

## Identifying, involving and supporting unpaid carers who have a relative or friend in a care home

November 2024



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## About Luminus

Luminus is a Surrey based independent community interest company which exists to empower people to have their voices heard. We are an enterprise driven by social value, that invests in the local community. We help organisations provide equity of access, and the best services possible, through the inclusive involvement of local people. Our vision is to create a society where everyone’s voice is heard so we all receive the support we need for our wellbeing.

Our CIC was originally established in 2013 to deliver the Healthwatch Surrey service and ensure the voices of all users of NHS and social care services are heard. We have since built on our expertise and experience and Luminus has grown to shine a light on the experiences of carers, young carers, those who are affected by substance use, and people most at risk of health and care inequalities. We achieve this through bespoke projects, co-design, contracts, mentoring, research, and training.



# Introduction

## Background

Luminus was asked to investigate the extent to which care homes understand the role and importance of unpaid carers, including such aspects as involvement in care planning and recognising signs of deterioration in a resident. The study investigated the experiences of unpaid carers whose relatives and friends live in residential and nursing care homes, including dementia specialist care facilities.

The way care home staff interact with unpaid carers is a key part of the Enhanced Health in Care Home framework <https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/>. It is widely recognised that unpaid carers are often an invaluable source of support for people living in care homes, but the commissioner for this project expressed wanting to set out practically what that means for care home providers. The intention is to produce a toolkit to include steps providers can take to improve relationships with carers, involving them in care and support planning, and ultimately finding a balance that helps to support good outcomes for both the resident and their carer long term.

The findings and recommendations from this work will also shape the residential/nursing specification and work being done with the market to improve personalised care approaches, particularly for people with behaviour that is challenging or distressing.

For this study, Luminus defined an unpaid carer as follows:

“Someone who is looking after a partner, family member or friend who couldn't manage without their help, which may be physical and/or emotional. The person may or may not have lived with the unpaid carer before moving to a care home.”

## Approach

The following research questions were developed:

- How can the role of unpaid carers contribute to better outcomes for family and friends in care homes?
- In what ways (if any) are care homes engaging with unpaid carers?
- What does a good collaboration between an unpaid carer and a care home look like?

Luminus gathered experiential data from unpaid carers who have family or friends who are residents in care homes through 3 methods:

- An online survey, also supplied to care homes in print. This was distributed by the commissioning team at Surrey County Council and also by the engagement team at Luminus. 40 complete responses were collected.
- In-depth interviews captured as 5 case studies.



- A discussion group with 7 unpaid carers at a combined residential and nursing care home.

The target audience for this project was relatives and friends of people resident in care homes who take an active role in the care of the resident, including private and local authority residential and nursing care homes. This report details the results from the survey and the discussion group. The case studies have been published in a separate publication. Please see appendix 1 for a summary of demographic details.

## Key findings

In summary, the themes that are important to unpaid carers who have relatives or friends living in care homes are:

- Regular communication
- Feeling that they are part of the caring team
- Access to care home management when issues arise
- Involvement in care planning
- Involvement in activities and outings
- Meeting personal preferences.

Unpaid carers place great value on a range of activities and outings which provide choice and variety; and that their friend or relative is included in these activities and not left out because of their health. Listening to wishes and preferences such as dietary choices is also important for unpaid carers to feel their relative or friend is being well cared for.

Concerns are mainly about funding and withdrawal of Continuing Health Care (CHC) funding. Some concerns were raised about dementia care and skills of staff.

## Recommendations

- The unpaid carer should be involved as far as is possible during the transition of a person from their home or hospital into a care home. This is not only reassuring for the unpaid carer, but it is an opportunity to gather knowledge that will contribute to a better experience for the new resident.
- Develop mechanisms for unpaid carers to work in partnership with staff to manage behaviours, such as the example given for monitoring eating and drinking.
- Support unpaid carers to continue caring in the way they want to and recognise this as an important aspect of the overall care of an individual resident in a care home.
- Communication between the care home and an unpaid carer should be regular and provide enough information for the carer to make good decisions about when they should visit and alert them to a change in health or wellbeing that may need attention.
- Consideration should be given about how unpaid carers could access daily information remotely about activities and their relative or friend without needing to request it, suggestions included an app.



- Unpaid carers should be invited to regular care planning meetings and be kept informed of changes to care.
- Provide more information about financial arrangements, in particular, what happens when self-funding runs out.
- Signpost unpaid carers to other areas of support such as mental health and wellbeing resources.
- Ensure a varied selection of activities and outings are organised for residents and that all are given the opportunity to take part.
- Regarding dementia care, consistency of care staff who can develop a relationship with the resident is important to provide informed care and support unpaid carers.

## Overview of key findings

The key findings by theme are as follows:

### Care responsibilities

8 people out of 34 carers said there were things preventing them from continuing to be a carer. Most gave reasons relating to the care needs of their relative or friend being beyond what they could offer; only 1 person stated barriers created by the care home.

### Planning

There were only 12 of the 40 respondents (less than one third) whose role as a carer had been considered by the care home. However, overall, three quarters of the survey respondents (31 people) said the level of involvement at this stage met their expectations and only 9 people said it did not.

### Ongoing involvement

Broadly half of respondents state they are still involved in care (and half not) now their relative or friend is living in a care home. The highest scoring area was involvement in personal preferences.

### Support

23 of the unpaid carers felt supported in their role as an unpaid carer and a further 10 answered that they sometimes felt supported. Attitudes of staff was one of the common reasons given for not feeling supported.



## Continuing to care

When asked if they could continue to care in a way they wished for their relative or friend more people said yes than to any other question.

## Sharing care responsibilities

Only 4 people said they had an arrangement with the care home to share care responsibilities and only 1 person said they were financially compensated.

## Signposting

Only 6 people had been signposted to support by the care home. This was mainly to financial resources and training about caring for older people.

## Communication

People were generally aware of how to feed back or make a complaint to the care home. Nobody said communications were inaccessible and those who did comment said they would like more frequent information about the person in the care home.

In September 2021 Healthwatch Surrey published the results of an investigation it had carried out jointly with Action for Carers Surrey into the experiences of unpaid carers in the hospital discharge process: <https://www.healthwatchesurrey.co.uk/report/thematic-priority-report-carers-experiences-of-hospital-discharge-summer-2021/>.

The research found that over half of carers felt that their views were not taken into account nor felt consulted in discharge plans. Over three quarters of respondents felt they weren't signposted to support for unpaid carers. Three years on, looking at the involvement of Surrey's unpaid carers through the lens of care homes, it appears there is still some way to go to ensure that the invaluable support that unpaid carers can offer is fully utilised and supported by the Surrey health and care system.

