



Managing care: Experiences of care home managers

Social care project findings
(part two)

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Please note that all quotes included in this report are presented verbatim unless otherwise indicated. Only filler words such as 'um' and 'you know' have been omitted for clarity and brevity.

Executive Summary

As part of our 2025 social care project, 57 care home managers shared the challenges they face, what is working well and improvements that could be made to areas such as access to services and hospital discharge.

Challenges faced by care homes

Organisational



Financial pressures



Staff recruitment and retention



Staff retention and morale

Access to services



Dental services



Physios/OTs



Mental health services

Hospital discharge



Issues included:

- Poor communication
- Missing or incomplete paperwork
- Rushed discharges
- Discharged in the middle of the night
- Missing equipment and medication



60% (28) not aware of the Community Dental Services (CDS) pathway.

Praise for the Clinical Assessment Service (CAS) (urgent and emergency care)

"There is a marked improvement in urgent or out of hours care. Recent excellent example where a resident was kept in the home and avoided hospital admission."

"The CAS service is very responsive."



Background

Between April and June 2025, our research project focused on social care. As part of this project we wanted to engage with care home managers to better understand:

- The challenges care homes face
- Access to services such as dental, mental health, urgent and emergency care
- Hospital discharge
- Good practice and innovation

To do this we launched a survey co-designed with NHS Lincolnshire Integrated Care Board (ICB), who we would like to thank for their input. We would like to thank everyone who supported sharing the survey and all those who took the time to share their experiences.





Care home managers

The number of managers who answered each question varied. No questions were mandatory. The number of managers who responded to each question is indicated below. 57 managers answered at least one question in the survey, most commonly the first question about the challenges they face.

We heard from care homes throughout Lincolnshire which offered a range of care including nursing, dementia and learning disability/autism support but most commonly residential care. The size of the homes also varied considerably with some having less than 10 residents whilst others had more than 40. **See Appendix Table 1 for a full breakdown.**

Analysis suggests that the issues discussed below did not appear to be linked to location of the care home or type of care provided.

Biggest challenges care homes face

Financial pressures, followed by staff recruitment and access to dental services were most common challenges faced by the care home managers that responded to the survey. It was clear that the care homes often faced a multiple range of challenges. These challenges could be grouped into three overall themes: workforce and organisation, access to services and service coordination. **A full breakdown can be seen over the page.**

Challenges faced by care homes



Workforce and Organisation

- Financial pressures (45% (25))
- Staffing and recruitment (38% (21))
- Staff retention and morale (27% (15))
- Meeting regulatory requirements (11% (6))



