



Meaningful Connection

Report on findings
from consultation
with care home staff



HAPPY TO TRANSLATE

Purpose

To inform our work, we sought views from staff working in care homes for adults and older people about opportunities they had to support people with meaningful connection, and how confident they felt to do so. This was to supplement the data gathered during our [engagement visits to care homes](#), and to further enhance our understanding of what mattered to staff working in care homes, allowing us to consider their perspectives and experiences as we co-create future guidance.

Methodology

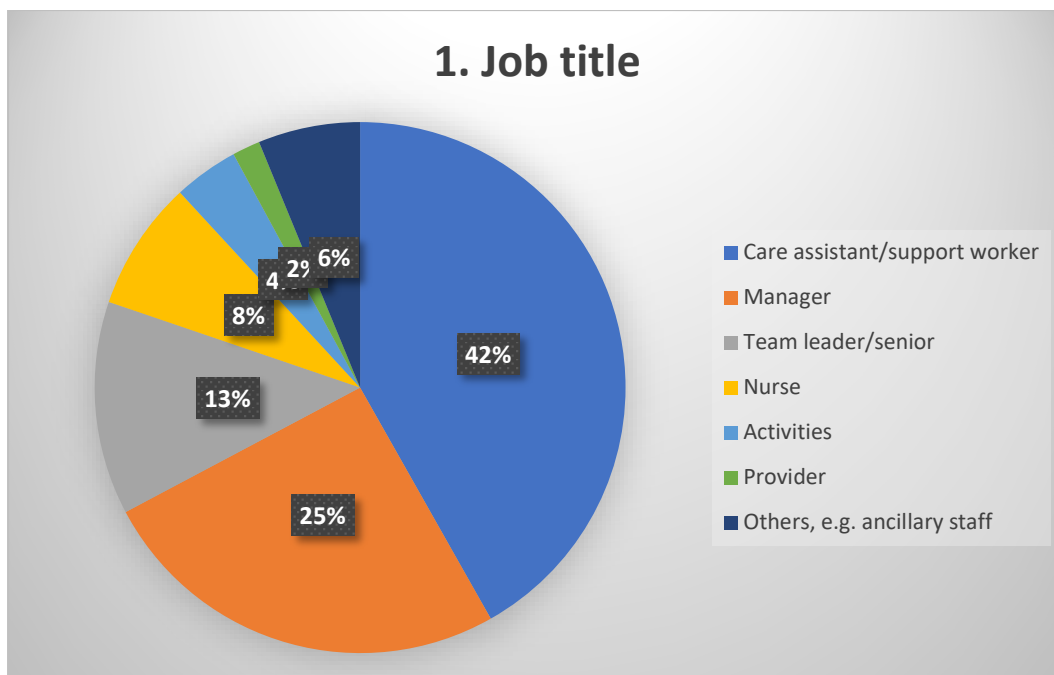
We gathered responses through a short questionnaire which was distributed via Scottish Social Services Council (SSSC) mailings, our own mailing list, and on various social media platforms during June and July 2023. We received a total of 177 responses from a range of staff across Scotland. Responses were anonymous; this was to encourage staff to provide their honest opinions. However, this did mean we were not able to follow up on any individual comments made.

The results are collated and discussed below.

