

A Project to Understand the Causes and Solutions to Addressing Loneliness in Care Home Residents

Purpose

This brief report is a summary of our process, methods and findings from the project to date. Appendix A describes an approach to help teams address loneliness in their residents.

Background

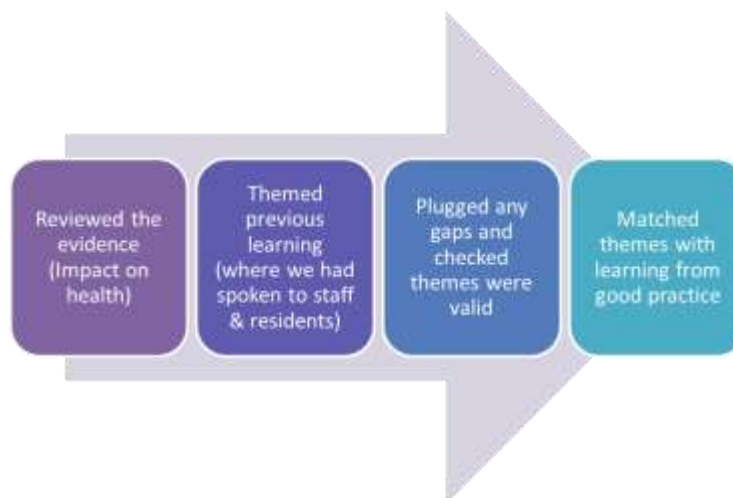
At the start of the pandemic we had conversations with colleagues working with care homes who were becoming increasingly concerned about the impact on resident's physical and mental health due to enforced isolation. Whilst this was not a new problem, the pandemic was felt to be exacerbating the situation. A raft of publications have followed around this issue including the report from the CQC; 'The state of health care and adult social care in England 2020/21' (1).

Although not a new issue, one study from 2020 concluded that the prevalence of both moderate loneliness and severe loneliness amongst care home residents is high enough to warrant concern (2).

'Loneliness is a major health problem for older people and is associated with a range of negative health consequences including depression, dementia, cardiovascular disease, malnutrition, poor quality of life and Mortality' (Page 2, 2)

Approach taken

Following initial conversations at a care homes patient safety network meeting where the issue was raised and discussed the following process was agreed:



Delivered by:

Yorkshire & Humber
Patient Safety Collaborative

The AHSN Network

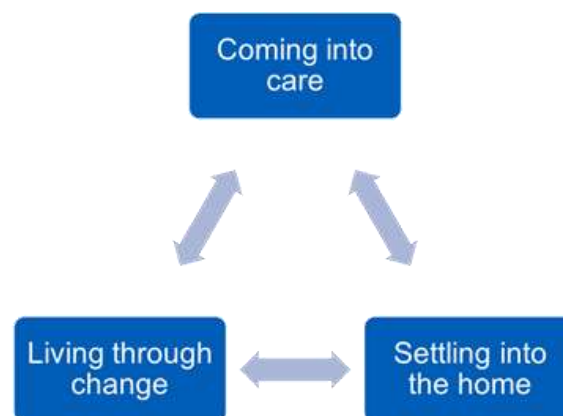
Led by:

NHS England
NHS Improvement

The care homes quality team at Sheffield Place (formally CCG) had been involved previously in a project using the 15 Steps to Safety toolkit (3) with a number of homes on their patch. This process had highlighted several areas of concern and good practice including the impact of loneliness and isolation on residents' health. The Y&H Improvement Academy had been using the Patient Experience Toolkit + (4) with patients and staff at a rehabilitation unit & other care settings and had also found similar themes relating to isolation and loneliness.

These themes were checked for validity with reference to recent challenges and further conversations with care home staff took place through attendance and discussion at Care home managers' forums hosted by the ECHO network.

The result of these conversations and the initial work illustrated that there were certain trigger points that could lead to an exacerbation in loneliness:



The ongoing impact of COVID meant we had to change our initial process, we had hoped to go into the homes and facilitate a mixed focus group of residents, staff and informal carers and relatives but this was not possible. After checking the emerging themes resonated with care home staff we then held a series of semi structured phone interviews with relatives and informal carers to discuss and further refine the emerging themes.

