

Age And Stage Episode 15

Daisy McAndrew 00:05

Hello and a very warm welcome to Age & Stage. This is the podcast for everyone caring for or supporting elderly relatives, parents, friends or neighbours.

Annabel James 00:14

This time a comprehensive guide to choosing a care home.

Debbie Harris 00:18

So we're supporting over 3,000 families a month to find care. COVID changed everything. It changed the way care homes presented themselves, the way care-seekers, families, looked for things. It pushed everything online.

Annabel James 00:35

That's Debbie Harris from Autumna, an online directory of care homes, retirement villages and home care services. The site helps families search the perfect parameters for the individual needs as you'll hear in our conversation. There'll be advice on the areas to focus on, the variety of care that exists, and what you need to know about finances and the funding of their stay.

Daisy McAndrew 00:56

My name is Daisy McAndrew.

Annabel James 00:57

I'm Annabel James and this is Age & Stage.

Daisy McAndrew 01:02

Well, Debbie, obviously, first of all, thank you so much for joining us on Age & Stage and discussing the care system and how complicated and befuddling it is has been a real theme of the podcast so far. So we're so delighted that you can be here, hopefully to shed some light on that landscape and give us some advice. Debbie, why don't we start off by you just explaining how you got into this area and what Autumna is?

Debbie Harris 01:30

So I got into this because of Aunt Margaret. Aunt Margaret, 20 years ago, became ill very unexpectedly. I didn't really even know Aunt Margaret. She lived about an hour and a half away, and I was the person within the family who was designated to find an emergency care home for Aunt Margaret. I had never walked into a care home in my life. I had most certainly never heard of the regulatory body, which wasn't the CQC then, I forget what it was then, and I just went on this journey that 1,000s and 1,000s of people every month still go on, which was this bewildering terminology, a bewildering living experience. I knew absolutely nothing, and I had to find a care home for somebody to

live in for the rest of their life and use their money to pay for it. It was horrifying, it really was, and I don't think an awful lot has changed since then. So as a result of that, and through several iterations, I set up a website. At the time, 20 years ago, you didn't have a laptop in your own home. I'd never sent an email in my life, but I thought, I'm sure websites are the future, and I set up a website, and I basically gave everybody the information I wished I'd known when I was looking for Aunt Margaret. And that's where it all started.

Daisy McAndrew 02:54

And you said there, quite depressingly, that you don't think a huge amount has changed since then. What are the fundamental issues when somebody, I mean, so many people, facing what you were facing with finding your aunt a care home, what are the problems that you find?

Debbie Harris 03:10

I think the difficulty is, as a society, we don't prepare for social care. We don't prepare to care. We think it will never happen to us or it's a long way away, and when you do need to find care, you need to find it very quickly. So if you find yourself needing a care home, I would suggest you are looking at a window of within six weeks. So from crikey, mum needs a care home to mum has moved in, I would say you're looking at six weeks, depending on the funding, depending on the location, depending on the care needs, etc. But I would say that's what you're looking at. That is a very brief time to learn an entire sector, to understand what good looks like, to identify what you should be looking for and to then go and spend the equivalent if you're self funding and in the south, of a new Range Rover every year on your decision. And very few people move if you go into a care home. Very few people move from one care home to another. So you know that first decision is absolutely critical.

Annabel James 04:19

What does a good care home look like today?

Debbie Harris 04:23

And that is another issue, because a good care home for my mum versus a good care home for your mum could be polar opposites. I'll give you a prime example. Last year, we supported two families who were looking for care in the same area, and by chance, we referred them to the same care home amongst four or five others. And we said, yeah, go and look at this one. We think this one meets your needs, right budget, right location, etc. One of the families came back to me and said, How dare you? How dare you refer that care home to me? It was horrible. The curtains didn't match the carpet. The toilet seat was yellow. Oh, my goodness me. It was an absolute raft of things. The other family, her mum, moved in! There is no single answer to that question. It's actually all about the quality of the care, ultimately. But as a new care seeker looking for a care home, there is no way of identifying what the quality of care is at the moment.

Annabel James 05:26

Something lots of people have said is, does it pass the mum test? Would you be happy leaving your darling mum or your darling Aunt Margaret in said care home? And as you say, it's totally subjective. So in terms of how Autumna tries to help people, how do you go about sort of supporting people making some of those decisions about a care home?