Access to services

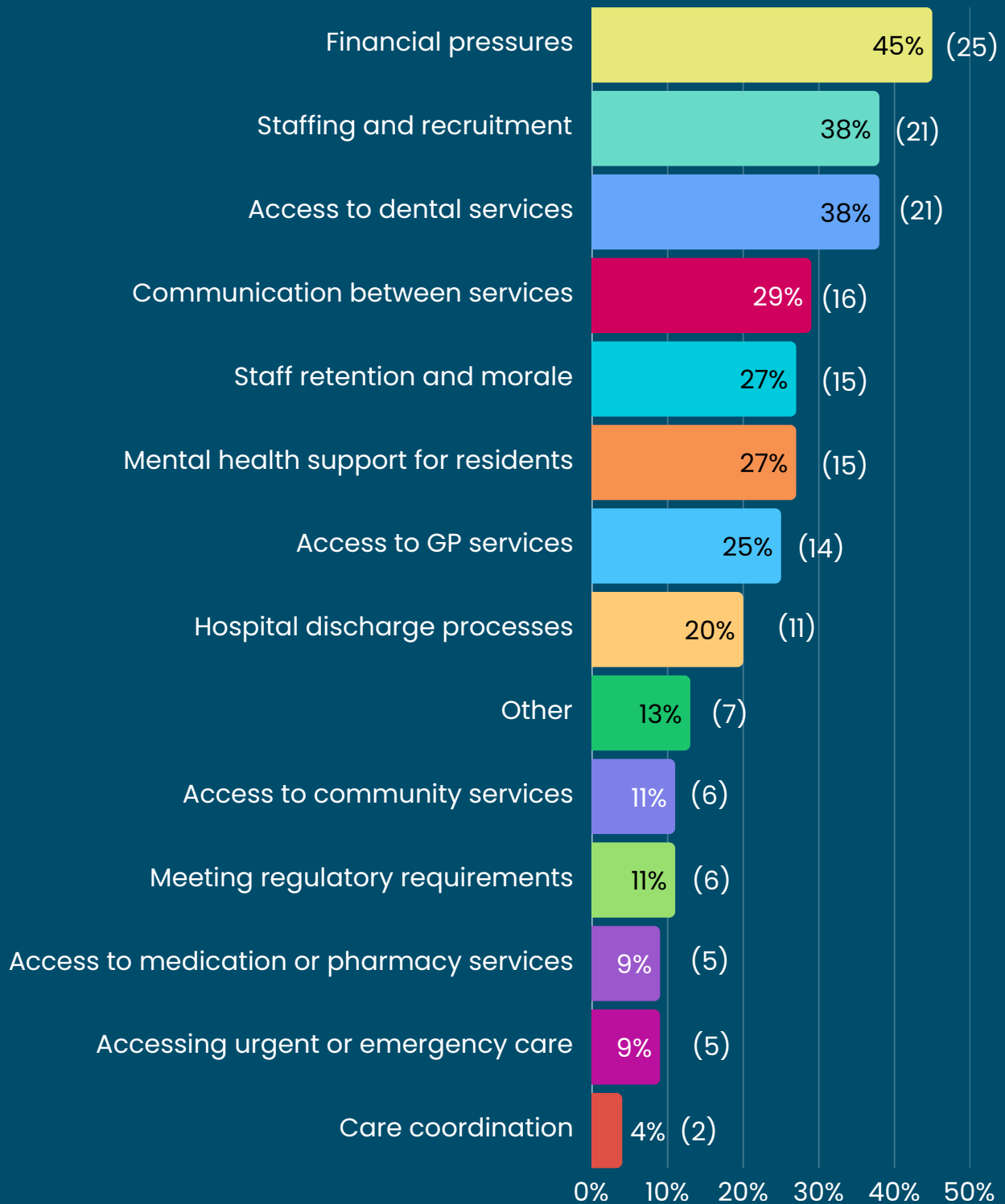
- Access to dental services (38% (21))
- Mental health support for residents (27% (15))
- Access to GP services (25% (14))
- Access to community services (11% (6))
- Access to medication or pharmacy services (9% (5))
- Accessing urgent or emergency care (9% (5))



Service coordination

- Communication between services (29% (16))
- Hospital discharge process (20% (11))
- Care coordination (4% (2))

Graph 1 – Challenges faced by care homes



Others included low occupancy, changes to policy around pressure relieving equipment, GP home visit, referrals and no issues.