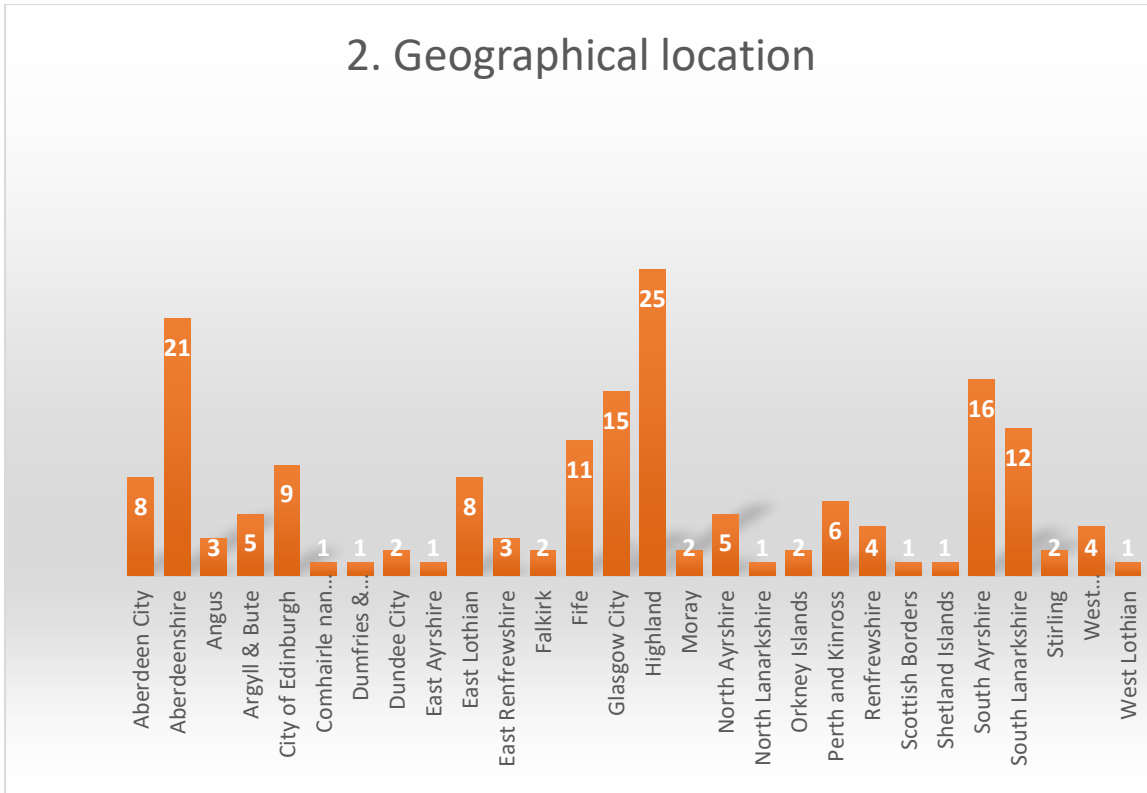
We would like to thank everyone who took the time to share their views and experiences.

Staff questionnaire: results and discussion

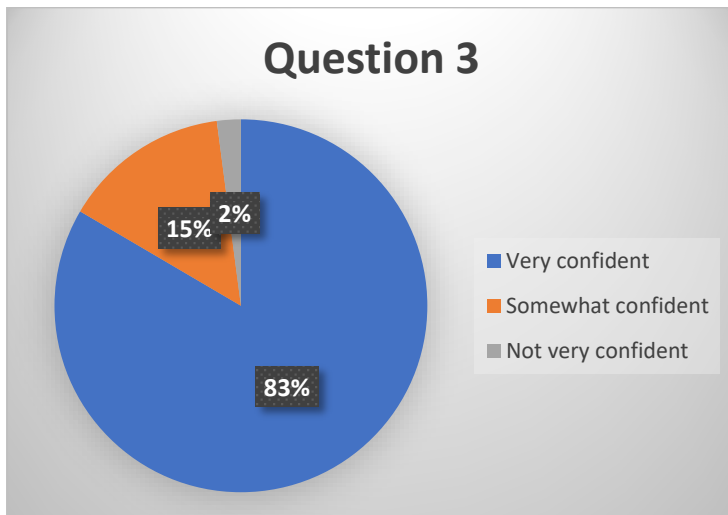
Respondents were asked to state their job title (Question 1). The largest proportion of replies came from care assistants, support workers and so on (42%), followed by care home managers (25%). Respondents were then asked to pick their local authority area from a drop-down list (Question 2). Responses were spread across Scotland, with the largest numbers coming from Highland, Aberdeenshire, South Ayrshire, Glasgow City and South Lanarkshire.



2. Geographical location

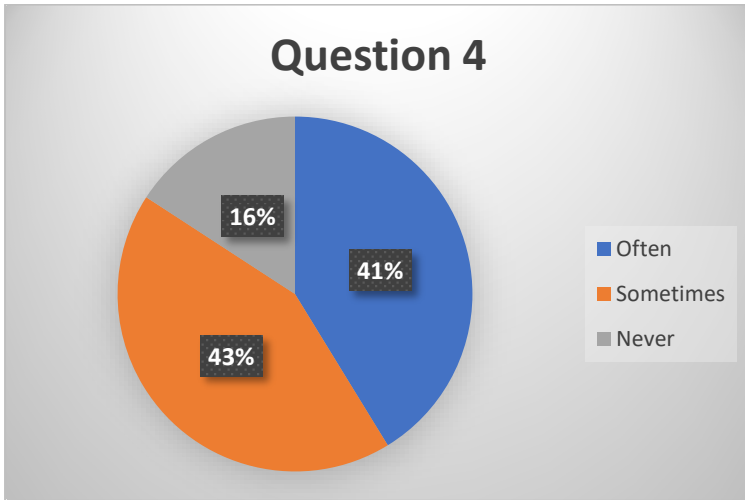


3. How confident are you about ways to support residents with meaningful connection? This includes, for instance, connections with families and friends, other residents, staff, the wider community.