## Findings in detail

This section provides a detailed explanation of the 40 completed survey responses collected and organised into themes.

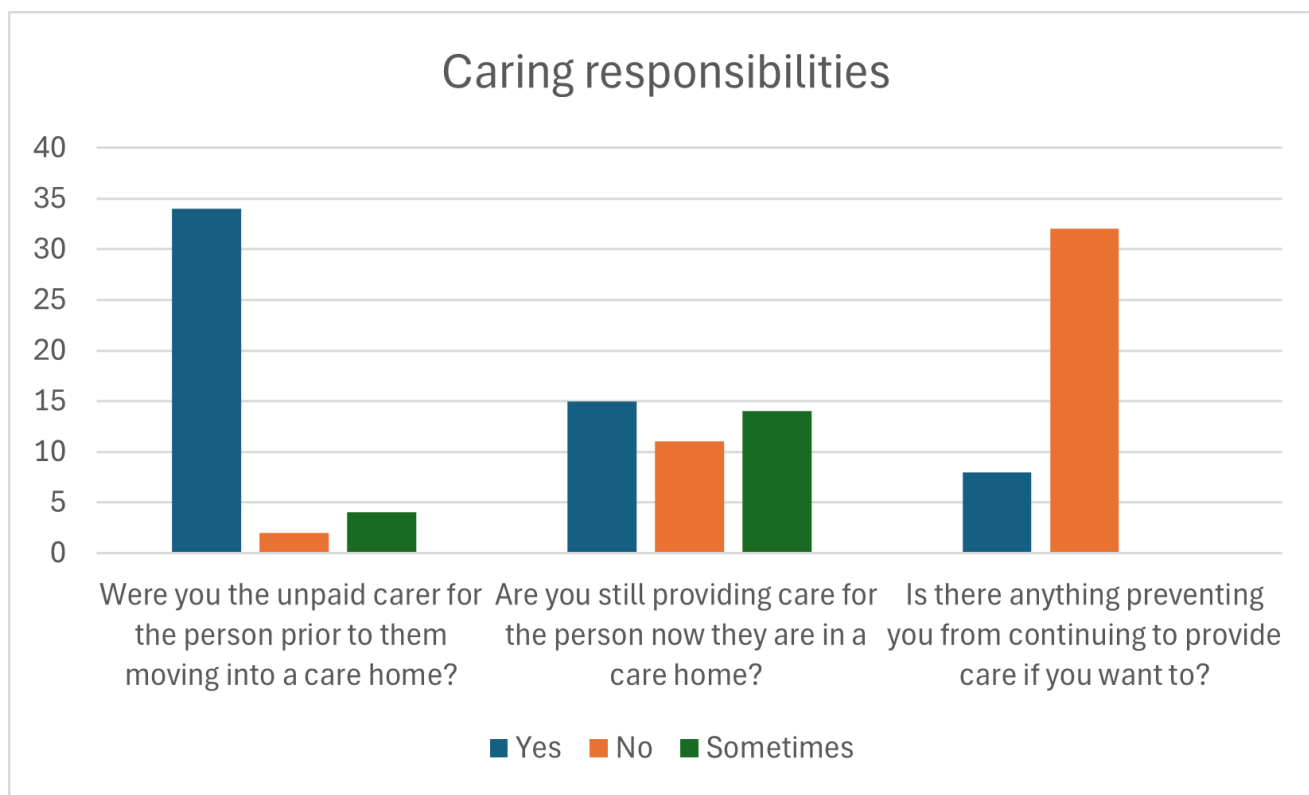
### a. Caring responsibilities

This section establishes how many of the survey respondents considered themselves to be an unpaid carer before their relative or friend was moved into a care home; and how many still feel they have a role as an unpaid carer now the cared for person is living in a care home. The





bar chart below shows how many people answered yes, no and sometimes to questions about their caring responsibilities before and after their cared for moved into a care home.



Of the 34 people who had been an unpaid carer before their relative or friend was moved into residential care, only 15 (less than half) felt they were still an unpaid carer. Of the 34 unpaid carers, 8 people felt there was something preventing them from continuing to be a carer. Several of the 8 people who gave a reason for not being able to continue caring said their own health and ageing was a barrier.

“(I’m) not getting any younger!”

Several others mentioned that the care demands of looking after their relative or friend would not be possible anymore.

“I would be unable to provide care for my husband at home now. This is because he is very disturbed at night so needs a waking night carer. Social services will not provide that as it is so expensive and I think they are reluctant after failure of carers to turn up.”

Only one person described a restriction imposed by a care home that prevented them from caring in the way they would like to.

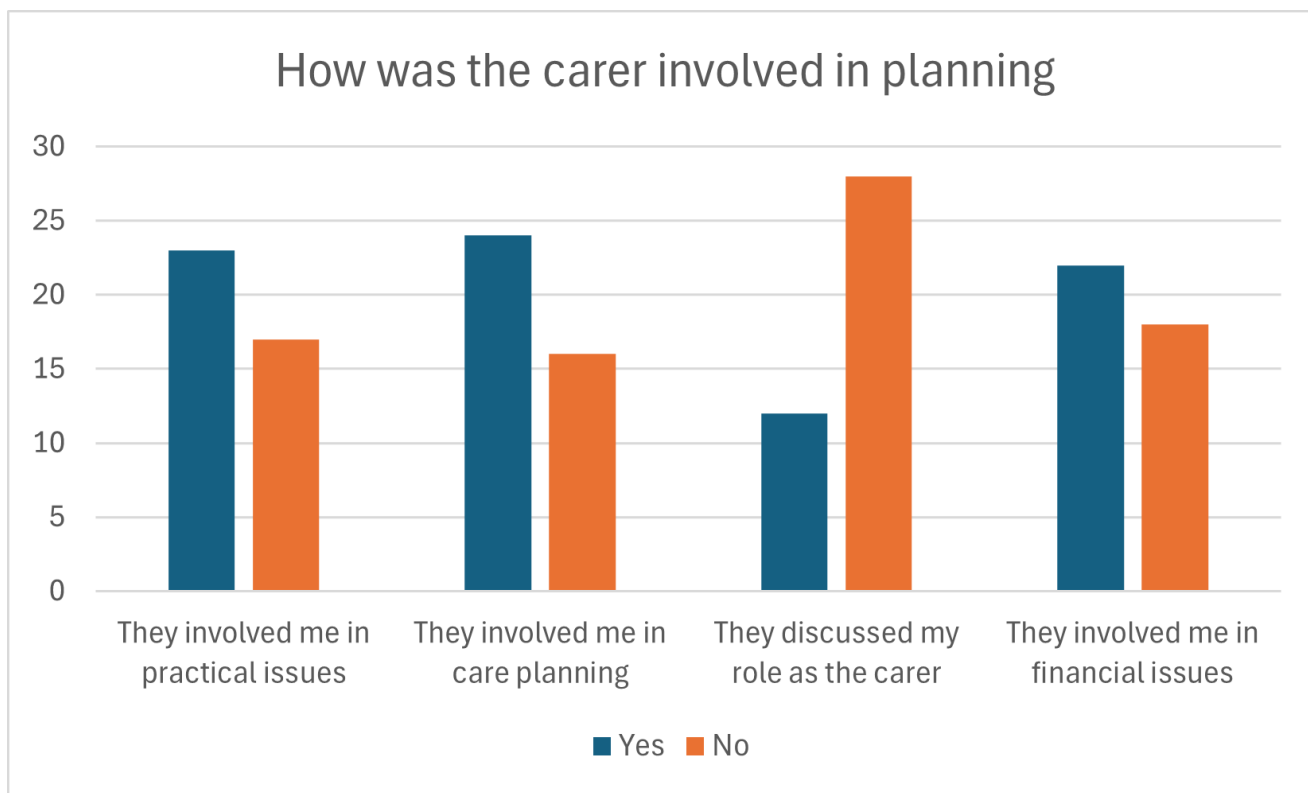
“They have 'protected' mealtimes. Discourage evening visiting.”