Debbie Harris 05:48

So we're supporting over 3,000 families a month to find care, and we do it in a variety of ways. COVID changed everything. It changed the way care homes presented themselves, the way care seekers families looked for things, it pushed everything online. So pre-COVID, people would sort of drive around, pull up unannounced on the driveway and go in and have a look at care homes. Really, that has changed now. So we've got something like 95% of the decision making process now taking place online, so we have responded to that need, so we still run a seven day a week advice line for families. So whether you're technical or not and want to do something online, you can call up and speak to an expert, and we will advise you about what you should be thinking about, what you should be looking for, and we can send you a short list if you'd like us to. Alternatively, you can use us like Right Move for social care, so you can go on, you can do your search, apply your filters, and those are the care homes that might suit your needs or, and a lot of people do this, particularly if they are struggling to understand what they should be looking for, they use our care finding tool, and that is something that we have developed over the last few years, and it guides people through the questions they need to answer and ask themselves in order to give us enough information for us to then identify and shortlist care services that meet what they're looking for. So it takes about, I don't know, three and a half minutes to fill in, and then our technology identifies the care providers that meet that criteria. We then email the family a short list with all of the information about the care homes, and we ask the care homes, Mrs Jones is looking for care home in your area. You match everything she's looking for, location, type of care, budget. Can you please give her a call?

Daisy McAndrew 07:55

Debbie, I've got so many questions about all of that, and we'll come to that in a minute. But just going back to real basics, you said we're concentrating on care homes. So I think maybe just to explain to people, what are the different types of homes that are available, residential homes, or sheltered accommodation, or whatever it might be, just so we've got a really clear idea of the whole landscape, and which bit of that landscape we are talking about today.

Debbie Harris 08:17

We're talking about adult social care. So generally speaking, somebody over the age of 55, maybe 60. Average age in a care home is 82 but they're registered for 55 to 60, you then have four different types of care. So you've got residential care. This is where somebody may need some personal care. So they may need a bit of help in the shower. They may need a little bit of help eating or getting dressed or getting into bed and stuff like that. Residential Care. You then have nursing care. Now this is where you need a care home, where there are nurses on site, so a proper registered nurse on site, and it also increasingly means somebody who has needs that might require more than one person to support them. So somebody who is immobile and might need two people to help hoist them to get them in and out of bed. So more nursing needs, more dependency. You then have complex care needs. Now these are specialist care homes that are usually paid for by Continuing Healthcare NHS funded, are very expensive, so £4,000-£6,000 a week depending on the care needs. And these are for people who have very extensive nursing or behavioural needs, and you then have dementia, so you've then got within those three care needs, you then have various degrees of dementia support. It really isn't a case anymore of this care home does residential care. This care home does residential dementia, and this

care home does nursing dementia. That really doesn't apply anymore. The lines are very blurred. So what we've tried to do on Autumna is to enable families who were looking for care to go, Okay, I know mum doesn't have nursing needs. She doesn't need a nurse. She does need residential care. She has dementia, and her dementia is a bit challenging, so you can actually put challenging dementia residential care, and this is the budget, and this is the area we want her to be. And you can apply those filters and identify those care services. It saves you ringing an awful lot of care homes to be told actually we can't support challenging behaviour as an example.

Annabel James 10:38

There feels a sort of stigma attached to putting mum in a care home, which I feel is really difficult to get your head around, because presumably, in most cases, it's absolutely the best thing for that person and their family. So somehow we've got to sort of negotiate how we feel about care homes. There's not the place of last resort, but the place of best resort for a particular set of circumstances, and that seems to get in people's way a bit. I think about maybe thinking about a care home, because actually, it's a great antidote to loneliness at the most basic level, presumably for some people?