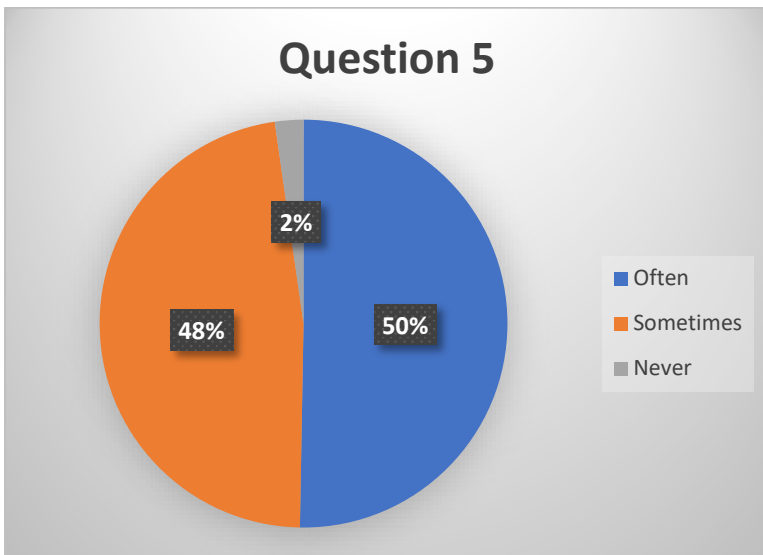
The majority of respondents (83%) said they were “Very confident” about supporting residents with meaningful connection. 15% were “Somewhat confident” and three people (2%) said they were “Not very confident”. No-one described themselves as “not at all confident”. This indicates that there is generally a high level of confidence among staff working in the sector around supporting people with meaningful connection.

4. Do you have opportunities to support residents to go out of the care home?



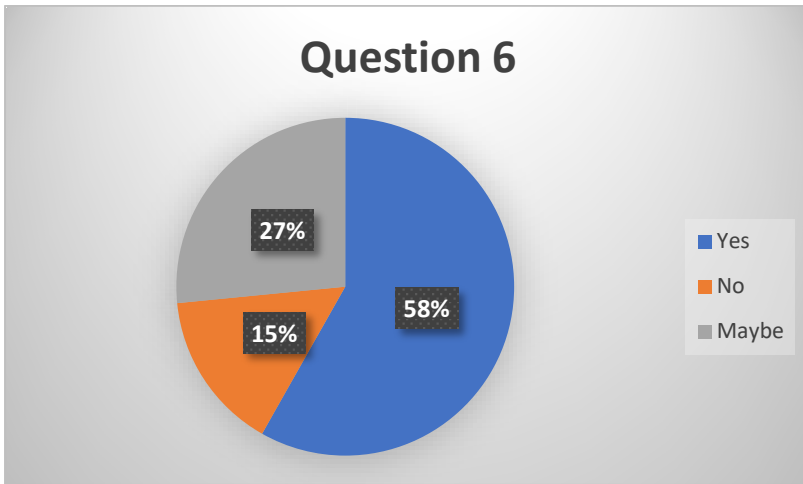
Responses were evenly split between “Often” (41%) and “Sometimes” (43%), with 16% stating that they never had the opportunity to support residents to go out. However, it is possible that some of these were, for instance, night staff for whom this was not likely to be part of their role.