## b. How the care home engaged the unpaid carer in planning

The next section of the survey looked at the ways unpaid carers had been involved in planning by the care home before their relative or friend moved in. The bar chart below shows the ways carers were involved in planning for their cared for.



### Practical issues and care planning:

Although over half of respondents reported they had been consulted and involved in practical issues (23 people) and care planning (24 people) this still leaves significant numbers of unpaid carers who were not.

In 5 written responses people explained that they had not been involved but that this was not the fault of the care home as their relative or friend had been moved directly from hospital with little or no notice.

"They didn't but this wasn't their fault. The hospital, having waited for weeks while costs were wrangled, discharged my husband with only 18 hours' notice. I didn't even get to visit the home."

### Role as unpaid carer and financial planning:

There were only 12 people out of the 40 respondents who said their role as an unpaid carer was discussed with the care home. This appears to be a missed opportunity to understand more about their new resident and their care needs from the person with considerable



knowledge about them. In addition, only half of respondents reported that they'd been involved in discussions around financial issues with the care home.

Apart from the direct move from hospital to a care home, often with Continuing Health Care (CHC) funding, the Covid pandemic was also mentioned as hindering the process.

2 people made very positive comments about their experience.

"They involved me and the family in every step of the process and continue to do so 2 years on."

Overall, three quarters of the survey respondents (31 people) said the level of involvement at this stage met their expectations and only 9 people said it did not. Similarly, when asked if there was anything they would have liked to have been involved in but were not, 8 people answered yes and 32 people answered no. The comments supporting this section themed around financial issues, not knowing what to expect, communication and rapid discharge from hospital.

"As said above it wasn't their fault and on the day of admission they did try and do a care plan etc. but my reality was I was asked for a large payment that afternoon from the care home and then got home, after a distressing day, to a very aggressive phone call from Surrey County Council financial services who had set my husband's financial assessment at £7000 per annum more than his income."

"You don't know what to expect as I haven't done this before, but I know he's well looked after, and I feel that I've got my life back. My husband liked the lady who came to visit [from the care home] and so that gave me confidence that he would be ok."

"They are good at communications and keep me up to date on all that is going on... one to ones have been good. I feel he is safe there at all times."

One respondent suggested there had been flexibility around involvement which was well received.

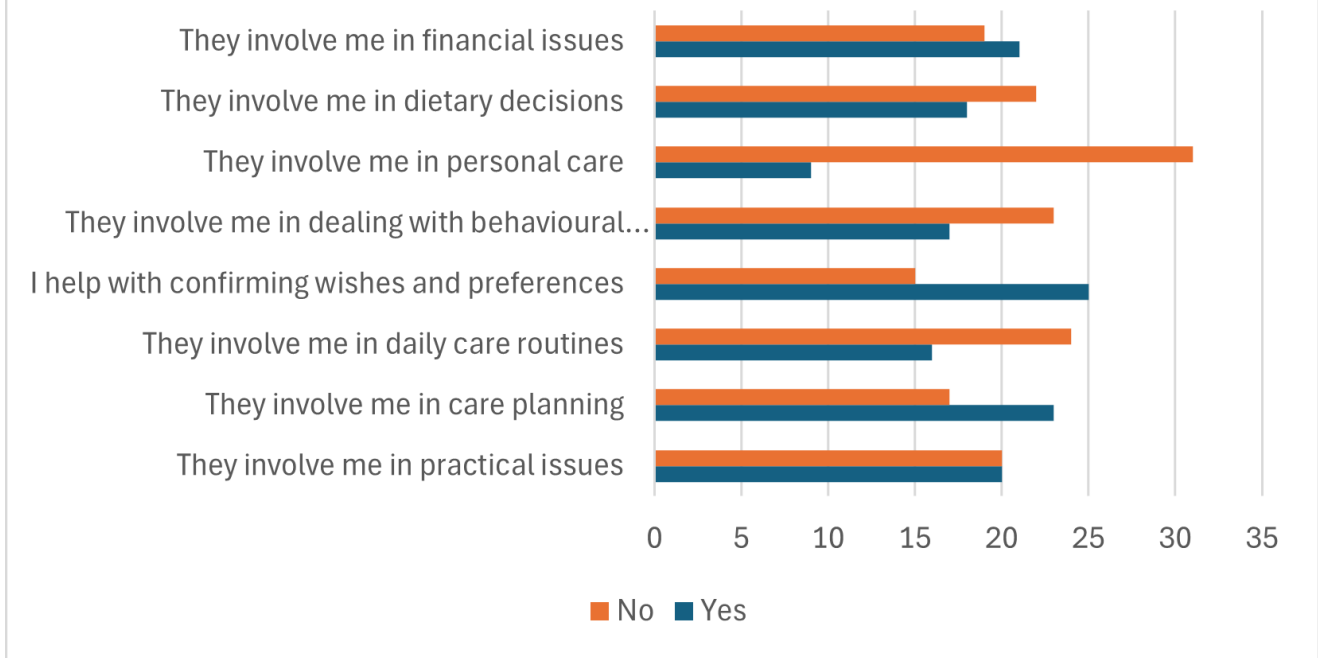
"I felt I could be as involved as I wanted to be. It was welcomed."

## c. Involvement in ongoing care

This section investigates the involvement in ongoing care related issues now the unpaid carers relative or friend is living in a care home. The bar chart below shows the different ways in which carers have been involved in ongoing care by the care home (further details below the table).