Debbie Harris 11:15

Absolutely it's the guilt in the main and why people don't prepare for it and struggle with it so much. You feel like you're letting your parent down, but you're absolutely right, Annabel, it is undoubtedly the best place for a cohort of people who want that interaction, that engagement with other people, who want to feel safe, you know, if you're living alone and you're falling, you want to feel safe. Who are struggling, perhaps, to cook for themselves and want proper food and regular food. Want to be warm. Want to be able to have a shower or a bath, which they couldn't do ordinarily if they were at home on their own. There's so many benefits. I think the well being side, you know, the care can be managed at home to a degree, but when you're looking at the wellbeing side, the activities, the ethos of the care home. And I talk to care home providers all the time, and I say, what we need to know is, yeah, we need to know what type of care you offer. And yeah, we need to know what your prices are. Actually what we really want to know is, what's the personality of that care home? What is it you do? And that's what we need to get across online, so that when I'm doom scrolling at one in the morning because I need to find a care home for my mom, and I'm looking at care homes, and I see care homes with pictures of loads of gardening, residents getting involved, beautiful gardens, a veggie plot, chickens, that's the one that's going to attract my eye, you know. Or dogs. When I end up in a care home, if it hasn't got dogs, I'm not going!

Daisy McAndrew 12:57

One of the things I've scribbled on my notes, in fact, it's the number one thing I've scribbled on my notes is dogs. Because when we've had this conversation about my relatives who are all mad about their dogs, there is absolutely no way that they would give up their dog to go into a care home. They would struggle on at home all the way before they'd sacrifice the four footed friend. And I know that this is a real problem with a lot of care homes.

Daisy McAndrew 13:39

A lot of care homes are out of the most urban areas, but obviously a lot of people are, you know, my relatives are in London, and there's no way that they would want to move to a care home that was far

away, because they'd want to be visited as much as possible by their family, who are mainly in London. And those issues present problems as well, because you're looking for the best possible care home, but the best possible care home might be bloody miles away.

Debbie Harris 14:03

Really interesting that you mentioned that, because that was another thing that came up time and time again. I remember speaking to a lady about seven or eight years ago. She lived in Surrey, and her mum lived in Margate, and it was three hours to get to mum and three hours to get back again. She'd got teenage kids, and she'd drag them all in the car. They hated going to visit Granny. Granny then needed a care home. So she said to me, can you find me a care home in Margate? And I said, Yeah, of course. And I started talking to her, and then I said, and where do you live? And she said, I live in Surrey. I said, has mum got family in Margate? And she said, No, she hasn't. I said, What about friends, really close friends in Margate? She said, No. She said, they're all really old, or they've died, or, I said, so why are you looking for came in Margate? She said, mum's always lived in Margate. As you said, Daisy, you need to be near the people who are going to visit you the most. Her mum appreciated the fact that she could pop in for a cup of tea twice a week, three times a week, rather than visiting once a month and dragging all those grumpy teenagers with her every time and it taking her hours

Annabel James 15:20

You're listening to Age & Stage from Age Space. If you'd like to find out more about how we can help, Age Space is a one stop online resource for anyone caring for or supporting elderly parents and relatives. It's packed with information on funding, on care, on legal matters, then do just please head straight to agespace.org Now back to the conversation.

Annabel James 15:42

I mean, there's a whole range of different care home providers, and this may be a bit of more of a geeky question, which I'm sorry about. But, you know, some private equity, huge, enormous, five star hotel, glamour, glamour, glamour, through to charity run care homes. I mean, a friend of mine's dad, having only done National Service, ended up in a beautiful RAF sort of Benevolent Fund care home, and they looked after him so beautifully. So there's such a range of different types as well as for different needs. Should that be important? And where does all of that come in the pecking order of how one might choose one's preferred option. Bearing in mind, obviously there's the money aspect, which we will come on to.

Debbie Harris 16:27

I think it's a really interesting point, and I think it depends on what matters to you. So again, into the filters we have built in all of the different types of care homes there are, so the different religions, there are care homes that just support ex police, RAF, army. But the point is, there are lots that will only take from that cohort of people, or have a lot of people within that cohort that might be absolutely perfect. You know, your dad wants to live with other ex police officers, you know, whatever it is, or army officers, so you can search for that. But then, as far as the age of the care home, which is another thing, we've got a lot of new care homes being built, and some of them, without question, are like five star hotels with the food to match, frankly, all the way through the spectrum to the little one off care home that is maybe 50 years old or more, and is in a converted Victorian building, and is an entirely,

entirely different proposal. And I always use my mum and dad as examples here. Mum and Dad, 90 and 92 I mean, I am in that generation of crikey when we need a care home, I'm gonna need it like real quick. But dad would go into the five star, all singing, all dancing, bring me my meal on a tray scenario, and love it. Mum would hate it. She would prefer the Victorian, smaller, intimate care home. And that is the point. And when I'm talking to care providers and families, I reckon the split is about 50/50, but it depends, doesn't it? It depends on what you want. As far as the ownership of the care home is concerned, that's an interesting one. And we very rarely get asked about that. I think one of the difficulties if it really matters to you when you're looking for a care home that is operated by a charity, you can search for that on Autumna if that really matters to you. But I think in reality, what most people focus on is the more immediate things. You know, how well it's run is terribly important, but whether or not it's run well because it's owned by a charity who knows?

