Employment Research/RCN care home survey 2004*

“In real terms the fees scarcely cover nursing care, but then the care commission are of the opinion that most homes are adequately staffed by carers trained to SVQ2 and qualified staff are not really required.”

Whilst the majority (64%) agree that there are enough registered nurses where they work to meet residents’ needs, fewer (just 45%) feel there are sufficient care assistants to meet residents’ needs. Concern about care assistant numbers varies between the type of home – individually owned homes are more likely to think there are sufficient care assistants (54% agree compared with 37% in both national or local companies). Home owners (50%) and managers (59%) are also more likely than sisters (38%) or staff nurses (39%) to think there are enough care assistants. One home owner stated:

“I’d love to put staffing levels up to offer the type of care I want to give my residents but I am limited to 55% of my income for staffing. I’d also like to raise wages of care assistants and support staff.”

Use of agency nurses

Respondents were asked to indicate roughly what proportion of registered nurse shifts had been covered by agency staff (over the last six months). A significant proportion (44%) of those who responded to this question indicated that none of the shifts had been covered by agency. Of the 46% who said some shifts had been covered by agency, on average 12% of shifts had been covered in this way – that is the equivalent of one shift out of every 8 worked. Taking into account night duties as well as day shifts (ie a minimum of 14 shifts a week) this equates to roughly twice a week.

Of those who report that agency nurses have been used in the last six months, two out of three (67%) say that agency nurses who are unfamiliar with the home are sometimes left in charge. This may be related to the fact that less than half (41%) of those homes using agency staff have an induction programme for these staff. In stark contrast, 96% of all homes report that there is an induction programme for new members of staff.

3

Meeting residents' needs

Bed occupancy – the average bed occupancy (number of residents relative to number of beds expressed as a percentage) is 91%. In three out of ten cases nursing care homes are running at full capacity, with every bed allocated to a resident.

Clearly the care needs of residents will vary between the homes. The survey asked respondents how many of their residents had complex nursing needs. The average proportion of residents with complex needs is 31%, although a few are at each extreme – 8% say none, 7% say all. When asked whether they were able to meet these more complex nursing needs, 70% said they could but 30% said they did not feel they were always able to meet residents' nursing needs. Staff shortages (both registered and unregistered) were most frequently cited as the reason residents' complex nursing needs are sometimes not met. After this, lack of equipment and consumables are cited most frequently as a constraint on the homes' ability to meet residents' needs (see Table 2). One respondent summed up the problems as follows:

“I now work for an agency so see lots of homes. The problems seem to be all the same in all homes large or small. Lack of staff. Lack of correct equipment/training, therefore lack of time. Many residents classed as high dependency when they should be nursing.”

Table 2: Why not able to meet residents' complex nursing needs

	Percentage of cases ¹
Lack of trained staff	35
General staff shortage	33
Lack of equipment and consumables	24
Lack of time to deliver adequate care	17
Very ill clients requiring more time	8
Lack of motivated staff	6
Staff sickness	6
Lack of funds	4
Need more support from NHS	3
Paperwork/Other	2

¹ 108 responses from 78 cases

Source: *Employment Research/RCN care home survey 2004*

Respondents (45%) reported that some of the residents in the home have needs that could be better met in a different setting. The number of residents who respondents felt had needs that could be better met elsewhere ranged from 1 to 30, with an average of four per home (11% of the residents). The survey went on to ask if, in the last year, the home has accepted any residents that they felt were not appropriate to the home's category of registration. All but four answered the question – 44% reporting 'Yes', 55% 'No'. The number of 'inappropriate' residents ranged from 1 to 14, with an average of three per home.

The responses to the next two questions – in what way were they inappropriate, and why were they admitted, highlight some of the pressures faced by care homes. In many cases (75% of respondents answering the question) the problem is that residents have dementia or mental health issues that the home is not registered to provide care for (Table 3). Other residents require more intensive medical or nursing attention. In some cases it is the youthfulness or wellness of residents that causes respondents to feel they are not suited to the care home environment, as they cannot offer the right kind of stimulation and social opportunities.

“Funding for services like physiotherapy, occupational therapy and day centres would be helpful. A lot of residents need mental stimulation and a day centre would be ideal but there is no funding.”

One in five respondents also referred to poor referral processes or lack of proper assessment as part of the problem.

Table 3: In what way are residents inappropriate to registration?