## How is the carer involved in ongoing care



From these questions broadly half of respondents state they are involved, and half say they are not. The largest number of positive yes answers were to helping with confirming wishes and preferences. The smallest number of positive yes answers were for involvement in personal care, which presumably is because the care home provides this service now.

The second largest number of positive statements is for involvement in care planning. However, this is still only a little over half of the respondents.

Following 2 co-production sessions, organised by Surrey County Council in partnership with the Surrey Coalition of Disabled People, there were a number of additions made to the Residential and Nursing Care specification.

[https://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0010/315568/Schedule-B-Annex-A-Appendix-3-Service-specification-for-residential-and-nursing.pdf](https://www.surreycc.gov.uk/_data/assets/pdf_file/0010/315568/Schedule-B-Annex-A-Appendix-3-Service-specification-for-residential-and-nursing.pdf). There is a requirement to involve the family and friends in care planning:

“Point 7 also states that The Service must include Service Users and their families, or other representatives, as partners in planning, developing and reviewing their care plans”

So, perhaps we would expect to see a higher proportion of respondents positively answering this question.

In ‘other’ free text comments, there was an equal split between positive and negative reflections.



"I get regular feedback on any issues that may arise and we work as a team to resolve them and find the best way forward."

"I am sent weekly programme of activities and also photographs of my mother attending those activities. Invitations to family social events."

Another area that was mentioned in free text comments was involvement when there is a change in the health of their relative or friend.

However, the same number of people (4 people) showed some discontent and frustration at the low levels of involvement.

"They do not involve me, they just tell me when they are having problems with my loved one and their challenging behaviour due to dementia."

"No contact unless I question, very frustrating."

Although the numbers answering positively to this section of the survey were not very high, when asked if this involvement met their expectations, 31 of the survey respondents said yes compared to only 9 people who felt it did not meet their expectations.

From the free text answers of those people who felt it did not meet their expectations, concerns were raised that they do not feel listened to or that things do not change even after they have raised an issue.

"They sometimes appear to listen, but things do not always change."

There was also one person expressing concern about the competencies of the care home.

"This nursing home was chosen because it stated that they were experts in dementia care but they are not."

One person asked for access to more information through a portal.

"Mostly, would like access to a portal that carers log daily care, activities etc. As I get older, and as our son has become more settled living there, I feel I am able to, and should be taking, more of a back seat."

Communicating dietary preferences was also raised by a survey respondent and mentioned at the in-person discussion at a care home. In the latter case, the relatives have a white board in the room where they and the staff from the home log the food and drink the resident has consumed while they are present. This means that there is a clear record of what the resident has consumed each day and avoids either the family visitors or staff trying to encourage eating and drinking when not needed.

"I have tried in the beginning to talk to them about a calorie-controlled diet and healthy eating as he has put on 3 stone in the 2 years that he has been in there. I



was ignored, so I had to put up laminated signs to say that he needed a calorie-controlled diet. I still find biscuits and sweeteners in his room.”

When asked what they would like to hear about that they currently do not, a strong theme was care planning.

“I think that each quarter your person’s care plan should be discussed with you. My husband has end stage Parkinson’s and dementia. He is high functioning with his dementia so is able to be ‘normal’ for about 30 minutes. I looked after my husband for 19 years and understand his Parkinson’s really well so I think any outings should be discussed with me.”

Other suggestions were involvement in nursing assessments, more team working between the unpaid carer and the management team and 2 people said they would like to be more involved in planning activities, particularly outside the home and the barriers to residents taking part.

“More feedback from the home. Either a weekly roundup or able to log on to their care programme and see what is provided each day.”

Several people referred to general care and wellbeing information and more information about what their relatives and friends do each day.

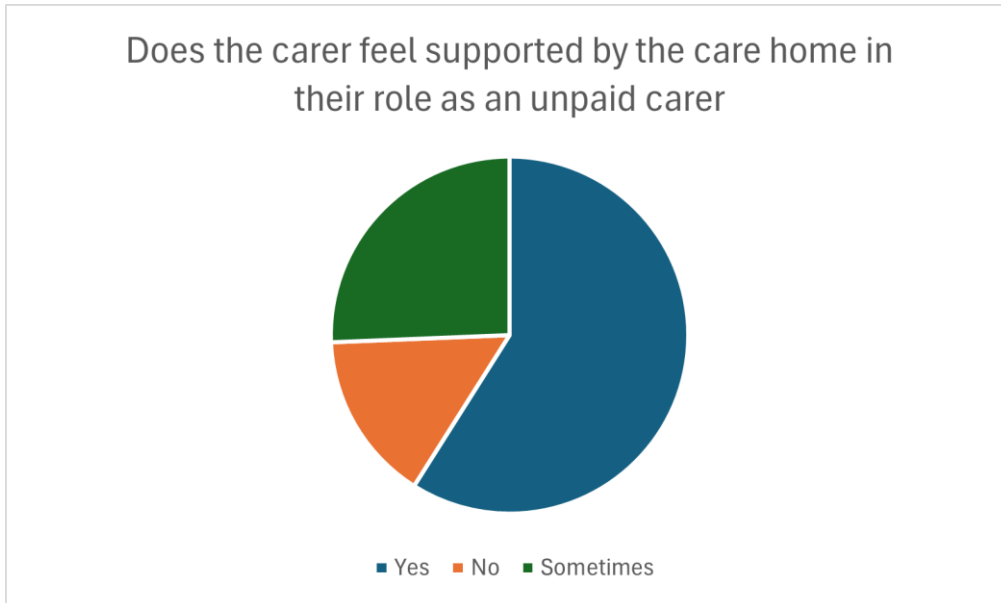
“Just about everything! Especially his care plan. I would like meetings. They could be twice a year but it would be nice to be involved and consulted.”

The nursing specification covers many of these points. Point 6.3 on need and requirements includes the importance of providing activities that are Engaging and Meaningful to the Service User. In addition, point 17 refers specifically to service user activities and lists a number of requirements including ‘Providing meaningful activities that maximise and sustain quality of life and assist in preventing a Service User’s needs deteriorating’. The nursing specification also outlines the involvement of service users, relatives and friends in the care planning process, providing choice and control to the service user.

## **d. Support from the care home**

This question in the survey asked if people felt supported by the care home in their role as an unpaid carer giving options of yes, no and sometimes. Below is a pie chart showing carers’ responses to the question.





The fact that 23 people felt they are supported in their role as an unpaid carer is reassuring. However, there were 10 people who said, "only sometimes". One of these people quoted: "But I don't think they see you as providing any care even though I spend hours with my husband."