Daisy McAndrew 18:42

Obviously, there's a difference between what they will tell you in their glossy brochure and what the truth is. And is there such a thing as sort of, you know, a Trust Pilot or a review system, or a way of checking up on genuine customer experience, you know, and patient experience?

Debbie Harris 18:57

You're probably familiar with the Care Quality Commission, who is the regulator for England, I think it would be fair to say they're going through difficult times. The average age of a care home inspection and report is every four years. So that means you've got some care homes, and it is honestly not that unusual to find, that haven't been inspected by the only regulatory body in the country for 5, 6, 7, years. So it is, frankly, as Wes Streeting said last year, not worth the paper it's written on. So one of the things that we have been doing, along with other big stakeholders in the sector, is we have been identifying and discussing how we can present in real time the quality of care and service within a care home. Now we launched this last year. It's called Open Score, and it uses 65 data points and feeds into a score out of 10 for a care home. We've already got two and a half thousand out of 13,000 care homes using it. So version one launched last year. It has been enormously well received by care providers. I mean, care providers want to demonstrate to their potential clients. Look, this is what we're doing. This is the investment we're making in both our technology, our staff, our food. They want something that responds to them, because where's the incentive of making any investment if the regulatory body doesn't come around for another four or five years? So the care providers are absolutely on board with this, the care seekers, now bearing in mind, I mean, we're all pretty familiar with saying score out of 10, aren't we, so we are seeing already that 43% of families, care seekers are being influenced by the score, by Openscore and we will be launching at the end of the summer, version two of Openscore, which brings in another 30 data points. And our roadmap for what this looks like is absolutely enormous. The idea is that it really gives the care seeker exactly what they want to know, which is what you were saying, Daisy.

Daisy McAndrew 21:18

I guess the other thing people want to know is that the information they're getting is transparent and genuine, and that, you know, a lot of times when you're using some sort of platform, you know, whether it's Autumna or anything else, and you're thinking, you know, is this an independent platform? Can I

trust what they're telling me, or is it being funded by the big boys in this industry and all that sort of thing, is that something that something that you think people are concerned about?

Debbie Harris 21:43

I don't think they're concerned about it enough, because I don't think they realise. We are one of only two platforms that lists every registered care provider in the UK. We have an API from the regulatory bodies, and we list everybody. So doesn't matter where you're looking, what you're doing, it is listed on Autumnal. Our business model is we are a subscription platform. So we list everybody for free, and you can subscribe to Autumnal to put on an enormous amount of information in order to make yourself more attractive to potential clients. We do not take referral fees. I fundamentally disagree with referral fees in social care. For us, it is about giving the family, the care seeker the information they need to make an informed decision about their care. That is our goal, and the care seeker does not pay us anything.

Annabel James 22:39

On the subject of fees, you don't take a referral fee. The costs of a care home are eye watering. I mean, are people getting value for money? Or is that just a ridiculous question? Because how do we judge that?

Debbie Harris 22:51

I'll be honest, genuinely, hand on heart. Yes, I do think people are getting value for money. I remember last year speaking to a care home provider who was being paid by the local authority to support somebody, it was residential dementia. And he said, we are being paid the equivalent per night of the Premier Inn over the road. And we are providing 24/7 care, all of the meals, all of the laundry, activities, support, comfort, companionship, all of that, and that's what they were paying them. So there is a really big disparity between what local authorities are often paying and the actual cost of the care and the home. So in that respect, I think local authorities are definitely getting a good deal is an understatement. So when you then got 40% of the population going into a care home who are self funding their care, I make no bones about it, self funding clients are subsidising the local authorities. The local authority might pay 750 pounds a week for a care home, a self funded client in the same care home might be paying 1,300 pounds a week for exactly the same care in the same room, but that is the only way the care home can keep operational. If you then ask the question, do I think it is value for money for the £1,300 I think you've got to put the local authority payment to one side, and you've actually got to look at what is that person getting for 1,300 pounds a week. And I do genuinely think it is value for money. Now, some London care homes charge 2, 3,000 more a week. But if you want to live in Kensington, if you want to have everything around you like that, if you want a certain level, you decide whether or not those extra, additional services are valuable to you, and if they are, then yes, it's worth the money.

