Appendix B.1. Draft Provider Survey Headline Findings

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The survey was sent to all care and support providers. All but 1 have responded. This document provides the headline findings of responses received to date.

Supporting people to remain in ECH, reducing moves to residential or nursing care, and reducing hospital admissions

Providers were asked how many people they have supported to remain living in ECH in the last 12 months, who might otherwise have moved to a residential or nursing care home.

Numbers were provided as follows:

Provider	Name of scheme	Number supported	Name of scheme	Number supported	Name of scheme	Number supported	TOTAL
H21	Hillside Court	2	Bluebell Gardens	5	Haberfield House	3	10
Mears	Blaise Weston Court	2	-	-	-	-	2
Brunel	ABC	3	Colliers Gardens	5	Waverley Gardens	10	18
St Monica Trust	Westbury Fields	15	Monica Wills House	10	-	-	25

What enables this:

- Work with health – GPs, district nurses
- we would be present during district nurse visits to provide updates, discuss concerns, we carried out sugar level tests on the residents and welfare checks through the evening
- Equipment being in place in time
- Being able to offer double up calls
- Use AT to support people with cognitive impairment
- Overnight monitoring

3 main reasons for moving to care home:

- Increased risk of falls/ reduced mobility
- Unpredictable needs that cannot be planned for/ dementia
- The sites are staffed based on planned care hours and there isn't capacity to provide unplanned/ ad hoc reassurance to service users who (e.g.) walk with purpose

What will help:

- All feel staff training would be helpful, for example specialist and primary health care teams to 'upskill' staff. An example of this already working successfully was given:

'*We have received specialist training which has enhanced our nursing skills to ensure people can remain at home, this entailed a specialist nurse training staff to administer medication and food via a peg.*'

- Quick early access to support from health teams.

The dementia navigators really help with supporting people to stay in ECH getting them involved early on really helps

- Potential barrier: feeling unable to up-skill. When asked what would help,
- one response was:

'*Other professionals understand of what extra care housing is, we are not medically trained, we provide personal care in individuals' own home*'

Main reasons for hospital admissions

- Falls
- Infections that are resistant to antibiotics
- Also mentioned: Cardiac events, TIAs, COPD

What would help reduce hospital admissions

- Faster access to mobility aids and tech once need has been identified (equipment mentioned by 3/4)
- More night staff (x1)
- Faster response from mental health/ wellbeing services and social workers for reviews (x1)

'*Greater provision of equipment post incident that needs to be provided via external services such as profiling beds, falls equipment. Often unavailable equipment leads to the incident through delay such as mobility aids. May be impacted by size of the apartment and options to use equipment in that space such as mobile hoists linked to bed types and bathroom access*.'

'Repurposing' ECH – flexible, short-term options

- Hospital discharge flats for short term assessment/reablement, 3 yes, 1 no
- Respite flats, all said yes
- Short term 'taster' flats, 3 yes
- Accepting referrals for more complex needs, 1 said yes

What would help?

To adopt the ways of working integral to BCCs ECH vison, providers feel there is a need for:

- 2 x night staff in ECH,
- Stronger links with and prompt action from health and social care to support unplanned emergencies and reduce risk of emergencies occurring.
- Clearer communication in support plans.
- A need for funding to cover additional costs associated with short term care, support and accommodation
- Exit plans for people in short stay services

More detail is in the table below.

Way of working	What would help	Obstacles
Hospital discharge flats	2 waking nights Sufficient notice to put in place safe care Good lines of communication, SLA Quality BCC support plans Specialist training Funding to set up flats Guaranteed hours Trust Social work input from the start Additional care hours to support admission Trusted assessment process	No forward planning – nowhere for people to move to after short stay Poor BCC support plans Discharge without notice Insufficient staff/ Lack of specialist training Lack of coordination between hospital, provider, BCC
Respite	2 waking nights Sufficient notice to put in place safe care Good lines of communication, SLA Quality BCC support plans License to occupy agreement with BCC Funding to set up flats Guaranteed hours Retainer for vacant flats to minimise void risk	As above
'Taster flats'	1 scheme sometimes uses their respite flat for this purpose already	As above
More complex needs	As above and obtaining right support and equipment when needed quickly	Pay for the care and support in a different way, Professionals would need to be available in crisis, all packages are considered, as providers you look at the scheme who we have living there currently, mix of communities

		For one provider taking more people with complex needs is 'not an option'

Other comments:

- Can be challenging to get GPs to raise referrals to OT's
- Waiting time for equipment reviews
- Social workers not responsive/ trained to support individuals
- Needs linked to mental health and addiction can be met form care and support perspective but for LLs not always so – need to be able to manage a tenancy.

Innovative ECH

Providers were asked their views on working with home care providers to support provision in ECH, pool resources and meet demand.

Support from external home care providers

- This was seen as potentially useful, if the provider is reliable.
- Delays in attending to residents was considered a risk, especially if time specific medication is needed.
- However, one provider gave example of working well with an offsite provider who visits out of daytime hours to support a person with anxiety, until the care and support team arrive.
- It was felt an offsite provider would have to work to the care runs of the ECH provider.

Providing care and support in the wider community

- One provider already does this, and finds is helpful to have a home care and onsite team supporting (both Mears)
- Others unsure due to recruitment and resourcing, whether the schemes have 'capacity and space'. Also, a feeling that the existing ECH staff team may not be able to work in the community due to being on foot.

End of life care section to be completed

Providers were asked how many people they have supported with end-of-life care in the last 12 months.

Numbers were provided as follows:

Provider	Name of scheme	Number supported	Name of scheme	Number supported	Name of scheme	Number supported	TOTAL
H21	Hillside Court	3	Bluebell Gardens	2	Haberfield House	2	7

Mears	Blaise Weston Court	6	-	-	-	-	6
Brunel	ABC	3	Colliers Gardens	4	Waverley Gardens	1	8
St Monica Trust	Westbury Fields	5	Monica Wills House	7	-	-	12

- Responses demonstrate that ECH providers already support people to die at home and give examples of working with GP's, hospitals, hospice team and other care teams to enable this.
- Challenges are faced if equipment, medication or increases in care and support visits cannot be arranged quickly enough.