

# Healthwatch Kingston Care Workforce Wellbeing

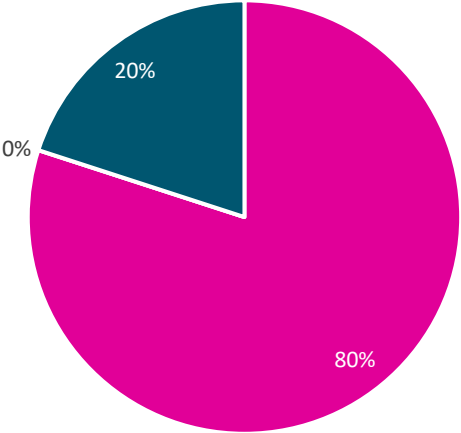


**healthwatch**  
Kingston upon Thames



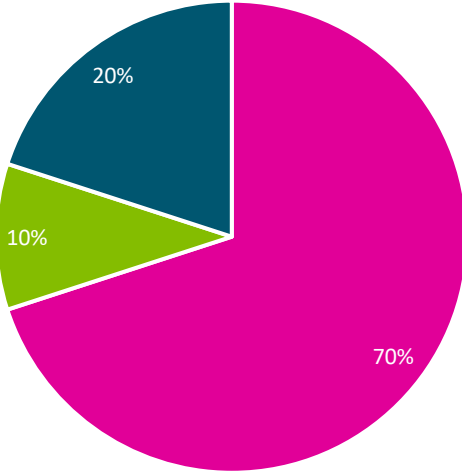
# My Mental Health is Taken Seriously at Work

Manager's Responses



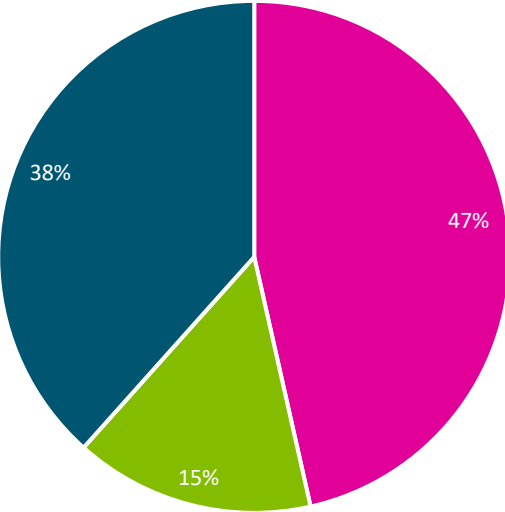
■ Yes ■ No ■ Sometimes

Other Staff Responses



■ Yes ■ No ■ Sometimes

Carer's Responses



■ Yes ■ No ■ Sometimes

# Care Workforce

## Feedback so far - What has impacted your mental health

Looking at the qualitative feedback we have received from our local care workforce, extra pressure added to their roles by staffing issues has had the biggest impact on mental health. Other areas of impact included the cost of travelling between clients, regular breaks, pay and a lack of support when a client is unwell or dies.

*“Lack of resources and distress when residents are in pain or pass away. When residents nutrition is compromised despite best efforts to encourage them to eat.”*

*“Seeing residents in pain and die... No motivations for carers.. Low growth opportunities for carers. Long working hours. No benefits”*

*“Working without a full management team to support in the daily work load”*

*“Covering care calls when there are not enough carers. Not having breaks at work. Not being able to use the toilet when working in the community. Worrying about the cost of Petrol. Carers leaving and not being able to recruit new carers”*

# Care Workforce

## Feedback so far - What would improve your mental health

*“Improvement of allocation of human and other resources. Availability of counselling services. More care to fellow carers / nurses especially when not well.”*

*“Flash meetings. Recognition of what the carers been doing to meet the needs of the residents, paid break-times.”*