Daisy McAndrew 24:49

And you were mentioning your parents, Debbie, and it made me think about because I'm assuming the vast majority of people who go into care homes are single, you know, widows or widowers or or haven't been married, or so on, but there are couples presumably, who get to a stage where they, as a couple,

need extra care and they can't be at home anymore? Is that a different proposition? If you're looking for a care home that could take a couple?

Debbie Harris 25:12

It is. One of my team told me yesterday that a couple had found a care home, and the two of them had moved in yesterday. So it's not as unusual as you might think. The difficulty for the family to navigate is, mum's needs are x, Dad's needs are y, if he has any needs at all. So how do you find a care home that manages that? So there are some care homes that are dual registered, as an example, so they have residential and nursing support. And in some instances, you might find that mum lives on one floor and dad lives on another floor, but they are in the same building. They come together for lunch, breakfast, all the rest of it. Or you can get care homes that are two rooms, so you have a sitting room and you have a bedroom and you have your en suite bathroom, and some of them have got a little kitchenette as well, and so you've got a little self contained flat within the care home. If somebody's care needs are that high

Annabel James 26:13

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Debbie Harris 26:32

One area that families and individuals often don't take into consideration before a care home move - that prepare to care phase - is Retirement Living, where you move into a retirement development, you have the care and support around you. You're still living independently. There are restaurants on site. Some retirement villages actually provide meals if you want to, you know, in your room there's all sorts of different options available. And I think the country is missing a trick there. There isn't a real alternative angle there. And if you've got a two bedroom place, then you can bring in your home care, your live in care, and you can be supported in that environment. The only area where they tend not to work so well is if somebody's got dementia at a certain level, some could support but most can't.

Annabel James 27:25

Are you talking about those retirement villages that where you might start off in a two bedroom apartment, but you have the opportunity, should it become necessary to move into their sort of care home facility? Or is that something different again?

Debbie Harris 27:41

Well, no, it's the full continuum of retirement villages. So you've got retirement villages that are actually park homes. You can have everything from that, which is, I was talking to somebody yesterday, which is why it's come to mind. So these park homes are brand new. They are purpose built. It is for the over 55s, two bedrooms, two bathrooms, sitting room, kitchen, bungalow, in effect, at a very affordable price, with a little garden and a car park and all the rest of it if you want it. So everything from that or a little one bedroom flat in a community block with no other facilities around you all the way through to developments where you've got a continuum of care. You can go in and buy your two bed roomed flat, and it's got everything that you would want in it, and you live entirely independently, should your needs

then increase, you can start having some care coming in. You can start having meals coming in, housekeeping coming in so you're supported within your own flat, and then when that no longer works, there is a care home on site, particularly good if it's a couple, and you're thinking, in a year's time, my wife might need a care home, and I will literally be next door.

Daisy McAndrew 28:58

I just want to go back to the filters that you put on that we've mentioned a few times now, because, again, it's, you know, we said at the beginning, people aren't thinking about this stuff enough or early enough. And I guess, understanding what some of the filters are, in other words, what some of the choices are, or the things that we should be thinking about, what are the main ones that people should think about? So we've mentioned things like dogs or environment or that sort of thing. But what are the other things that are perhaps not the thing that we're already aware of that we should be considering?

Debbie Harris 29:27

I think you've got to identify what type of care you need. So the obvious filters. You'd start off with location, you'd then go down to the type of care, and then you'd go down to price, so you can search by price. We've then gone through additional care needs, so whether or not it's respite care or convalescence or emergency or end of life or complex care, so you've got all the different additional elements of care. Then there's the behaviours. So with dementia, has somebody got challenging behaviour, or just disrupted sleep patterns, or whatever it is, or somebody might have a particular type of dementia. And then you've got nursing specialisms. There are an enormous amount. Interestingly, we've got bariatric care as an additional nursing specialism. So that's something that's starting to come through. Larger adults who may not fit into a normal wheelchair or bed. We've got food specialisms, so if somebody is looking for halal food or kosher food, or whatever it is, so you can search for that. We've also got disability support, so hearing impairments or sight impairments, LGBTQ be able to search for care homes that can support that cohort of people. We've got filters for men only or women only care homes. Different types of room. Are you looking for a double room? Which is your couples? Are you looking for just a single bedroom, or are you actually looking for a really quite smart apartment en suite, I mean, we even go down to types of internet, TVs, air conditioning, etc, and then the gardens and nearby services, transport nearby, activities. I mean, it's pretty endless. Almost there's 240 for care homes