5. Do you have opportunities to support residents with meaningful activities?



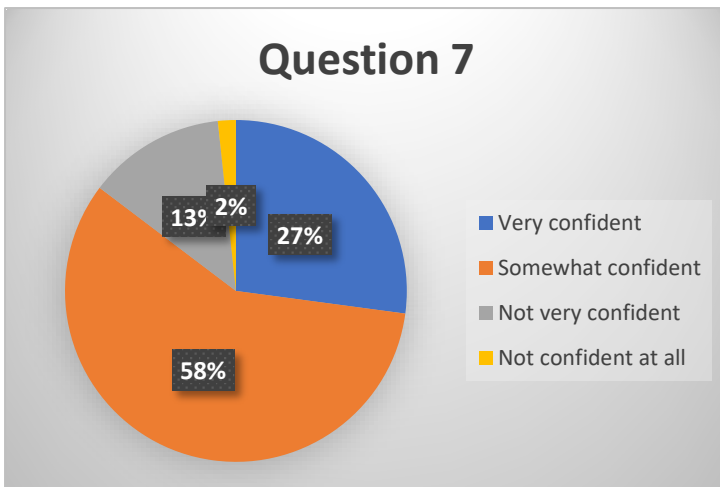
Half of respondents said they “Often” had opportunities to support residents with meaningful activities. 47% replied “Sometimes” and 2% “Never”. As the form did not define what was meant by meaningful activities, however, respondents’ interpretation of this may have varied.

6. Would you benefit from training in supporting residents with meaningful connection?



A majority of 58% felt that they would benefit from training, with a further 27% replying “Maybe”. 15% did not feel they would benefit from training in this area. This indicates that although most staff described themselves as very confident, there is an appetite to develop this further, and benefit to be gained from training to enhance the breadth and depth of staff knowledge and skills.

7. How confident are you in supporting residents to use technology to aid connection?



Overall, staff were less confident in supporting residents to use technology to aid connection, with only 27% describing themselves as “Very confident” and 58% as “Somewhat confident”. 15% were either “Not very” or “Not at all confident”. This reflects our findings during our engagement visits that using technology to support people with connection had been a steep learning curve for many staff, although some stated they were already confident. It appears that many staff still do not consider this to be an area of strength for them. Providers may wish to consider how staff knowledge, skills and confidence in this area can be further developed in order to support people most effectively.

8. Can you give an example of specific ways in which you have supported a resident or residents with meaningful connection, for instance connecting with families, friends, staff, or the wider community?

Staff described various ways in which they supported residents with meaningful connection, including some specific examples. Often, this reflected the findings of the [Meaningful Connection Literature Review](#), with staff describing how they supported people to maintain their important relationships and develop new ones both within and outside of the care home.

Several staff mentioned how they supported people to connect with their families and friends, for instance by encouraging families to join in activities, outings and so on and welcoming them in to share a meal with their relative.

“Inviting families to eat with residents at mealtime, particularly those who choose not to go out.”

“We have created a ‘dining club’ where the people we support cook and ask others to join them to eat and socialise.”

“We encourage families to volunteer and be involved in activities or outings in the home. We do a relatives’ afternoon tea the last Sunday of every month.”

Staff referred to valuing the importance of family involvement and building good relationships, fostering a sense of partnership.

“Families were missed so much [during the pandemic].”

“Meaningful connections with family, friends and staff is so important to each individual. Moving your loved one into a care home setting is extremely difficult and both parties should be supported through this tough time.”

“We have suggestion boxes for residents, staff and relatives to raise any concerns they may have. We actively encourage participation in activities from residents’ families.”

“Welcoming relatives and friends as a strong part of care home life.”

Some staff described supporting people with person-centred activities which supported identity and personhood and encouraged interaction and friendships with peers.

“Checking the care plan, recognising and communicating with the resident that he was part of a dominoes team, this was encouraged on a daily basis with other residents with similar interest.”

“Having a coffee morning setting. This encourages friendships to be made and for new friendships to form. It also encourages conversation for them to chat about any interests or connections.”

“I ensure I assist [name] in listening to her favourite BBC news hour at 8pm anytime I am on shift.”

“I support residents to do activities they enjoy such as playing snooker, darts, going for walks, shopping or just for a coffee.”

“What works for one person may not for the next so as well as group activities it is important to have one to one activities too.”

There were some good examples of community participation, both in terms of going out and about and of bringing the community in. Staff described enabling people to attend events such as coffee mornings, concerts, clubs, local events such as agricultural shows, and going out on bus trips, as well as just going out for walks around the local area. This helps support people to remain an active part of their community.

“We have had trips to the school to watch their school show, we have visits from the school children.”

“I accompany residents to a coffee morning at the local church and take them for walks around the town.”

“I often take residents out for a walk down to the beach and we talk to members of the community along the way.”

“Going out for coffee and breakfast locally, going to a local bar for music in the afternoons and a wee drink.”