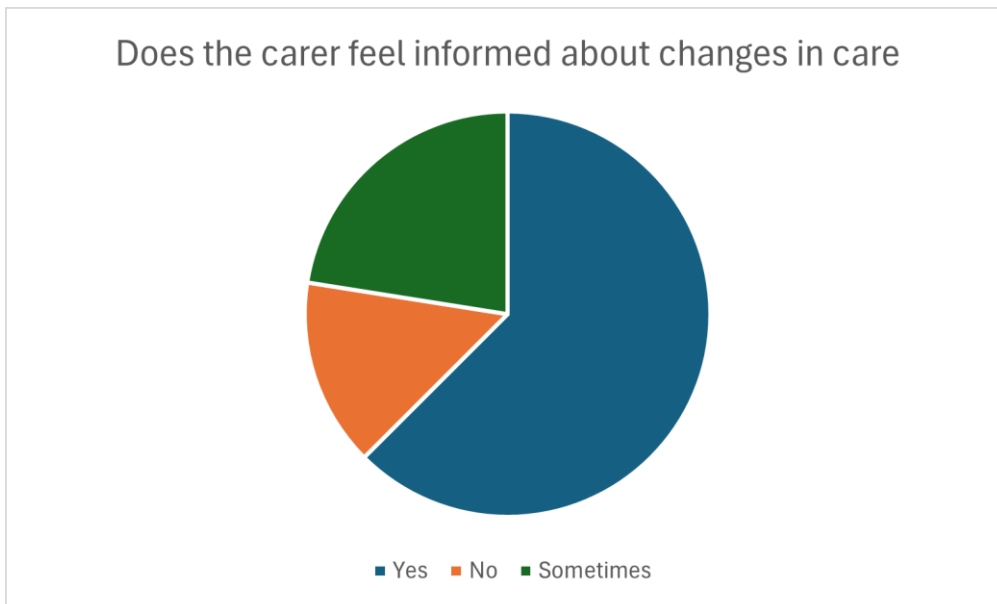
One other person felt that some staff were more aware and supportive of the role of an unpaid carer than others. "Some of the management understand the role I have had as an unpaid carer but not all of them."

Of those who answered no to this question and provided a comment, there was reference to not having regular updates about the person they know in the care home, and that a daily update would reduce the amount of travelling back and forth. There was also a comment about restricted access, and it is assumed that this relates to times of visits allowed rather than physical barriers to visiting. "They could at least acknowledge that as a family, we're here to help them look after him. Our priority is him and we're there to ensure that they care for him properly."

### e. Informed about changes in care

The pie chart below shows whether people answered yes, no or sometimes about if they were informed about changes to care for their relative or friend.



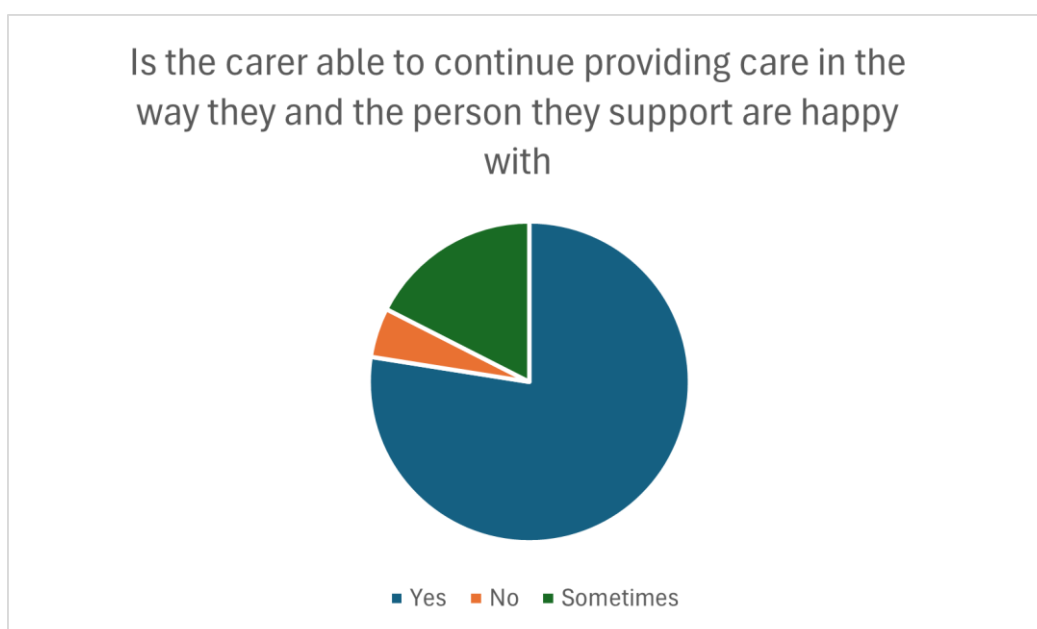


Although 25 people said they were regularly informed, 15 people answered no or sometimes and it is highlighted in other sections of this report that people want to be kept regularly informed. Those people expressing positive experiences of care homes generally describe good communication and a 'team approach' to caring. It would seem to be a priority to keep family and friends of residents informed about any changes in care.

## f. Continuing to provide care

We then asked if people felt that they were able to continue caring in the way that they and the person they support are both happy with.

For example, can they go in at any time if they wanted to help with their personal care/feeding, is this encouraged/supported by the home? The following pie chart shows the results that were given.





This question received the most yes answers than any other and the least no answers. One person answering no gave the following comment:

“The latest you can visit is 4pm and visiting slots have to be pre-booked. Working from 9-5 on weekdays this is not flexible. I am given the impression that the nursing home is run for their convenience and not for the convenience of the residents and their family.”

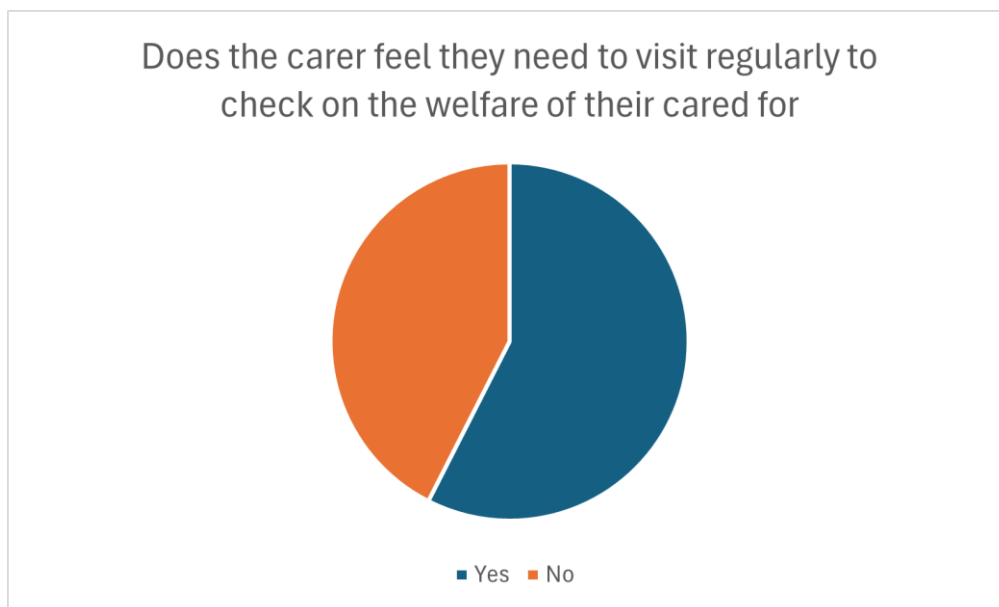
In contrast:

“When I transferred my husband to the care home, I was told they were open 24 hours and I could visit whenever I wanted at any time of day. I often help with feeding and take my husband treats... They said that this is my husband's home now and to treat it as such.”

In some cases, people explained that it was not appropriate or possible for them to continue to provide care.

## g. Safety of their cared for

We asked unpaid carers if they felt they needed to visit regularly to check on the welfare of the person they care for. This is depicted in the pie chart below.



There are quite a high number of yes answers, however, from the comments it seems that some people may have answered yes not because they are concerned about the safety of their relative or friend, but because they choose to visit regularly.

“This is for my own benefit as I want to be involved in my husband’s care.”

One person who answered no provided the following comment:



“I am very happy with the way my father is being cared for in the care home. I have no complaints at all. I just feel happier to go in every day to feed him and he likes me to do this.”

Where people provided information about the frequency of their visits, the most common answer was 2-3 times a week (10 people), while 4 people visit daily and 4 people visit weekly.

## **h. Sharing care with the care home**

Only 4 people out of the 40 respondents said they had an arrangement to share the care with the care home. However, only 1 respondent commented and gave insight into how this worked.

“[They come] home for weekly visits usually 24 hours plus some short breaks/holidays.”

Only 1 person said they were financially compensated for this arrangement out of 22 people who answered this question.

## **i. Signposting to support**

We asked survey respondents if they had been signposted to any support by the care home their relative or friend is resident in. Of the 39 people who answered this question, only 6 said yes. The topics provided in comments were:

- Care in the community NHS funding
- Attendance Allowance
- Turn2us benefits calculator.

No one mentioned any emotional and coping support, or signposting to relevant organisations such as Action for Carers Surrey. There appears to be a missed opportunity here to ensure unpaid carers are getting all the support available in Surrey.

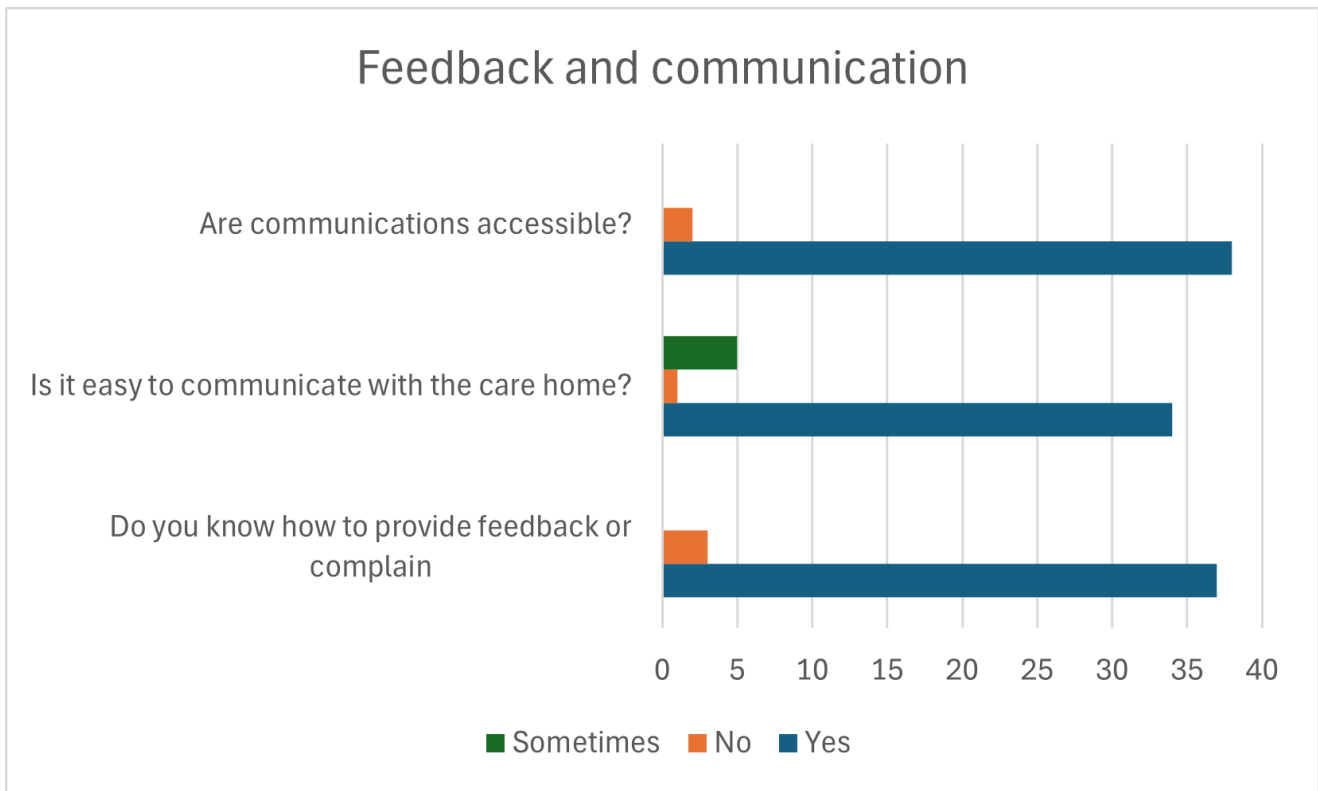
2 people mentioned that the care home had provided training in the following:

- Nursing techniques, medical management and emergency situations
- Better care for older people.

## **j. Feedback and communication**

3 questions focused on aspects of communication between the unpaid carer and the care home. The bar chart below shows the responses to these questions with the answers yes, no and sometimes.





Most people were aware of how to provide feedback or complain. There were just a couple of people who found communication difficult.

“At the start yes but not now. Some members of the management team are unapproachable and make it clear that they do not want to discuss my loved one or any issues about their care that I might have.”

Nobody provided a reason why communication was not accessible, but 3 respondents specifically said they would like more communication.