Daisy McAndrew 31:22

All so interesting. And I guess it also comes back to what you were saying earlier, Debbie, that you can answer all those things, but you still can't really visualise it unless you see pictures of somewhere or somebody can really tell, you know, what does it smell like? What does it feel like? You know, all those things that you really know in your gut, when you walk in somewhere, you'll know if it's the right place. What's the atmosphere? Is it gloomy and depressing? Is it jolly and uplifting?

Debbie Harris 31:48

You're absolutely right. We really push the care providers to give us lots of photos, videos. We introduced a couple of years ago a Facebook tab, so it's not a link to their Facebook page, but you just open the tab and there is their most recent Facebook posts, because that tells you an awful lot about a care home. I want to know what that care home was doing yesterday afternoon and the day before and

the day before that, not just one static image. I want to see it, and I want to see how it's changing. It's those insights. But as I said, 95% of people are creating their final shortlist online. So if they're doing that, they're then doing that final visit will be the smell test or the instinct test, really.

Annabel James 32:34

Some of the sort of practical things to think about as well, you know, things like the number of staff overnight, the ratio of agency staff to employed staff, all those things that as a sort of person, you just wouldn't really think about even thinking about, because one would assume all of that is beautifully well organised. But presumably there are some really pragmatic things as well as as I understand it, things like how much money in advance you're required to pay, also the fine details of some of the contracts and what is and isn't included. Like, I think it's almost something as fundamental as is hairdressing included, or is that extra or trips out, or what have you.

Debbie Harris 33:16

I think as far as the funding is concerned, and what's included and what isn't included comes down to the contract, so that needs to be properly assessed and discussed again. You know, when you're trying to do something really quickly and you're emotional and you do need to give yourself some time to look at that. The other thing that I would flag is Power of Attorney. Mum might have full capacity now, but you are going to need to be thinking about power of attorney. I think that's terribly important, because otherwise it just holds everything up. A lot of care homes now are asking, how long will your funds last? And prove it. So, if your funds last probably less than two years, maybe even three years, and you think you're going to run out within, say, two years. You're probably choosing the wrong care home. You need to be able to maximise the length of stay, assuming, about, say, assuming you think your mum's going to live for longer than two years. I mean, you know, a lot of people move into a care home and actually live a lot longer than is anticipated because they do so well, it's a real boost to them. But if you're going to run out of money early, unless you're telling the care home, look, we've got 18 months fees, what happens to mum when we run out? I think that is a really important question. Some care homes, and there are some charitable care homes, it's a home for life. But those are becoming less and less, because the local authority fees that these clients revert to just aren't covering the cost of the care.

Annabel James 34:44

So there is a chance, should the money run out, that mum will have to move care homes into a local authority funded care home?

Debbie Harris 34:54

She would need to move to a care home that will accept local authority funded clients. There are very, very few local authority care homes anymore, so it would be almost certainly a private care home, but they accept local authority clients. But it's definitely a question to ask, but that means you need to know how long your money's going to last.

Daisy McAndrew 35:14

Debbie just on that issue of, should the worst happen and you run out of money, and you have to do this thing where you go to a care home that accepts local authority funded clients. How do you find that care home? How do you get the local authority to agree to that? What's the process?

Debbie Harris 35:29

If you run out of money, or mum runs out of money, then you would speak to your local authority. Your local authority will assess her. They will either try and negotiate a fee with the care home that she's currently in, or they will say, this is our fee, and this is a care home nearby that will accept our fee, and then mum moves. Not an ideal situation.

Daisy McAndrew 35:52

And if you don't like the care home that they suggest, once they've told you how much they're prepared to spend, can you try and find one that you prefer that would accept the money the local authority is prepared to spend?

