

Virtual mental health awareness training for care home managers



Evaluation Report – Cohort Two

Millie O’Keeffe, Programme Assistant, West of England AHSN millie.okeeffe@nhs.net

Introduction

Following an engagement exercise with care home sector representatives, the extraordinary pressures of the COVID-19 response and the effect on workforce, mental health and wellbeing were recognised as key priorities for action.

Following the success of Cohort One, in which very positive feedback was received and incredible demand that led to a waiting list of almost 100 registrants, Bristol Mind was again commissioned to deliver a second cohort of mental health awareness training for care home managers and deputy managers in the West of England. The course focused on advice and practical tools for supporting managers in order to better support their staff. Practical resources were shared with attendees after the training, including an invite to a private Facebook group for managers (currently at 45 members) where content on wellbeing tools and practical advice useful for care homes is posted regularly.

Structure of training

There were six sessions that ran from 28 April to 28 June, and all sessions took place on Zoom. To address the high ‘drop off’ rate between the first and second sessions in Cohort One, and additionally to reduce administrative workload, the Cohort Two course was run as one session at 2.5 hours.

In response to the high demand for places in Cohort One, places per session were increased from 12 to 25, however 35 (and later 38) tickets per session were made available to allow for an expected high ‘did not attend’ rate (Cohort One saw a DNA rate of 34.8%).

The training content remained largely the same, and included an additional focus on implementing sustainable changes to support staff wellbeing and themes around recognising where care staff were in the current stage of the COVID pandemic and their experiences over the past year.

Communications and promotion

Promotional communications were sent to around 50 active stakeholders in the three systems and from a variety of organisations, including CCGs, GP training hubs, PCN contacts, provider networks, and supporting organisations such as Skills for Care and Healthwatch.

Targeted promotion including opening booking to Gloucestershire one week prior to wider promotion was initiated to increase uptake of Gloucestershire registrations, since Cohort One saw only one attendee from the region. This was a successful strategy and uptake from Gloucestershire was much improved.

Issues

The average DNA rate across all sessions was 37%, which was consistent with Cohort One. Managers cited having to prioritise issues arising in the care home that prevented them from attending. Measures were implemented to reduce the DNA rate, including:

- Multiple bookings from single organisations were discouraged
- The capacity of sessions was increased from 12 to 25 and each session was overbooked to up to 20 attendees

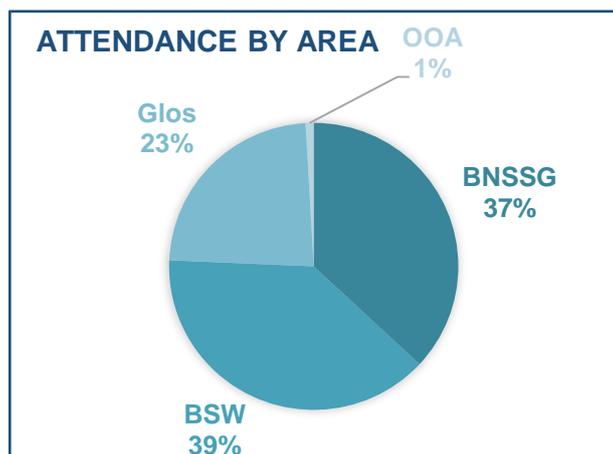
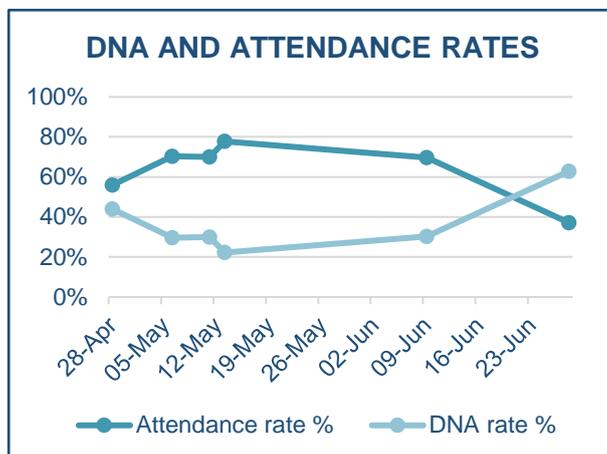
- 24hr and 2hr reminder emails were sent to attendees asking them to confirm their place by email or phone