	Percentage of cases ¹
EMI/Dementia	75
Poor assessment/referral process	18
Need acute medical attention	11
Youthfulness/client needs differ from other residents	9
Non-compliance of residents	2

¹ 144 responses from 126 cases

Source: *Employment Research/RCN care home survey 2004*

This came out strongly in response to the question: 'In your opinion, why were they (residents inappropriate to the category of registration) admitted?' Poor

assessment/referral processes are raised again by a third of respondents (Table 4), saying, for example, that residents' needs and health status is not fully disclosed on referral, particularly regarding behavioural and mental health problems.

“There is great pressure from social services to accept patients when they are very disturbed. We do not get extra funding when these require ‘specialing’ (i.e. one to one staffing) therefore at times the risk factors become very high. Inspection teams naturally require that all is perfect and argue that cost is irrelevant. The owner thinks that his profit margin is too small to make changes. As a manager I spend all my time trying to please both and never able to win in any situation.”

But the biggest factor (cited by about half of respondents) that causes homes to accept residents they are not equipped to provide care for is financial pressure and the need to fill beds. The funding arrangements are discussed more fully in the next section. Hospital bed pressures also impact on care homes – 11% of respondents report that they see this as the reason that their home has accepted residents who do not match the registration category.

“They class them as residential but know there are nurses on the premises so that they get nursing care on the cheap”

Table 4: Why are inappropriate residents accepted?

	Percentage of cases ¹
Pressure to fill beds/Financial reasons	48
Poor assessment/referral	32
Nowhere else suitable to go	17
To free up hospital beds	11
Patient's family known to management	11
Change in needs/conditions/patients (after arrived)	6
Other	3

¹153 responses, 121 cases

Source: *Employment Research/RCN care home survey 2004*

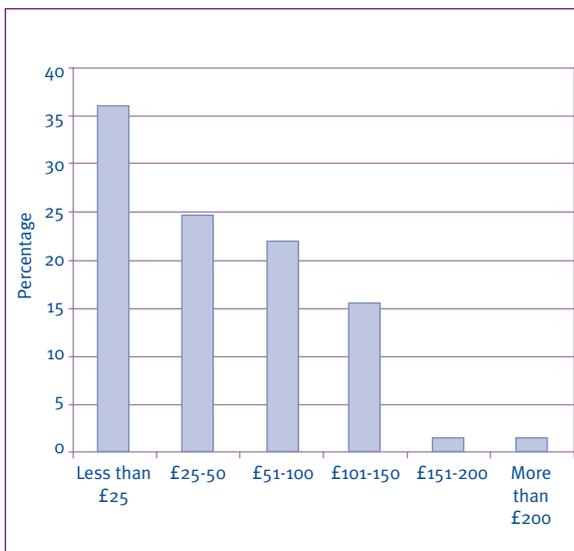
Despite the problems of caring for residents – some of whom have complex needs or are not suited to the homes' category of registration – the vast majority (89%) of respondents feel that 'the quality of care provided where they work is good' (42% strongly agreeing, and 47% agreeing with this statement).

4

Funding

The questionnaire asked respondents to give a breakdown of residents according to their funding stream. On average, state-funded residents account for 65% of all residents and self-funded residents make up 35%. However, in 72% of homes a 'top-up' fee is paid by some or all state-funded residents – on average 41% of homes' state-funded residents pay a top-up. The average top-up was £58 per week, but this varied from £3 to £255, as Figure 8 shows.

Figure 8: Variation in top-up fees paid by state-funded residents



Source: *Employment Research/RCN care home survey 2004*

Top-up fees play an important role in funding in many cases, as these comments highlight:

“We no longer accept residents who do not pay the full “fee” as DHSS funding can be so poor.”

“If families cannot top up we cannot take them any longer. The result of some residents not paying realistic rates means that nurses’ wages have not been at a high enough rate. It is hard enough finding good calibre staff already.”

“Most of the services funded are topped up, hairdressing, chiropody is all extra – there is no physiotherapy provided which is appalling.”