*“Flexible hours”*

*“Team building activities, staff meetings.”*

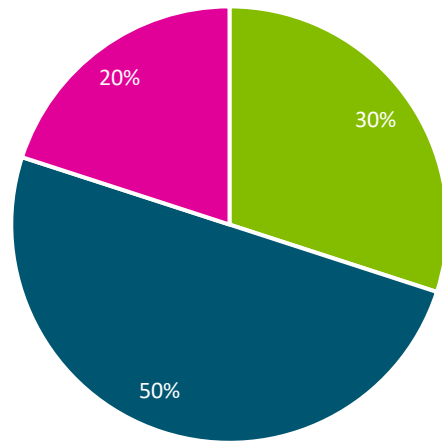
*“Flash meetings. Recognition of what the carers been doing to meet the needs of the residents, paid break-times”*

*“Having a chance to say what is on my mind taken more seriously”*



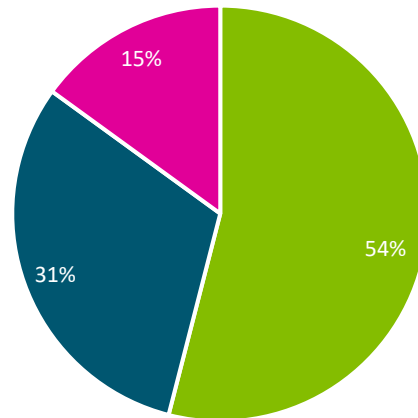
# Over the last year, have you been asked to work more than previously expected?

Managers Responses



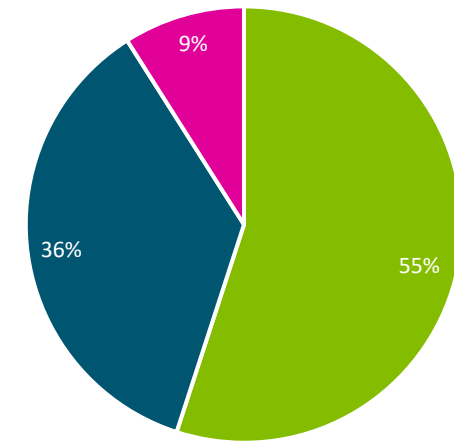
■ No ■ Yes - it was fine ■ Yes - I felt I had to

Carers Responses



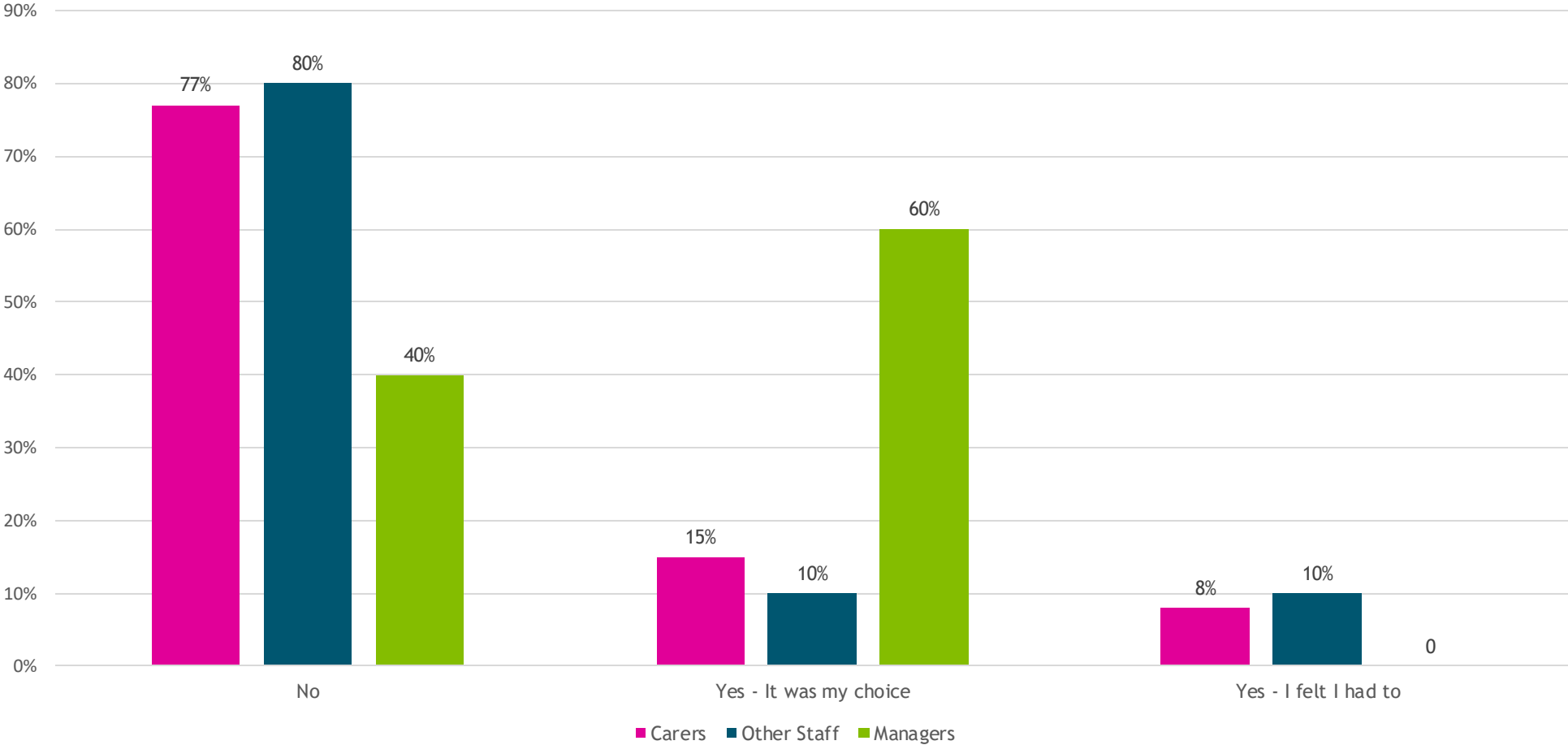
■ No ■ Yes - it was fine ■ Yes - I felt I had to