Data collection

Attendees were asked a series of questions upon registration and following their training. The questions focused on assessing the staff's and manager's own wellbeing, the manager's confidence in supporting their staff, and any measures they have implemented to support wellbeing in their team. A follow up survey to further gauge the impact of the training after a period of time is to be circulated to attendees in August.

Attendance

Of 177 registrations, **111 attended**; the overall attendance rate was 63% and DNA rate 37%. This DNA rate is consistent with other training delivered by the West of England AHSN.



Attendees by region:

- Bristol, North Somerset, and South Gloucestershire: **41**
- Bath & North East Somerset, Swindon, Wiltshire: **43**
- Gloucestershire: **26**
- Out of area: **1**

Issues affecting staff wellbeing

When asked to select from a list of issues that were affecting their staff at the time of responding, 77% of managers indicated that their main concern was around their staff's own mental health and wellbeing. Following this were fears of spreading COVID to residents and morale.

Theme	Count
Staff's own mental health and wellbeing	137
Fear of spreading COVID to residents	92
Morale	92
Impact of pandemic and lockdown on care home	88
Fear of catching COVID	85
Your own mental health and wellbeing	83
Workload	81
Impact of pandemic and lockdown on home life	78
Staffing levels	49
Feeling isolated	44
Loss and bereavement	42
Other	6

'Other' responses
Impact of moving towards life after Covid and changed expectations on care homes
Lots of factors effecting peoples wellbeing at the moment
Having the vaccine
Recruitment
Some staff have a history of mental health issues prior to COVID
Supporting other residents/patients

Managers were asked to rate their overall staff's and their own wellbeing, from 10 as 'great' to 1 as 'not so great'. They rated staff's slightly higher than their own.



63% of managers cited they were 'somewhat concerned' about their staff's wellbeing, with zero responders choosing 'I am not concerned at all'.

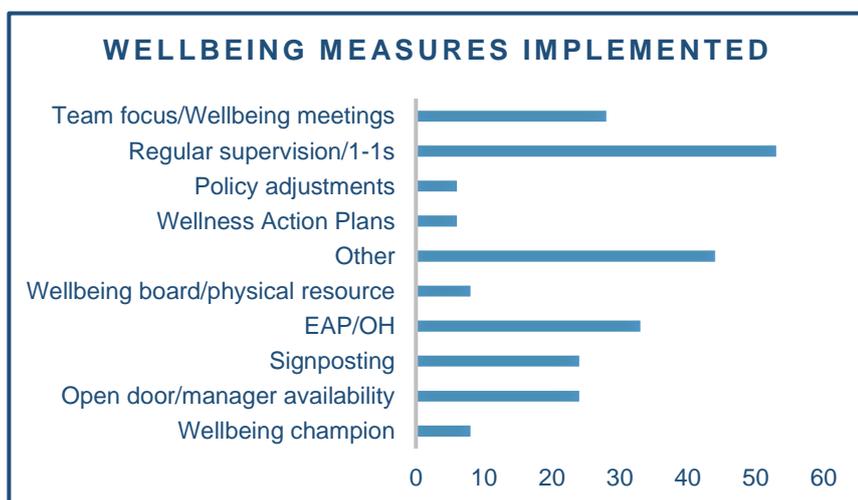
Supporting staff wellbeing

Though managers were concerned about their staff's wellbeing, they felt confident in supporting their staff, with the majority selecting 'I am fairly confident' (59%) and 'I am somewhat confident' (25%). Following the training, managers' confidence in supporting their staff's wellbeing improved from 2.2 (where 1 is 'very confident' and 5 is 'not confident at all') to 1.8.