Community Services

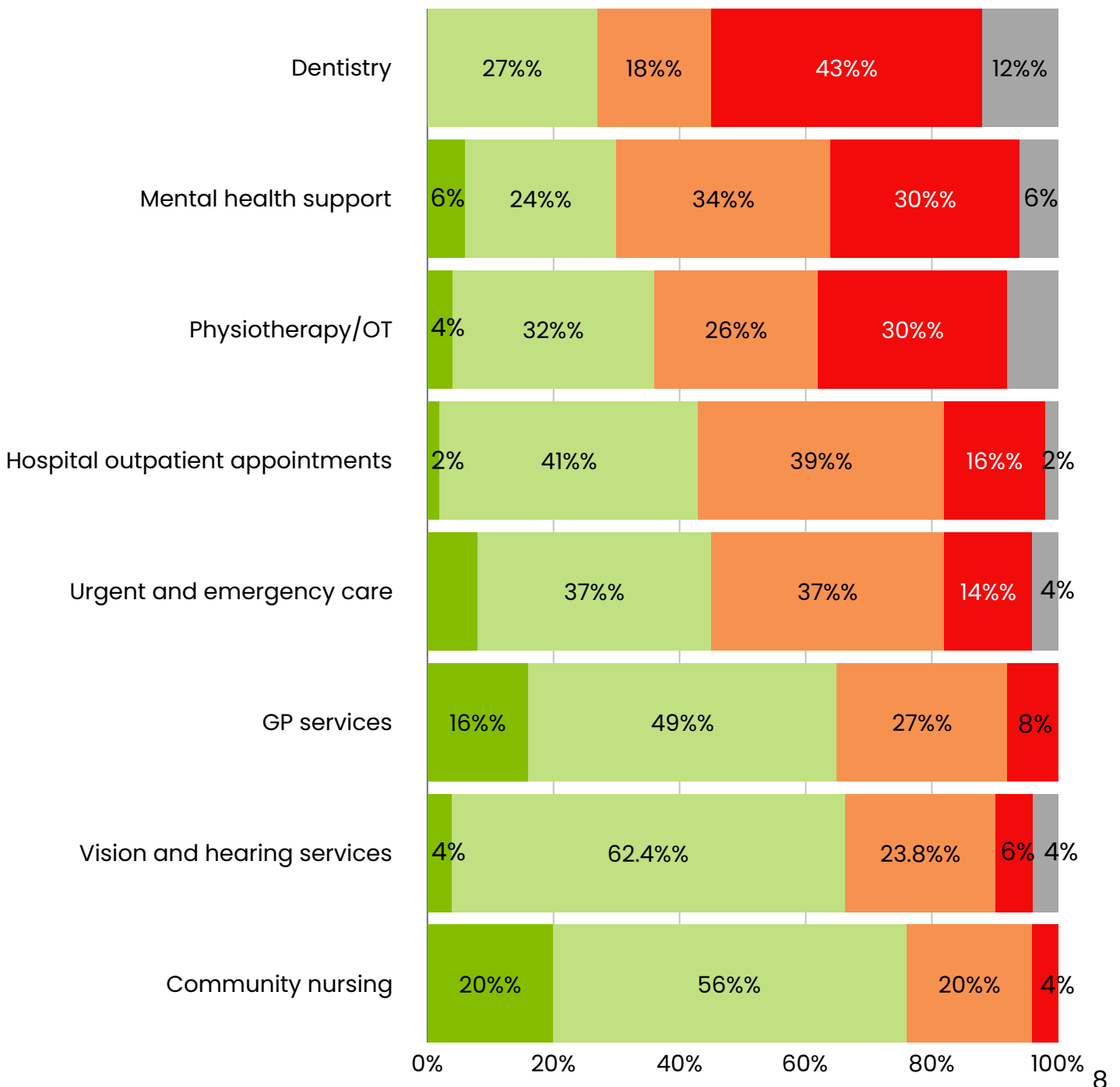
Respondents were asked to rate access to a range of mainly community services. **Access to dental services was the poorest, with 43% (21) rating access as poor. Mental health support and physiotherapy/OT services also appeared to be difficult to access, with 30% (15) reporting access as poor.**

Access was best in relation to community nursing and vision and hearing services.

Graph 2 – How would you rate access to the following services for your residents?

Services are ordered from highest to lowest percentage rating access as poor. Only percentages are shown for readability; see Appendix table 2.

● Excellent
 ● Good
 ● Fair
 ● Poor
 ● Not used



Community Services



63% (31) of care home managers felt there were gaps in NHS funded community services.

32 respondents went on to explain what they thought the gaps in NHS community funded services were. **The main theme of the comments related to waiting times for services but especially for mental health services and support from physiotherapy/OTs.** Two respondents mentioned access to incontinence supplies, GP and dental services and transport issues. Some of the comments detailed more than one issue.

Gaps in NHS community funded services

Mental Health Services (14)

- Comments discussed difficulties accessing mental health services, long waiting times, lack of services and support not meeting needs.



“Community Mental Health Team (CMHT) are reluctant to visit with residents in a care home AND are quick to discharge. Referrals seem to take an eternity.”

“The wait is extreme, resulting in people reaching crisis point before being seen.”



Physiotherapy/OTs (7)

- Comments in relation to these services highlighted long waiting times.

“It can take weeks for a physio and OT to visit when referred.”

Urgent and emergency care



71% (34) did not feel there were any improvements that could be made to accessing urgent and emergency care.

Improvements that could be made to urgent and emergency care were given by 22 respondents. These improvements focused on transport, waiting times for and in ambulances, and capacity of services. **Eight individuals praised the Clinical Assessment Service (CAS).**

Praise for the Clinical Assessment Service (CAS) (8)

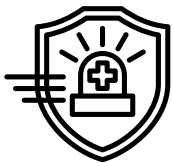


“There is a marked improvement in urgent or out of hours care. Recent excellent example where a resident was kept in the home and avoided hospital admission.”