“I would like more feedback which I could access if I wanted to.”

## k. Other comments

The 2 final questions asked firstly if there was anything you would like the care home to offer which it is not already, and secondly invited people to make any other comments. In response to the former, the following areas were suggested:

- More engagement from managers
- Agenda for family meetings
- More entertainment, more variety of entertainment and more outings
- Daily log/app to access residents' information
- More flexible visiting times
- Emotional support to residents and their carers
- Chance to meet with other unpaid carers (families)



- Financial support until assets are sold.

In the “other comments” section, 6 people praised the care home used by the unpaid carer completing the survey. For example:

“I want to emphasise how the staff in the home also care for me when I visit. I can't walk into the home without being offered a drink or a chair. The home isn't the plushest but it's recently been taken over and they're refurbishing it gradually. But it's comfortable, clean and the staff are amazing.”

2 people mentioned concerns about dementia care, including not enough staff on dementia wards, frequent changes of staff and insufficient training.

“My big frustration, which I've told them about, is that only 2 carers are regularly working on the dementia floor. Others come and go for short periods and there's no attempt to consolidate knowledge of my husband's needs into any kind of register. As a result, some days he is washed and shaved and other days he is unkempt, because the long-term carers know they can ignore him when he refuses care and do it anyway, but the others just back off.”

## Summary of discussion group

The Luminus team hosted a discussion group of unpaid carers at a combined residential and nursing care home. There were 7 unpaid carers at the discussion. All were female and relatives of the people they visit at the care home. The feedback about the home was extremely positive and this section summarises the main points they shared that support the positive experience they have of being unpaid carers who have family who have transitioned into this residential care facility.

### Staff

The unpaid carers said it was important that staff are trained appropriately. In the lobby of this care home there are pictures of all the staff and details of their qualifications. There is also an update in the newsletter unpaid carers receive about changes to staff and any newly acquired qualifications. However, generally people felt there was a very low turnover of staff and this helps to build a relationship between the cared for, the unpaid carers and the staff. The manager of the care home was also praised for being seen talking to residents and knowing their names and often speaking to the families and friends of those resident in the home.

### Safety

When asked what was a priority for their relative or friend they discussed safety and having confidence in the staff as an important factor.



## Environment

There were examples of partnership working between unpaid carers and staff. One was monitoring food and water consumption on a white board and another was allowing a resident to have personal things in their room and outside - in this case, a bird feeder. One unpaid carer said they have never refused a request to put something in and around the room for their in-law. Another person mentioned that even though their parent is non-verbal, the staff always ensured they were engaged in the activities going on in the home. They described a wide range of activities including animals being brought into the home (including a pig), live music and visits from schools. They also said that the residents are not left alone as there is always something going on or staff checking on them. Someone commented that they see and respond to the individual needs of each resident. Added to this was that they would never force anyone to do anything they did not want to. The unpaid carers said that the friendly and jolly manner of the staff actually helps them to feel better as well as their family and friends being cared for.

## Responsiveness

The unpaid carers felt the care home had spent time understanding preferences for the relative or friend when they first arrived at the home. It was also said that the staff notice treats that the unpaid carers might bring and try to emulate these such as a choice of fruit snack. There was a lot of praise for how the care home quickly responded to residents' needs. There were a range of examples including changing diets, seeking medical advice and regularly contacting unpaid carers about any concerns. One person said the staff really listened to the unpaid carers. It was also stated that someone from the home accompanies a resident if they need to go to hospital and takes their care plan with them (NB: in the survey it was indicated that not all care homes do this). The home allows visitors at any time of the day or night and this is welcomed by the unpaid carers. Several people mentioned that if they are there at mealtimes then they are always offered food.

## One thing you would change

There was nothing people would change. They described the care home as a place that felt like home. The unpaid carers said they felt involved and that the caring extended to them as staff took an interest in their health, families etc. often checking on them and even phoning one unpaid carer to see how their operation had gone. They also described staying over in the care home when their relative or friend was poorly and being allowed to sleep in the room on a mattress.

“It is not like them and us. It is like we are part of their family.”



# Conclusion

The survey and discussion group findings highlight that although some unpaid carers feel they have been involved in the transition and ongoing care of their relative or friend in a care home, many do not. Acknowledging the unpaid carer and respecting their wishes is sometimes overlooked and leads to frustration and potentially poorer outcomes for the resident in care. Communication is at the heart of unpaid carers feeling involved and valued; efforts should be made to involve them in all care planning. Unpaid carers also value attention to meeting the individual preferences of their relative or friend and feel it contributes to their wellbeing.

"I would like to say the care is superb. The carers are kind, polite and endlessly patient. My husband was psychotic when he went there and they have patiently helped him back from that. He remains unpredictable but he is hugely popular with them which he likes. Generally unpaid carers are treated appallingly in this country, it should be a matter of national shame."

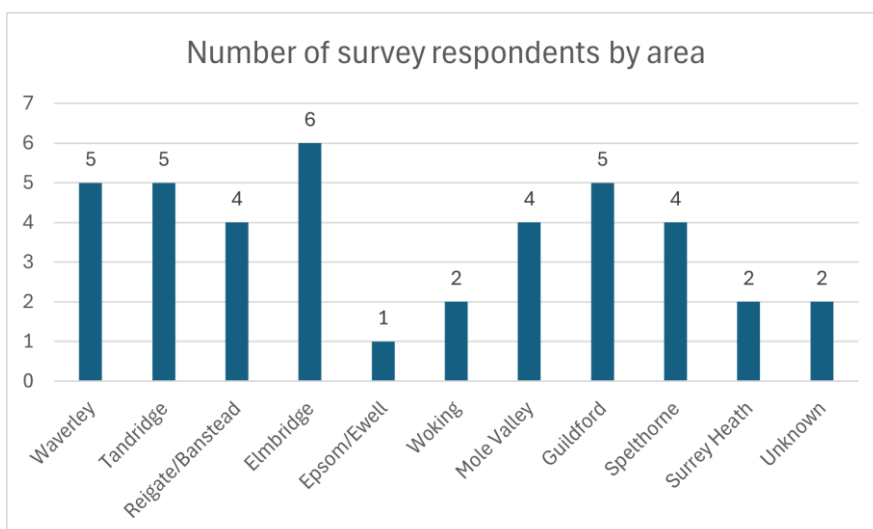
# Thank you

A huge thank you to all the carers who contributed to this report. Whether it was through the survey, a case study or the discussion group, this report wouldn't have been possible without your input, honesty and time. And thank you to Paul Boyce from Jubilee House care home for providing the carers, venue and delicious cakes for the carers discussion group.

# Appendix 1 Demographic data

## Survey

There were 40 respondents in total to the survey and the bar chart below shows the number of survey respondents from each borough in Surrey.