Three-quarters of managers advised they have already implemented measures to support staff wellbeing in their workplace, with most advising they carry out regular supervisions with staff on a 1-1 basis. Some of the more creative responses cited "morning dances" and one home created "a choir for staff to perform for residents so they can have an opportunity to chat, sing and collaborate outside of work".

Almost all attendees who responded to the post-training survey advised they will signpost to resources and implement tools from the training to further support their staff.

Tools cited included Wellness Action Plans, [STOPP](#), and how to approach a sensitive conversation. Numerous resources and signposting to local support organisations were shared with all attendees following the training (these can be found at weahsn.net/mentalhealthtrainingresources/), and attendees were invited to the Facebook group.



In-session observations

Trainer Suzanne Pearson, from Bristol Mind, offered feedback from the sessions which provides valuable insight into the attendees' perspectives and priority issues faced by managers in the homes:

*“Quite a moving session in many ways. The main theme coming out was of being exhausted, not seeing any end in sight and a **concern that the sector could not influence decision makers**, were **at risk of being forgotten about**. A number said how much they appreciated time to be together to know they are not the only ones struggling.”*

*“A theme today was that as the pressure is easing on care home staff, **they are now beginning to show signs of burn-out/exhaustion**.”*

*“General theme is **weariness**. Themes included lack of motivation, not being sure if they can go back to 'normal' yet or will they have to continue with constraints on what they can do. **Issues of staff recruitment** and the whole pandemic impact on the sector putting people off from joining. Fears the sector will be forgotten about as time goes on.”*

Feedback on training

54% of attendees completed the post-training survey, garnering 60 responses. In line with attendee feedback following cohort one, a number of responders (56%) mentioned they felt the training provided valuable time and space to connect with other managers who have experienced similar pressures over the past year, especially managers from different organisations but specifically managers in social care – it could be said the training helped to address isolation felt by care staff, which was a key theme raised by managers in the pre-training surveys.

“I found it calming, almost therapeutic, I know that may sound odd but just listening to others’ experiences made me feel connected.”

Responders also expressed very positive attitudes towards the trainer and 39% of responders mentioned they enjoyed the dynamic format of the sessions (use of breakout rooms, discussion, and useful slides) and the welcoming, supportive, and informal atmosphere facilitated by the trainer. Furthermore, 97% of attendees advised they would recommend the training to a colleague.

Whilst two thirds of responders answered ‘no’ to ‘is there anything you would change about the training?’, some (9%) responders advised they would have preferred the session to be longer (no responders thought the session should be shorter – this alleviates the concern that the sessions would pose a challenge to managers’ available time at 2.5hrs). An equal number of responders advised they would have preferred to complete the session in person, but this was not possible due to COVID restrictions at the time of training.



Responders were given the opportunity to leave any further comments. The responses provide further insight into the managers' perspective and experience:

"I was really interested in the approach of asking the care home managers how they were feeling and giving them a voice. This was a powerful and quite shocking start. The look on 25 participants faces at the thought of focusing on themselves instead of on their staff. The shock came from the understanding that with Covid we have all just kept going and going, the instruction 'right, now stop, what about you' was bizarre."

Summary

The total number of care home managers trained (in cohorts one and two) now totals 160, and the overwhelmingly positive feedback from both cohorts is a clear indicator that the training initiative was deemed as beneficial by attendees, and reflects a need for continuing wellbeing support throughout the ongoing COVID pandemic.

This evaluation report is to be shared with key contacts in regional ICS and care provider associations and will hopefully provide systems with useful insights into the wellbeing needs and experiences of care managers and staff in their region.

A third cohort of mental health awareness training for care home managers is under consideration and if approved, will be promoted through key contacts and on the West of England AHSN [website](#) and [Twitter](#), as previously.