“We use CAS which is an excellent service.”

“The CAS service is very responsive.”

Pharmacy services - medication reviews and prescribing

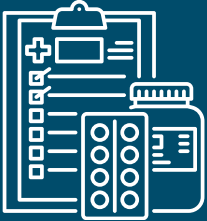


63% (30) had not encountered issues with medication reviews, prescribing or other pharmacy services.

However, 38% (18) had encountered issues with these services and 21 respondents shared their thoughts further. **The biggest issue in relation to pharmacy services appeared to relate to medication reviews, their timeliness, not being done at all or being done remotely.** Supply issues was the other topic discussed, especially in relation to timeliness of getting antibiotics.

Pharmacy services – medication reviews and prescribing

Challenges with pharmacy services



Medication reviews (6)

“Medication reviews done remotely without feedback from the care home.”

“Medication reviews are slow.”

Other issues

“As people staying in the service are not permanent residents we find that GPs and pharmacists are unwilling to engage with us regarding medication reviews or concerns.”



“Antibiotics prescribed are not always delivered the same day therefore the resident could suffer for longer than they need to.”

“I have issues with out of stock items that different pharmacies have. I can spend many hours chasing our monthly medication at different pharmacies, and having to get the GP practice to change medication due to a stock issue and being unavailable.”



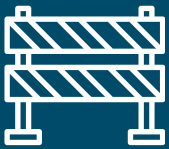
Dental services



94% (45) were aware of the Swallowing Oral Health and Nutritional Ambassadors (SONA).



60% (28) were not aware of the Community Dental Services (CDS) pathway for domiciliary dental access.



60% (29) had faced barriers accessing dental care for their residents.

Dental services appeared to be the hardest service for care homes to access for their residents. 29 respondents went on to explain their challenges, which mainly related to lack of NHS provision, difficulties accessing care for residents with limited mobility or dementia and a need for home visits. Others shared their struggles with the CDS.



Dental services

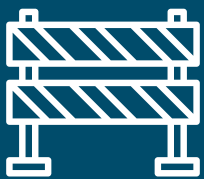
Barriers to accessing NHS dental care



Need for home visits – access for those with dementia or limited mobility (10)

“We are a residential home and no dentist is available or able to come check our residents teeth. This is a CQC requirement and we are finding it difficult to achieve this especially if our residents are immobile.”

“There are limited dentists available who carry out home visits.”



Lack of NHS care (9)

“We are currently unable to secure NHS dental appointments for routine checkups. There are no available spaces for new registrations, and only emergency treatment is accessible at present. This lack of access affects both staff and residents, limiting preventative care and increasing reliance on urgent services. It's a growing gap in local healthcare provision that needs urgent attention.”



Community Dental Services (CDS) (4)

These comments either related to not being aware of the CDS or issues with the strict referral criteria of the service.

“Out of referrals sent, all rejected as didn't meet criteria. We cannot get anyone to come to our home to assess our residents' oral health. This is especially so for our residents with dementia. We complete our own oral health assessments but if its found that some sort of treatment is required then access to a dentist is impossible. Our staff have great difficulty accessing dental services as well.”



“Lack of availability of this service. Lack of understanding from families of need to maintain oral hygiene for people that do not have any teeth.”

Hospital discharge

40 respondents shared the challenges they face with hospital discharge and readmissions. **The biggest challenge related to communication and information, followed by time of discharge. Being discharged too quickly and without the correct equipment and medication were also themes.** Many of the comments contained multiple themes. It also appears that some homes have implemented a cut-off time for admission/discharge to the home for safety purposes.

Challenges relating to hospital discharged and readmissions



Communication and Information (18)

- Comments discussed poor communication and a lack of information provided e.g. missing ReSPECT forms or no plan



Time of discharge and readiness (7)

- Concerns were shared about a resident being discharged before they were fit and discharges occurring late at night/early hours in the morning.



Medication and equipment (9)

- Respondents shared experiences where residents had been discharged without equipment such as dressings or without sufficient medication which staff have to try and access in the community.

“The discharges can sometimes be hindered as residents returned with no respect form even though they went in with one, or the no discharge papers, or not enough medication supplied.”

“Hospital discharges are generally a farce. Residents are returned at ridiculous times of the night. I had a lady on EOL care who was returned to the home after a short spell in hospital at 4am. She had been sat in the discharge lounge for hours waiting to come back.”