Other Staff Responses



■ No ■ Yes - it was fine ■ Yes - I felt I had to

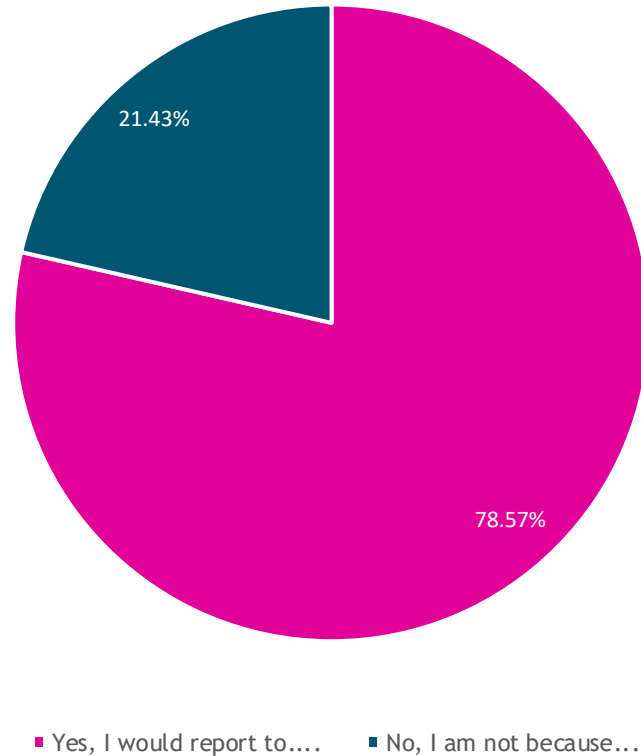
### Have You Carried Out Any Extra Unpaid Work in the Last Year



# Similarities between what staff say is good and what staff say is missing

- When asked about negatives and what would improve things staff mention the following: regular meetings with managers, managers taking complaints seriously, open door policy, more staff
- When staff said what was good in their workplace they spoke about regular meetings with managers, regular handover meetings, managers that listen and act, open door policy and how staff shortages are corrected quickly

## Do you feel confident to report unacceptable behaviour in your workplace?



When isolating responses from those that say they have seen discrimination, 37.5% of staff who say they have seen discrimination do not feel confident to report it.