Debbie Harris 36:05

You can search on Autumna for local authority care homes. So we ask the care homes, will you accept self funding? Yes. Will you accept local authority? Yes or No? Will you accept local authority with a top up? So that's where the local authority pays, and the family then top up the difference, which is the other way of keeping mum in that initial care home. Mum is paying 1,000 pounds a week for the care home. She runs out of money. Local Authority pays 700 there's a 300 pounds a week shortfall you agree to top up as a family member.

Daisy McAndrew 36:36

Debbie, obviously, we've talked about the fact that so often this is a last minute rush because there's been a fall, or presumably, often because there's been a bad fall, mum or dad's ended up in hospital, then has to be discharged from hospital, can't go home. Presumably, that's a very common scenario.

Debbie Harris 36:53

Yeah hospital discharge for me is one of my real problem areas. So of the families that we support every month to find care, 22% of them are doing so on behalf of somebody in a hospital bed. We then went out last year and we did some research and with those people, and we said, how long has mum been in hospital when she shouldn't have been. So she, this is the date she was told she could leave. How long has it been since that date before you've reached us? And the average length of time was 31 days, so mum had been in hospital for a month longer than she needed to have been.

Daisy McAndrew 37:39

And well, a mum would have been very upset at that, but we've heard so much about the horrible expression bed blockers. But they're not just blocking a bed for somebody who needs it, but they're costing the government so much money.

Debbie Harris 37:51

They're the cork in the NHS bottle, and it affects elective procedures. It creates corridor care. It creates delays in A and E, and it creates ambulances stacking up outside hospitals. We are talking to several

trusts at the moment. We have a care finding tool for discharge teams that will reduce the delay to discharge by at least 50% but there's a lot going on in the NHS at the moment.

Annabel James 38:25

I mean, what is the fundamental problem about not getting people out of hospital on time?

Debbie Harris 38:32

Usually it is blamed on social care, that there isn't availability in social care. I fundamentally disagree with that. I think the current occupancy levels in care homes is, I think it's 88% across the country. I think the fundamental problem is the discharge teams do not have access to a tool that enables them to communicate very quickly and very effectively with social care, and that's what we've developed, and they need to be able to put in a patient's high level information, press a button, and it just communicates with every appropriate care provider. And we've spoken to those care providers, and we've said, If you received that inquiry from the hospital, could you respond within 60 minutes to say, if you had an available bed, would you then go on to say, and we will assess today? And they're saying, yes. So to me, that is not social care's problem. That is the lack of tools in the discharge team, and the estimation is that 50% of the delay is finding the right care, so that resolves that problem, but then the other 50% of the delay is just aligning everything else within the hospital to enable that patient flow is what they call it

Annabel James 39:54

Terrible expression, isn't it? And presumably that's the pharmacy and that's the transport and that's the... to make it all happen. Lots of people have said to us, the thing is, families have to have sharp elbows in terms of a lot of managing care. And as I understand it, the hospital discharge process has changed in the last few years in that families are now able to be involved in the discharge planning and process. Do enough of us know that, and is it kind of a bit more incumbent upon us to kind of go, I'll figure that one out, and I'll, you know, we'll get her out by lunchtime, sort of thing?.

Debbie Harris 40:31

I think if you are self funding your care, you have autonomy. If they have said to you, mum, can leave today. I mean, God willing, they're going to tell you the day before, at least. But not always. If you're self funding your care, you are in control. But the one thing that I would say, however, the discharge is being managed, whoever is managing the discharge, you need to get mum out as quickly as you possibly can, for every week she spends in the hospital, she loses 10% of muscle mass, which she never regains. The risk of catching COVID or another illness is way too high if you're older. I mean, I'll tell you what I've done, my mum and dad, 90, 92 both still driving absolutely fine, living at home, but I am so worried that if they go into hospital as a result of a fall or a UTI, you know, my sister and I, we call the paramedics and we go, Dad's not right. Can you come and have a look? What will they do? The chances are they will say, go to A&E, if they get into the system, I fear that we won't get them out, and so I have employed a private GP who we will call, should they have an issue, before we call the paramedics, and he will assess them, and he will tell us whether or not they need to go to hospital. I'm doing everything I can to keep them out of hospital.

Daisy McAndrew 41:56

Is there some sort of way of taking matters into your own hands, not waiting for the hospital to tell you what to do using Autumna or other platforms to find an emergency place. Because presumably, the place you go into direct from hospital doesn't have to be, you don't have to stay there forever. It could be a temporary measure could it?