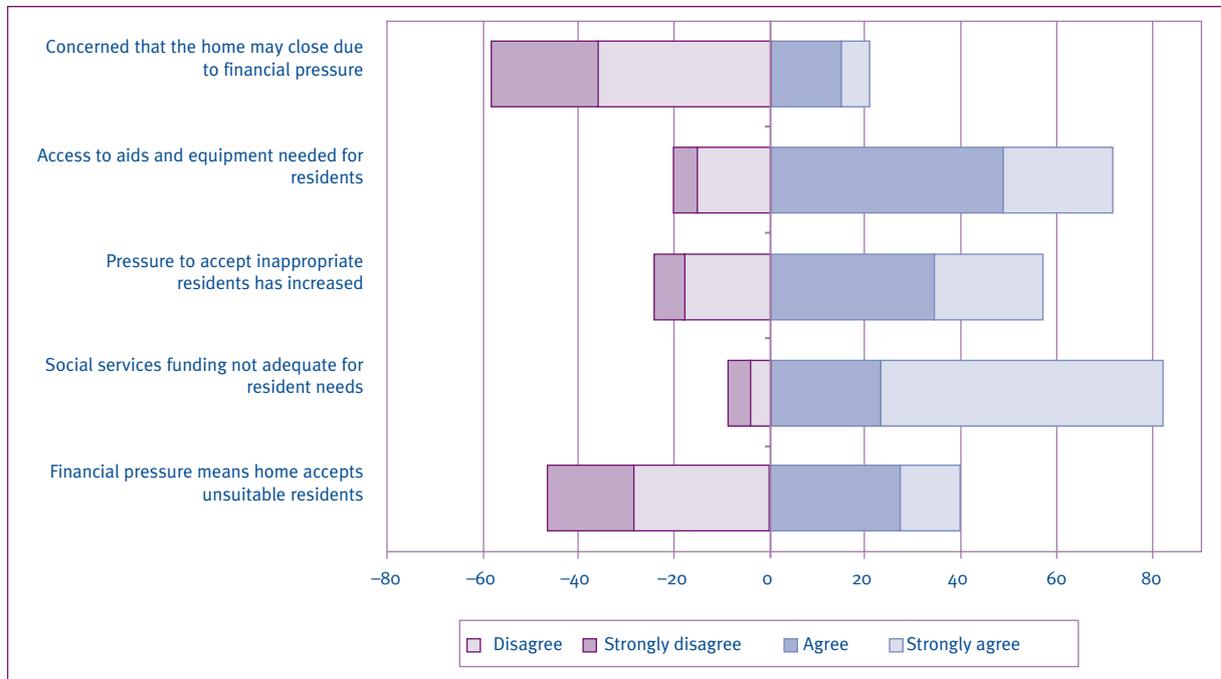
The previous section highlighted how some respondents believed that financial pressures are responsible for causing homes to accept residents who are inappropriate to their category of registration. We now see how the state-funds are being topped up in many cases. Are there other signs of funding strain?

The survey asked nurses to show their level of agreement, on a five-point scale, to 12 attitude items. Several of these relate to funding issues; the results are presented in Figure 9.

Responses to one particular question that stands out as significant (and with which four-fifths agreed) is that social services funding is not adequate (strongly agreed with by 59% and agreed with by a further 23%). Also, 40% say that financial pressures sometimes means that the home accepts residents who are not suitable to the category of registration. In 57% of cases it is reported that the pressure homes are under to accept inappropriate residents has increased. In a fifth of all cases respondents are concerned that the home may actually close due to financial pressures. Interestingly, home owners/managers (20%) and senior nurses (25%), who are the respondents likely to be best informed, are twice as likely than staff nurses (9%) to hold this view.

“Social workers do not appreciate that when a bed is booked it is losing money for the home and delays the discharge procedure. Social services are still telling families not to pay top-up fees and do not inform relatives that they can choose a home outside their area.”

Analysis by type of home shows that nationally owned chains feel much less vulnerable to these pressures than individually owned homes (6% agreeing compared with 27%). This is not explained by any differences in the dependence homes have on state funding – all have an

Figure 9: Funding and resources – percentages

Source: Employment Research/RCN Care Home Survey 2004

average of 60 to 70% of residents who are state funded and there are no significant differences between homes regarding this proportion.

In a small number of cases (17, or 7% of respondents to the question) respondents indicated that there had been occasions in the last few years when residents had been forced to leave the home due to lack of funding. Others – 36% of cases – indicated that they were aware that this had happened in other homes they knew or had worked at.

“Because of lack of funding, the home I worked in for 13 years, which had an excellent reputation among health professionals and public, closed in 2002. We operated on a full house but were set to lose £100,000 in that year due to social service funding being so low. The residents were relocated but several died as a result of the shock of moving out. The staff also took a long time to recover and find new employment.”

5

Nurses' views of their jobs

The survey also asked respondents to describe aspects of their own jobs, in order to build a picture of their views of the quality of working life in nursing care homes. Firstly, they were asked which aspects of their job they most enjoy. The vast majority (93%) answered this open-ended question and their responses were coded into broad themes. By far and away the most common response, given by 82% of respondents answering the question, is having the opportunity to provide good quality care. After that, most of the responses were divided between other aspects of work such as being part of a team, enjoying the management and responsibilities of the job, training staff and having the opportunity to do hands-on care.

Table 5: What aspects of your job do you most enjoy?