“Going to the cattle show and Highland Games.”

Some described building relationships with other care homes, sheltered housing services or day centres to widen people’s social networks.

“We are developing inter-home relationships with fellow care homes with a focus on new friendships but also reconnecting previous friendships that had existed through church, community etc.”

“Involving day centre with some of our activities.”

Some respondents explained how they built positive relationships with people experiencing care, such as by spending time chatting and listening.

“Little things like sitting with them listening to them about all the life stories.”

“Giving individual time to chat about life experiences and reminiscing.”

Staff described using technology to support people to keep in contact with their families and friends. Many referred to how this had become particularly important during the pandemic.

“A resident has a daughter who lives in America. We support both the resident and relative with regular Zoom calls to see and speak with each other.”

“We use a tablet to facilitate a video call every week between a resident and a family member who resides in another care home.”

“We have supported residents to make use of social media eg our family and friends Facebook group, and via Facetime or WhatsApp.”

“During Covid we had iPads that we used for residents to contact families which I did on a daily basis with residents, especially with those residents’ families that stayed miles away from them so that the families knew their loved ones were safe and well.”

Technology was also used in some settings to provide experiences for people such as virtual visits or other activities.

“We have been to the zoo and aquarium virtually.”

“I used the iPads to do activities such as reminiscing.”

9. What are any barriers or challenges you have experienced in supporting meaningful connection for residents?

People were asked to identify any barriers or challenges which they perceived to exist, and these often reflected the findings of the literature review and engagement visits. Staffing levels and time constraints were the most frequently mentioned challenge, with 30% of respondents referring to this as an issue, often simply saying “Staff shortages” or “Not enough time”.

“Very short staffed so just able to do the basics - support with personal care, eating/drinking and medication.”

“My work needs an activity coordinator, but when we employ someone, the shortage of staff means that they become another support practitioner instead.”

“Time to spend with residents is never what it should be. Busy units end up very task-orientated rather than person-centred as not enough staff.”

“I wish I could give each of my residents more of my time.”

“Time - the service is busy and there is often too much paperwork. If I spend time with a resident it often takes away from all the "tasks" that are expected during a busy working shift.”

Some referred to utilising strategies to mitigate the effects of staffing constraints, such as engaging volunteers.

“Time and staffing levels continue to present challenges however we are currently developing our volunteer programme in order to support/increase meaningful activities and connections and are trying to be more creative in how we ensure this remains a priority.”

Some people referred specifically to opportunities for outings being limited due to lack of staff availability. Many expressed a wish that more opportunities were available to get out and about in the community, but staffing and other constraints prevented this.

“Unable to safely take residents out due to lack of staff or support from staff therefore not as much outings as I would have liked.”

“There is not enough staff to go on an outing with residents, we are expected to come in on our days off for this.”

As well as staffing, a lack of accessible transport to enable people to get out and about was also an issue for a number of respondents.

“We do try very hard to give everyone who would like to be out and about the opportunities, however this isn’t always possible as we have no transport of our own and few residents are actively mobile.”

“Organising transport to get to venues.”

“Getting appropriate transport for wheelchair users.”

Staff also described the impact of the pandemic on some people, who had lost confidence to engage in activities and interactions which they had previously enjoyed.

“Covid has been the biggest challenge I have experienced and then rebuilding the people we support’s confidence back up to return to their clubs and having the close contact with their loved ones.”

Some also referred to, for instance, day services for people with learning disabilities no longer being available to them since the pandemic, affecting their experiences and ability to connect with the wider community.

“Our local day centre has stopped taking the people we support since the pandemic and there are no plans to take them back either.”

“Local council has withdrawn funding for day service providers, losing connection for the supported person, affecting community and personal connection with peers.”

Several respondents referred to difficulties engaging families.

“Some relatives are slow to come on board.”

“Some families don’t visit the home often and don’t have much interaction with residents. We invite relatives to birthdays, afternoon teas and reviews yet they don’t respond or attend which can sometimes upset our residents.”

“Barriers I have faced are communication between residents and families and keeping residents speaking to their families.”

Some described difficulties when people experiencing care did not have ongoing relationships with families or friends.

“Sometimes, especially when residents have no family or friends left in their lives, it is difficult to ensure that they have the same opportunities as other residents to live as fulfilling a life as possible.”