Debbie Harris 42:14

It could. But you know, if you do your research, and you can do your research online, and you can speak to somebody on the phone, so, you know, we're seven days a week, you can find the right place first time. But one of the things, I think, is you don't have to if you're thinking, God, I don't know if she's going to need a care home, or if we're going to be able to manage at home. She's been in hospital for a month. She's really not walking because she hasn't done any walking or anything. You can go into a care home for respite care. So say to mum, right, Mum, we're going to find you a really local care home, a really lovely care home, and we're going to just look at it for a month, and let's get you back on your feet, and let's see if we can get you back home that you're getting them out of the hospital. And I really, I really feel quite strongly about that.

Daisy McAndrew 42:58

You know, we all worry so much, both in the care homes and carers, that behind closed doors, people are being looked after, and we've seen so many horror stories on the news and so on of abuse going on, and that always makes me think, Well, should we be, you know, filming everything with CCTV, but then that's such an invasion of privacy.

Debbie Harris 43:17

Do you know there are millions and millions and millions of hours of care that take place all the time, and the only ones the media picks up are the negative ones. You cannot get a positive social care news story in the press, however hard you try, it's really sad. Social care in this country does a brilliant job, and that's unpaid carers, paid carers, online. It's the biggest employer? It's bigger than the NHS. It touches all of us, and yet it's so undervalued. And society undervalues it, the press undervalues it. You know, wouldn't it be great if somebody started talking really positive things about social care, because we can't do without it.

Daisy McAndrew 44:02

We know that you've got really important work to get on with. We're so grateful you found time. I suspect it's an area we're going to be coming back to again and again and again, but until the next time. Debbie Harris, thank you so much for joining us today.

Debbie Harris 44:15

Thank you I've really enjoyed it.

Annabel James 44:19

Oh Daisy, that was interesting on so many levels, I don't really know where to start.

Daisy McAndrew 44:25

I always know that we've recorded a good pod when I've made loads of completely illegible notes on scraps of paper, of telling myself, Oh, I must think about that. And yes, that's an interesting one, and I've scribbled all over.

Annabel James 44:39

I mean, just the statistics of 95% people looking for a care home online. I mean, that's just that's amazing how the web has revolutionised.

Daisy McAndrew 44:49

Yeah, it really has. And I found it very reassuring how impartial Autumna is. You know, doesn't take any money from the care providers, all of that, because that's something that really would concern me about using a platform. So that was very reassuring. Also, I mean, you can hear how angry Debbie is about hospital discharge, and rightly so, and the fact that so many people using her platform and getting her advice have had their family members stuck in hospital for a month.

Annabel James 45:16

31 days. It just none of it makes sense, and it's presumably, it does seem to fall between those two stools, doesn't it? Whose responsibility is it to make that call, press that button, make it happen. And as ever, you know, families are on the front line of all of this, and we've all got to go away and sharpen our elbows a bit more once again, which is that's hard to do, actually, but you know, platforms like Debbie has really helpful with all those different search areas and search points will hopefully make the process a bit easier.

Daisy McAndrew 45:47

And also having to be able to answer the question, what kind of care does mum or dad actually need? And really, instead of just a care home, it's, you know, he or she needs particular behavioural issues. I mean, when she was talking about bariatric I thought, that was very interesting with the obesity crisis that so many people now, you know, need help with that side of things. And obviously our pet, excuse the pun, pet passion of keeping our oldies together with their dogs not being separated.

Annabel James 46:22

Thank goodness for the doggies. There used to be a company who did cocktails in care homes. These lovely band of young people would turn up once a week with one of those lovely, old fashioned drinks trolleys.

Daisy McAndrew 46:35

I didn't think of it at the time, and afterwards, I think I should have asked Debbie whether there's a filter for people who like a drink going into a care.

Annabel James 46:44

The care home pub!

Daisy McAndrew 46:45

Exactly, exactly. Well, we didn't have time in that episode to talk about care at home, and there's so much more to talk about. I think we'll come back to that another day and really do it properly.

Annabel James 47:00

Huge thanks again to Debbie Harris. You can find out more about Autumnna at www.autumnna.co.uk

Daisy McAndrew 47:06

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Annabel James 47:21

Next time we go in depth on finances for later life care with Mel Kenny.

Daisy McAndrew 47:27

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