# Other findings

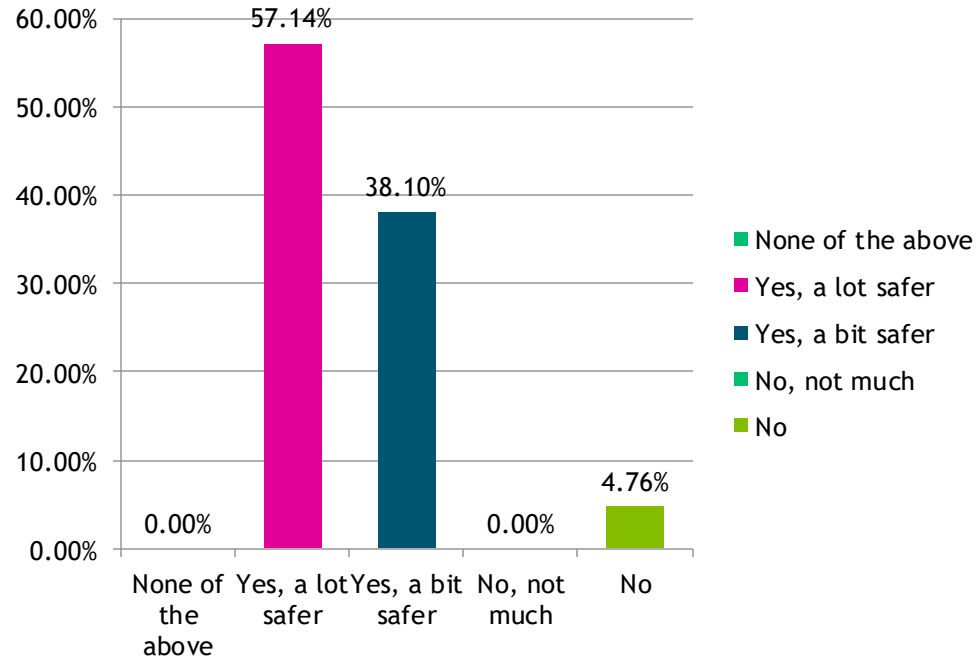
- Front line staff doing extra hours to cover costs (pre cost of living crisis)
- Staff not always having time for outside interests which would help with their stress levels