“Very delayed transport, booked for 11am and they will try to arrive after 4pm which is medication time, supper and so the nurses are not able to safely accept the residents, transport would say that the transfer is booked for 4pm when everyone knows that 4pm is the cut-off for care home admission to ensure safety.”

Integration, communication and coordination

The extent to which 30 respondents felt integrated with local NHS services and systems varied. The responses were categorised into three groups, the number corresponds to the number of respondents:

<p>6 Integrated well</p>	<p>16 Integrated at least to some extent</p>	<p>6 Not at all integrated</p>
<p><i>Positive comments and or no improvement suggested</i></p>	<p><i>Shared they were integrated but improvement could be made</i></p>	<p><i>Comment highlighted no integration</i></p>

The six homes that felt they were not integrated were not in the same geographical area, nor were the six homes that felt they were integrated well.

Challenges with communication and coordination

“Different systems are not accessible to different professionals – often we need the support of the PCN to link services together.”

“We need access to GP records to improve collaborative working to achieve the best outcomes for the residents. We have MDTs but need the mental health services to be a part of those, they are invited but do not attend.”

“We can encounter challenges with the sharing of records and essential information between services. Key details are often delayed, incomplete, or not shared at all—resulting in our team having to chase updates or risk missing critical information. This affects care planning, safeguarding, and continuity of support, and places additional pressure on staff to fill in gaps that should be addressed through coordinated communication. Improving consistency and reliability in information sharing would significantly enhance service delivery and reduce avoidable risks.”



Enhanced care home framework

In total, 21 respondents shared their views on enhanced care home frameworks. Improvements related to the need for one platform to share information (2) and better communication/timelier responses (3). There was also praise for the framework.

Enhanced care home framework – Positives

“The enhanced support is very good and supportive.”

“Weekly meetings, access to advice work well for us.”

“Appreciate the support from the Enhanced Care Home Team.”



Enhanced care home framework

Enhanced care home framework – Improvements

“Improved information sharing: Consistent access to shared care records and timely updates from health professionals would reduce delays and improve continuity of care. We often have to chase missing information, which impacts planning and safety.

Stronger Integration with Hospital Discharge Teams: Clearer protocols and better coordination during discharge would ensure service users return with appropriate care plans, medication, and equipment—reducing risk and pressure on staff.

Expanded Access to Routine Healthcare Services: Limited availability of NHS dental and GP services restricts preventative care. Enhanced support in accessing these services would improve residents' wellbeing.

Support for Workforce Stability: Investment in retention strategies — such as career development pathways and recognition for care staff — would help reduce turnover after training and improve consistency in care delivery.

Financial Flexibility: Rising costs in mileage, utilities, and food have placed strain on resources. Adjustments to funding models or targeted financial support would help homes maintain quality standards.

Digital Inclusion and Training: While digital tools are encouraged, more support is needed to ensure care staff are confident using them and that systems work across health and social care. We would welcome more funded training opportunities for care staff on the Circle of Support (COS) framework. COS plays an important role in person-centered planning and supporting individuals in complex care environments, yet access to structured, cost-free training is limited. Providing funded COS training would help build confidence, enhance care planning, and promote more collaborative working across health and social care teams.”

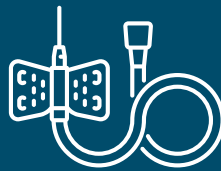
Clinical training and upskilling

Feedback on what clinical training and upskilling would be helpful was discussed by 30 respondents. Managers wanted to see additional training for the following:

Clinical training and upskilling



Wound and pressure care (7)



Catheter (4)



Continence and bladder washes (4)



Feeding and nutrition (3)



Observations (3)



End of life (2)



Dementia (2)



Medication (2)

The following were mentioned by one individual: behaviour, insulin, mental and oral health.

Good practice and innovation

Managers were asked to share examples of good practice and innovation that they had implemented. 23 respondents shared their initiatives which included using the Whzan Blue Box, nutrition programmes, digitalising records, improving form completion and specific support.

Good practice and innovation

“Our surgery has been taking a holistic look at residents experiencing falls – this has resulted in a reduction of falls.”