	Percentage of cases ¹
Providing good quality care	82
Responsibility/management role	22
Part of team/good team	17
Practical hands-on nursing	16
Training staff	16
Challenge	12
Diversity of role	6
Everything!	5
Nursing in a good environment	4
Getting positive feedback	4
Dealing with other professionals	3
Good working hours	<1
Other	<1

¹ 477 responses from 256 cases

Source: *Employment Research/RCN care home survey 2004*

The next question asked about the aspects of their job that cause most frustration. Workloads/stress and lack of staff were most frequently referred to, with too much bureaucracy and paperwork being the second most frequently cited frustration of the job. This is closely followed by frustration with referral and assessment procedures, and the number of inappropriate residents – cited by 25% of cases. A fifth found the attitude of

their colleagues to be a source of dissatisfaction. One in eight made specific reference to not being able to provide residents with essential equipment/consumables/facilities.

Table 6: What aspects of your job most frustrate you?

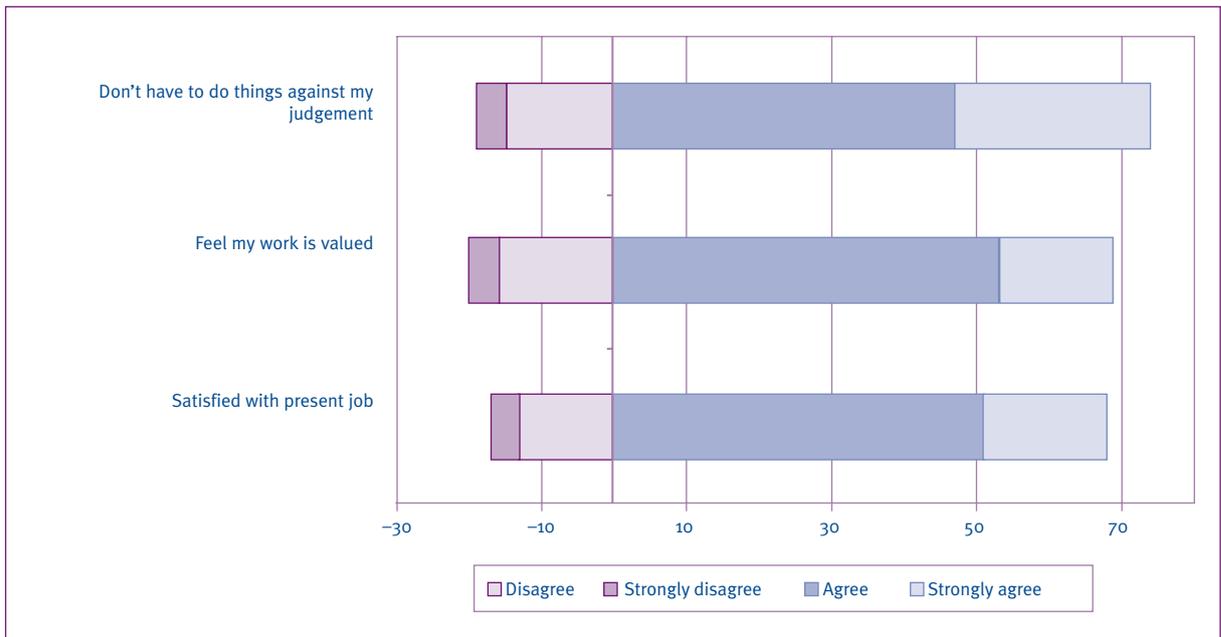
	Percentage of cases ¹
Overworked/stressed, staff shortages	44
Bureaucracy	31
Poor assessment/referral process; inappropriate admissions	25
Poor attitude of colleagues	20
Unable to provide essential equipment	13
Changes in management	6
Lack of social services funding	5
Foreign staff	4
Drug ordering system	4
Doing non-nursing work	3
Lack of training	3
Downward spiral of patient health	3
Environment/conditions	3
Lack of time	2
Staff turnover	2
Inspection/registration	2
Biased attitudes/bad press	2
Other including: Not being involved in decision-making; dealing with social services; bad management; unrealistic relatives expectations; pay (delays), blame culture	5

¹ 462 responses from 257 cases

Source: *Employment Research/RCN care home survey 2004*

Several of the attitude items are connected with respondents' views of their jobs – the extent to which they feel their work is valued, not having their nursing judgement compromised and overall job satisfaction. The responses to all three of these statements suggest that the majority of staff are happy with their jobs, feel valued and do not have to compromise their nursing judgement.

Figure 10: Views of job – percentages



Source: Employment Research/RCN care home survey 2004



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