# Healthwatch Kingston Making Safeguarding Personal

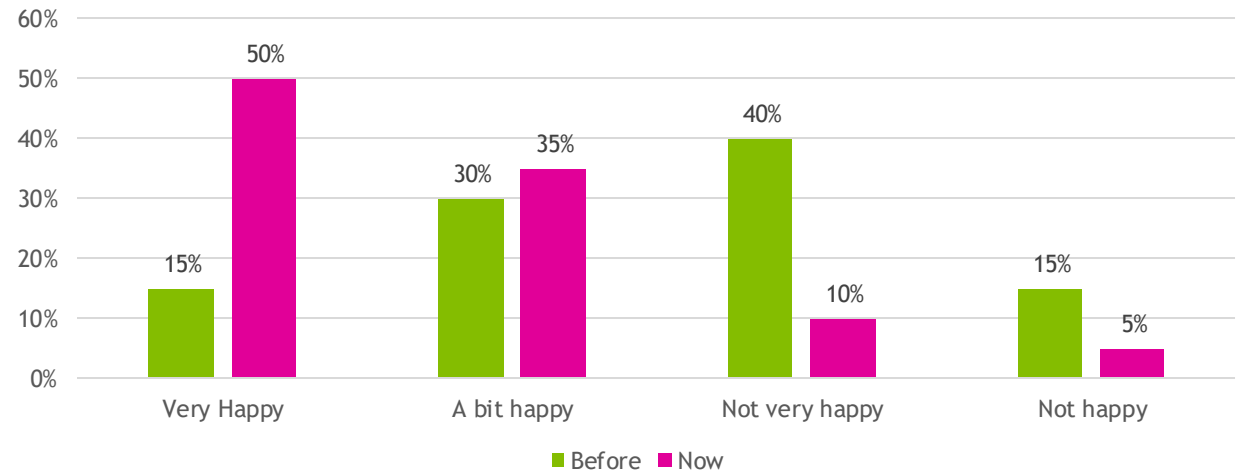


# Most people feel safer and happier after the support they got

## Did you feel safer because of the help you got?

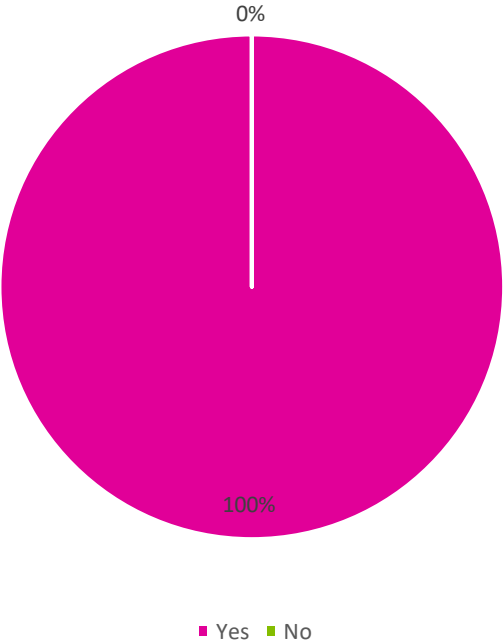


## How Happy Were You With Things Before and Now?

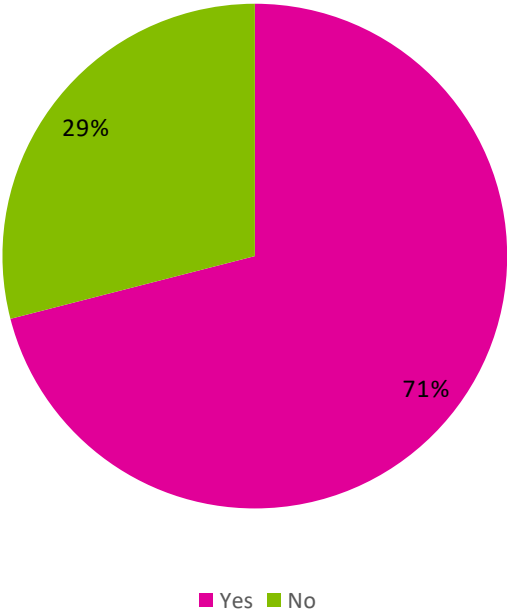


# Early Involvement Leads to Better Understanding

**Did the Plan Make Sense?**  
Those that were asked about what they wanted



**Did the Plan Make Sense?**  
Those that were not asked about what they wanted



Being Offered an Advocate and having someone speak up, can lead to better outcomes.

	Did you feel the person from Kingston Adult Social Care Team Listened to you?			
Offered an Advocate	Yes, always	Yes, a little bit	No, not very much	No, not at all
All responses	55%	30%	5%	10%
Yes	62%	38%	0%	0%
No	43%	14%	14%	29%

## Outcomes for those offered advocates and having someone speak up

		Did you talk about risks?			Did you feel safer because of the help you got?			Did everything happen you wanted?		
		Yes	No	Don't know	Yes	A bit	No	Yes	A bit	No
All responses		57%	33%	10%	81%	10%	10%	57%	24%	19%
Offered an advocate	Yes	77%	23%	0%	92%	8%	0%	61%	31%	8%
	No	25%	50%	25%	67%	11%	22%	50%	12.5%	37.5%
Had someone to help speak up	Yes	64%	21%	14%	100%	0%	0%	64%	29%	7%
	No	50%	50%	0%	33%	33%	33%	33%	17%	50%



Richmond & Kingston

ME Group

# HWK Pulse Check Kingston Services ME/CFS Fibro



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# ME/CFS Fibro Report Findings

Out of the 29 people who responded to our online survey, 38% had ME while 28% had Fibromyalgia and 34% had both conditions.

Over two thirds (62%) had multimorbidity, the co-existence of two or more chronic health disorders.

Three quarters (75%) had constant symptoms which has severely affected their family/work life and ability to carry out simple daily tasks.