“Positive outcomes utilising our own PBS teams e.g. one person we support, whose parents are concerned about his weight and the fact that he always cancels support to go to the local gym, has embraced a personal trainer coming into the service. This is only once per week, but he participates well, enjoys the attention solely focussed on him, and in turn burns off some energy. A win-win!”

“PCN have been to show staff how to do regular exercises with the residents. They have been really supportive.”

“Whzan we use this all the time, it helps our Home Health Team with early diagnosis of infections, we use it on a monthly basis to check our residents for issues, chest infections ect. It helps our Home Health Team with quicker treatments and helps with hospital avoidance. Our visiting Home Health Team that visit on a weekly basis and more if needed. All residents know them, and feel confident to talk to them with health issues, they are able to spend time with the residents and are able to treat holistically.”

“We are currently having our resident details put in to a digital care planning. When this is up and running I am expecting the care team to be totally coordinated and with reminders from the system, tasks will be completed efficiently, not that the care team don't already do a very good job but sometimes things get overlooked straight away and are completed later.”

“The care home drove the completion of the RESPECT document with the support of the ANP which has given rise to forwarding planning.”

Final Thoughts

Between April and June 2025, our research project focused on social care. One part of this project explored the experiences of care home managers, the challenges they face, access to services good practice and innovation. We would again like to thank everyone who supported this work and took the time to share their views. The project identified areas of good practice and areas for improvement.

When reflecting on the experiences of care home managers it was clear that:

- The sector continues to face many ongoing issues, especially around staff recruitment, retention and morale as well as financial pressures
- Access to community services especially dental, mental health, physios and OTs appeared to be challenging for many
- Awareness of the Community Dental Service (CDS) was low and accessing dental care for those with limited mobility or dementia was especially challenging
- There also continues to be ongoing challenges with hospital discharge in relation to communication, information sharing, time of discharge, transport and equipment/medication
- Additional training and upskilling in areas such as wound/pressure care and catheters would be welcomed
- However, there were examples shared of what is working well and good practice in the sector. The Clinical Assessment Service (CAS) for urgent and emergency care was praised for its responsiveness and support provided. Managers also shared ways they had been innovative including improving the completion of paperwork and supporting residents with specific activities.

Based on the experiences shared we were able to generate evidence based recommendations.

Recommendations

Key improvements to implement across all services for short-term benefits to residents.

1. Ensure the digital transformation continues the digitisation of care records, enabling health and social care providers to access and contribute to a shared digital record. This should improve integration, communication and information sharing between services.

- **Evidence from the report:**

- **Poor communication and information sharing:** Communication between services was highlighted as a challenge, particularly in relation to hospital discharge. Managers discussed residents being sent back without completed or any paperwork (p.6, 7, 14 & 17).
- **Integration:** When discussing how well integrated with local NHS services and systems they felt, communication and access to care records appeared to be a barrier to integration (p.15).

- **Potential solutions:**

Part of the NHS 10-Year Health Plan focuses on shifting from analogue to digital systems, so we recommend the following to improve the provider and patient experience:

- Continue to develop and implement a standardised digital platform to create a single patient record that can be accessed by patients and all providers involved in their care.

2. Raise awareness of the community dental service (CDS) amongst providers.

- **Evidence from the report:**

- **Poor awareness of the CDS:** 60% of respondents were not aware of the CDS (p.12).

- **Potential solutions:**

- Raise awareness of the CDS amongst providers using existing communication channels, forums and organisations. This might help improve access to dental services and residents' health.

Recommendations

Key improvements that can be implemented across all services for short-term benefits to be seen by residents.

3. Build on the good practice of the Clinical Assessment Service (CAS).

- **Evidence from the report:**

- **Praise for CAS:** Managers praised the CAS for its responsiveness and support. Examples include how the service had prevented a hospital admission (p.10).

Considerations

These are to inform future planning, development and improvement of services for long-term benefits for residents.

1. Review the availability and accessibility of dental, mental health, physio and OTs services to care homes.

- Access to dental, mental health, physio and OTs services appeared to be a big challenge for many of the managers who shared their experience (p. 6, 8, 9 & 12).

Lincolnshire County Council

We would like to thank Lincolnshire County Council (LCC) for reviewing our report and providing their reflections on the findings and subsequent actions.

“LCC would like to thank Healthwatch Lincolnshire (HWL) for the significant work undertaken to collect and present the experiences of care home managers across the county. We value the role HWL plays in amplifying the voice of residents, unpaid carers, and care providers, and we appreciate the opportunity to respond formally to your findings.