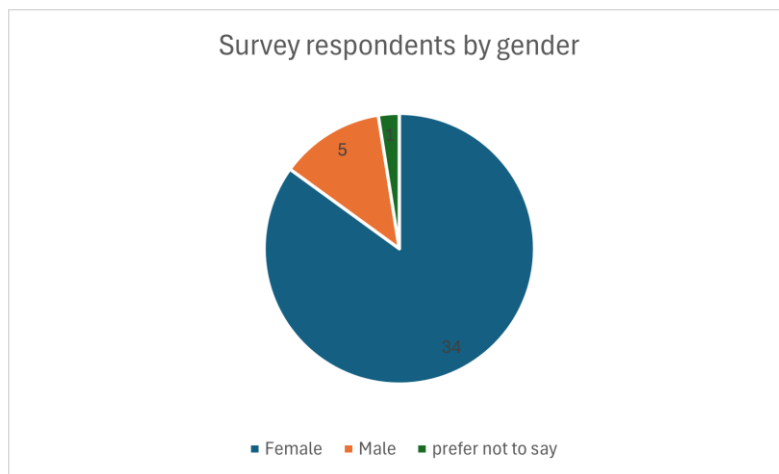


The survey respondents have relatives or friends in the following care homes:

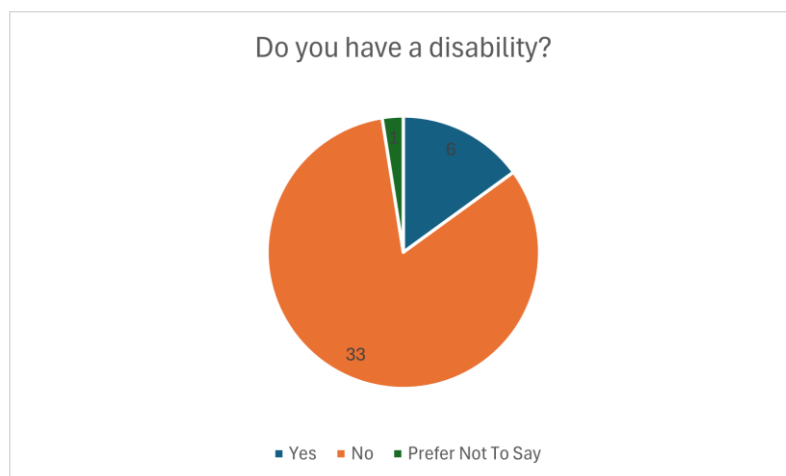
Abbey Chase	1
Acorn	1
Albury House	1
Anchor - Oakleigh care home	1
Anchorstone	1
Bolters corner Nursing home	1
Bourley Grange	1
Brownscombe House - respite only	1
BUPA Arbrook House	1
Chestnut View care home	1
Claremount Court Nursing Home	1
Fir Tree house	1
Greenacres	2
Huntington and Langham court	1
Jubilee House	2
King Alfred	1
Kingsleigh Care Home	1
Kingswood Court Nursing Home	1
Kisimul	1
Martham House	1
Mayfield House	1
Merlewood	1
Priory Court	1
Rutland House Nursing Home	2
St Georges Care Home	1
Sunbury care home	1
Sunbury Nursing Homes	1
Sutton Lodge (BUPA)	1
Tandridge Heights	1
Thameside	1
The Pines	1
The Rowans	1
The Summers	1
Unknown	2
Wolfe House Care Home	1
Worplesdon View	1
Total	40



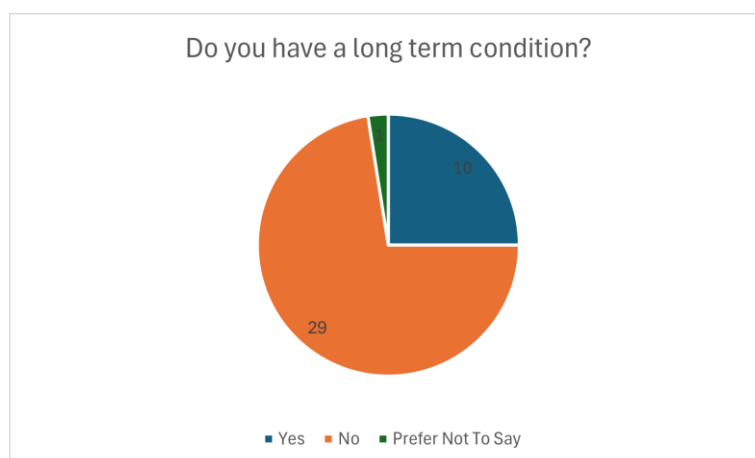
The pie chart below shows the number of survey respondents by gender. There are 34 females, 5 males and 1 respondent preferred not to give their gender.



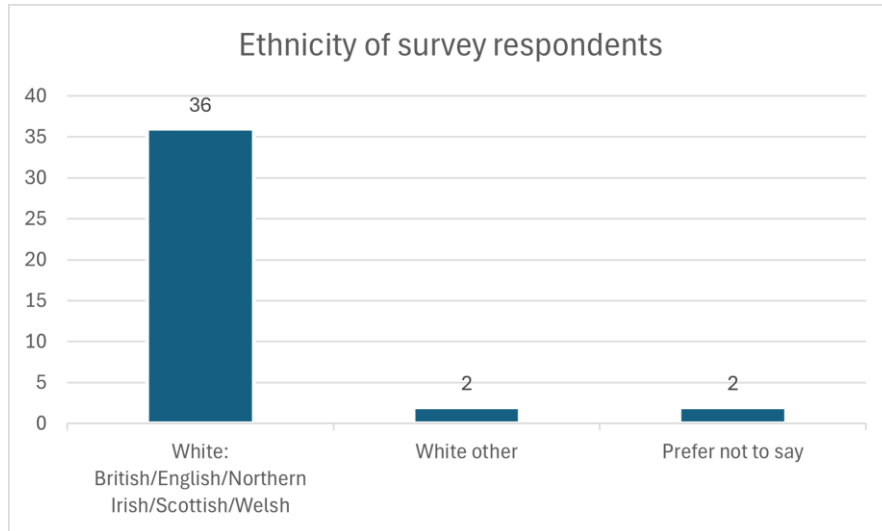
The pie chart below illustrates how survey respondents answered the question about whether they have a disability.



Do you have a long term health condition? The pie chart below shows how people responded to this question.



The chart below shows the ethnicity of the survey respondents.



The discussion group took place in Jubilee House, Pound Lane, Godalming.



# Contact us

**Contact us through any of the channels below.**

We'd love to hear from you:

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-  Text: 07592 787 533 (SMS only)
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