As a result, almost two thirds (59%) of the respondents are suffering from anxiety and just over half (52%) have depression.

While almost a quarter (24%) of the respondents were diagnosed in less than a year, majority had to wait for at least 2 to 5 years to get a diagnosis. With approximately 28% managing to get a diagnosis only after 5 years.



*“It's hard not to live life as I once did”*

*“Doctors thought I was getting old. I had to see 5 consultants over several years before getting diagnosed ”*

*“Learning to adapt to the pain and fatigue was really difficult. The guilt you feel for your kids at not being able to be like other parents”*

*“Developed anxiety and depression since getting ill”*



# ME/CFS Fibro Report Findings

*“ The GPs were sympathetic, but knew little about the condition”*

*“If I am fatigued, I become more anxious and depressed, it is one of the symptoms. It indicates that my body doesn't have enough energy to cope with stress. It is also depressing having the condition and not being able to do what I used to ”*

*“I have been on medication since. Nothing seems to work anymore”*

*“My GP took it seriously, and eliminated other conditions by extensive testing, but once I got the diagnosis, I was on my own with it”*

*“Now a wheelchair user”*

*“I have been unwell for over 14 years now and have had to learn to manage my own conditions. When I flare, I have to change my diet, up my vitamins, rest when needed slowdown ”*

*“I feel like I have been worse since I caught COVID”*

*“No real guidance on what to eat or avoid”*

*“Too ill to work. Too tired to take part in family life. My husband has had to complete this questionnaire for me as I am exhausted by it.”*

*“It's quite difficult because not many services are available, and we need a GP who believes in us in order to get a referral to different parts of London”*



*“It put a huge strain on my previous relationships as due to the condition I wasn't the same person as when we met”*

# Healthwatch Kingston - Draft Recommendations

## Healthwatch Kingston recommends:

1. Clinicians ensure that their patients are fully informed about the time it may take to confirm a diagnosis. In addition, patients need to be fully informed about the diagnosis process and clinicians need to explain the types of symptoms patients may experience, the treatment available, and length of time it can take for referrals to specialist services
2. Patients have timely access to and are referred to ME/CFS and or Fibro specialist and/or appropriate care, so that care plans can be developed to support the patient (as recommended in the \*NICE guidelines 2021). And that long term support is made available to ensure the continuation of care after diagnosis
3. Patients with complex multiple health condition must have access to nutritional specialists for support with their dietary needs.
4. Referrals to mental health services should be made during the diagnosis process, to ensure appropriate support in a timely manner

# Healthwatch Kingston - Draft Recommendations

## Healthwatch Kingston recommends:

5. Social care assessments of people living with ME/CFS and Fibro need to consider the NICE Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management guidelines and be particularly mindful of the intermittent nature of these conditions.
6. Requests for Social Care services including Occupation Therapy and Blue Badges should be seriously considered as part of Social Care assessments
7. Commissioners ensure that provision for peer support for ME/CFS is sufficiently commissioned via community based VCSE organisations and groups, and that peer supports services for Fibro are established in Kingston
8. Information is accessible for ME/CFS and Fibro support services, and that these are listed via Connected Kingston
  - **Travel**

# Including Communities



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# Overview

- Migrant and refugee communities
- People who do not have English as a first language
- Young people (16-18 year olds)
- People experiencing Homelessness
- People with Learning Disabilities

We explored their experiences of accessing:

- GPs
- Pharmacy services
- Hospitals
- Dentists
- Digital Access
- other support services

Healthwatch Kingston Including Communities Experiences

*“The GP was brilliant but I had to wait 3 weeks for an appointment for a problem that was urgent!”*

*“I am housebound and only have telephone consultations. My last telephone consultation was for my review but my GP put the phone down on me before I could ask my questions.”*

*“I was told they would contact me about my results. I didn’t hear back for 3 months and had to chase them. I still don’t have the prescription I need as I cant get it until the GP does my blood pressure but they say they are still waiting to hear from the hospital”.*

*“Unfortunately, my regular experience with A&E are not good a they don’t understand how to deal with people with profound learning difficulties. They should be aware of fast tracking but they are not.”*