“We are finding many residents now do not have any living relatives that they are in regular, or any, contact with. This leaves us to be their ‘family’.”

A few respondents alluded to cognitive or sensory impairments being a barrier to people’s ability to connect meaningfully with others.

“Cognitive difficulties, communication issues such as hearing loss, poor vision.”

Some staff described difficulties with communication technology, both in terms of physical resources/Wi-Fi connections, and staff knowledge and confidence.

“I couldn’t work a Facetime if my life depended on it.”

“Lack of training for the staff on technology.”

“Poor internet connection and speed due to old building.”

Some vividly described how using these types of technology was not a meaningful experience for everyone, and could lead to confusion and distress for some, again echoing findings from the literature review.

“Another challenge is supporting a resident to use technology such as Whatsapp, Zoom, Skype, or Facetime to maintain regular contact, as requested and desired by the family, but which the person has no interest or desire to use (I’m too old) or has impaired vision or speech. In fact, it has on several occasions led to increased confusion (thinking and hoping that the loved one on the screen is actually in the room), or distress (why is my daughter in a box, is she dead?).”

10. Do you have any other comments?

This provided an opportunity to raise any issues which had not been covered in the previous questions. Some took this opportunity to describe powerfully how they valued meaningful connection and express their commitment to upholding people’s human rights and promoting equality.

“Meaningful contact and activity can improve each and every resident’s quality of life. They may be older and cannot do as much as they did when younger but being old and frail should not be a barrier to getting as much enjoyment out of life that they can.”

“I choose to engage with my residents in ways that their families often don’t or can’t, due to constraints of their own. For some residents, we who provide care for them have become their family, and spending time with them, enriching both their and our lives is a privilege.”

“This is so important to ensure residents have the same quality of life as anyone and everyone else.”

“No digital connection can replace face to face, holding hands, physical connection with friends and family.”

“There should be no difference from what we would want a day in our life’s meaningful activity to our residents’ daily lives.”

Some staff described experiences during the pandemic and the trauma associated with this.

“It was absolutely heartbreaking sitting through window visits and Facetime calls during Covid, I genuinely think I will never truly recover from the emotional trauma. I just cannot imagine how frustrating and sickening it must have been to be a family member unable to come in and hold your loved one’s hand while care home staff came and went daily.”

Several respondents expressed concerns about overall funding issues, staff pay, and/or the quality of the workforce.

“Carers are not paid enough or valued enough for the extremely difficult job we do. We are considered professionals and have to pay SSSC fee every year, but we get paid less than a supermarket worker who is stacking toilet roll. I love my job, couldn’t do it if I didn’t, but it is soul destroying when company use agency staff who are being paid £9 per hour more than me.”

“Staff need to feel valued, be well paid and have a skilled workforce. Taking on a large number of unskilled staff with poor language skills only adds to current staff’s stress and the residents have even less quality time with staff.”

“Until the shortages in staff, low pay, recruitment and retention issues are addressed this will not improve - respectfully with the best will in the world staff cannot duplicate themselves.”

“As a local authority home, our budget limits us with equipment etc. Staff do use their imaginations however financial barriers are our biggest hurdle.”

Conclusion

The overall findings indicated that staff recognised and valued the importance of meaningful connection and felt confident about ways to support people. Respondents shared some positive examples of how they supported people to connect with others, including families, friends, peers and the wider community. The important relationships identified align to those described in the literature review. The majority of staff felt they could still gain further benefit from learning and development opportunities in this area.

The most commonly described barriers included staffing levels, recruitment and retention, and numerous respondents drew attention to a lack of staff time, resulting in care which could often be perceived as task-focused and which limited opportunities for social interaction and activities. Insufficient resources and infrastructure were also perceived as an issue for many, for instance a lack of suitable transport, as well as staff availability, was often cited as a barrier to getting out and about. Many respondents expressed that they would like more opportunities to support people to get out into the community.

Technology was perceived as a useful resource for helping keep people connected, which had become much more widely used during the pandemic. However, many staff continued to express a lack of confidence in this area. Staff also recognised that for many people

experiencing care, using communication technology was not always a meaningful experience and could result in stress and distress.

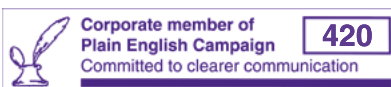
Overall, the findings have added to our understanding of staff experiences and views and have added further depth and insight to the themes identified during the literature review and engagement visits to care homes.

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

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