We did however feel it was crucial to chat to residents in their own home environment and managed to do this in several sessions through October to December 2021.

Findings

The data captured (from initial work, conversations with staff, relatives and residents) was organised using the PET+ sorting box process (4) and led to 4 key themes being generated:

1. Adjusting to being in a care home
2. Getting to know the person and what matters to them
3. Experience of being in a care home

4. Contributors to a happy and contented life

A summary of the sub themes included under these 4 themes is included the text boxes below.

1. Adjusting to being in a care home

- Agreement and **involvement in decision to move into care** e.g. the acceptance of declining health
- **Importance of choice** e.g. environment or home itself
- They **notice things miss** and the emotional impact of this: space; freedom; friends; social networks; pets; church; a familiar area
- Residents **want to fit in and feel safe and secure**; others worry about getting things right, recognising there are new rules to follow

2. Getting to know the person and what matters to them

- Residents are **keen to share their story** and offer this without any prompting
- Relatives can offer helpful insights
- **Being understood is important** to residents, as is **the life they lived, understanding their identity** and things of importance to them e.g. their hobbies, occupation, relationships
- Care home staff know how important it is to **get to know the person** and incorporating that knowledge into **personalised care**.
- Emotional and psychological needs are just as important as physical needs
- **Maintaining significant relationships** outside of the care home

3. Experience of being in a care home

- The experience of being in a care home is linked with the **resident's acceptance of their situation and adapting to change.**
- Being given a range of **opportunities that generate feelings of accomplishment** and achievement as well as the **ability to influence the options** adds to self-worth
- Re: activities... *You can take a horse to water but you can't make it drink... can't you take the water to the horse?*
- Belief that the residents needs are not being met leading to a sense of abandonment

4. Contributors to a happy and contented life

- The **quality of connections and relationships** between residents, families, and staff significantly impacts on quality of life and whether someone feels lonely.
- **Development of deep friendships** within the home, taking comfort in each other whether times are good or bad.
- **Sharing experiences make a difference** e.g. getting to know each other's families, reading to each, or putting gifts such as flowers in the lounge for all to enjoy.
- Residents are supported by staff to have a **sense of purpose** and **feel valued.**
- The importance of humour for wellbeing and as a coping mechanism for resident, relatives and staff cannot be underestimated.

Key Insights

The culture in the home was very important, this set the tone for welcoming new residents and their families, appreciating and valuing them as individuals and therefore providing true personalised care.

'barriers created by a culture of risk adversity among care home owners and a failure by practitioners and commissioners to recognise the need for individuals in care homes to maintain social connections beyond their interactions with other residents.' (Pg. 51, (5))

It was clear that there were benefits for staff wellbeing from forming strong relationships with residents and relatives.

Making every contact count: reducing loneliness will not happen by the simple provision of activities.

Residents and staff saw real value in the building of relationships with each other, getting to know the person and involving residents as much as possible in their own care. Tackling loneliness is everyone's responsibility, irrespective of their role.

Some residents expressed the need to still feel useful and have a purpose, to play an active role in their lives and decision making wherever they could as part of the care home community they were living in. There are good examples e.g. 'My Home Life' (8) where partnering with schools was beneficial to both parties.

The new emerging roles under the enhanced health in care homes programme (7) can help here, consider care coordinators, social prescribers and supporting homes to improve links with the communities in which the homes sit.

Next Steps

We would like to test some of these ideas using a quality Improvement approach in partnership with a care home provider and see if we can make a difference.

References

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4. Patient Experience Toolkit (ref)
5. Jopling Kate, Campaign to End Loneliness (2015) Promising approaches to reducing loneliness and Isolation in later life
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8. Care Home FaNs Intergenerational linking between Schools and Care Homes: A practical Guide 2022 <https://myhomelife.org.uk/community-engagement/intergenerational-linking/>