1. Summary of LCC’s Overall Position

LCC welcomes the insight provided by these reports. We recognise that the themes highlighted—particularly around access to services, communication, and hospital discharge—mirror areas already identified through our own quality assurance activity and provider engagement.

We acknowledge the strengths in the reports, including the clear articulation of lived experience, the examples of positive practice, and the evidence-based recommendations. We also recognise the resource and effort HWL invested across these engagement activities.

2. Key Themes Noted and LCC Reflections

Care Home Managers’ Experiences

Managers identified ongoing challenges relating to **dental access, mental health support, and physio/OT waiting times**, with **43% rating dental access as poor** and **60% unaware of Community Dental Service (CDS) pathways**.

Persistent concerns were also raised around **hospital discharge**, including missing paperwork, late-night returns, and missing medication or equipment.

We acknowledge that these issues predominantly sit within wider health system responsibilities, but they significantly impact the social care sector. LCC is committed to raising these issues with NHS partners through the appropriate governance routes.

The strong praise for the Clinical Assessment Service (CAS) for admission avoidance is also noted.

Lincolnshire County Council

3. Actions LCC Is Taking in Response

LCC has identified several immediate areas of focus informed by the HWL findings.

Raising Health-Related Access Issues with System Partners

LCC will escalate the recurring themes involving NHS-commissioned services:

- Community Dental Service access
- Mental health support for care home residents
- Waiting times for physiotherapy and occupational therapy

These will be taken forward through the relevant ICB quality and operational forums.

Improving Hospital Discharge Pathways

LCC recognises the concerns raised, and will work with system partners to improve:

- Discharge timing
- Information completeness
- Medication/equipment readiness
- Communication with receiving care homes

These concerns were noted extensively in both the HWL report and Quality Risk Review Board (QRRB) discussion.

Provider Workforce Support

LCC acknowledges the training gaps identified and will factor these into future workforce development programmes, especially in clinical competency areas such as wound care, continence, and dementia.

Enhancing Data Collaboration with Healthwatch

LCC welcomes HWL's offer of collaboration and will seek, through the healthwatch liaison meeting to put in place :

- An LCC–HWL data and insight exchange
- A light-touch factual review process for major upcoming reports

These mutual arrangements were discussed at QRRB.

Lincolnshire County Council

4. LCC's Commitment to Ongoing Partnership

LCC values the role Healthwatch plays in representing the voice of Lincolnshire residents. We are committed to:

- Working collaboratively on solutions where findings indicate a shared system challenge
- Using these insights to inform service improvement and commissioning activity
- Ensuring the lived experience of carers and providers influences strategic priorities, including our CQC Assurance preparation

We would welcome the opportunity to:

- Discuss next steps as part of the Healthwatch liaison meeting
- Co-develop communication materials for carers through the Carers steering group
- Participate in future joint engagement and promotion activities" – **LCC**



Appendix

Table 1 – Demographics for care home manager survey

Numbers are recorded in the table below as leaving demographic details was voluntary.

Demographic	Number
Type of service provided	
Residential care	35
Nursing care	5
Dementia care	8
Learning disability/autism support	6
Number of residents in their care	
0 – 10	7
11 – 20	4
21 – 30	15
31 – 40	4
40+	6
Area of Lincolnshire	
City of Lincoln	4
East Lindsey	5
North Kesteven	2
South Holland	8
South Kesteven	4
Other (inc those who live on borders of Lincolnshire)	1

Appendix

Table 2 – How would you rate access to the following services for your residents?

Services are ordered from highest to lowest percentage rating access as poor.
Grey-shaded cells indicate the most frequently selected answer option.

	Excellent	Good	Fair	Poor	Not used	Response Total
Dentistry	0% (0)	27% (13)	18% (9)	43% (21)	12% (6)	49
Mental health support	6% (3)	24% (12)	34% (17)	30% (15)	6% (3)	50
Physiotherapy /OT	4% (2)	32% (16)	26% (13)	30% (15)	8% (4)	50
Hospital outpatient appointments	2% (1)	41% (21)	39% (20)	16% (8)	2% (1)	51
Urgent and emergency care	8% (4)	37% (19)	37% (19)	14% (7)	4% (2)	51
GP services	16% (8)	49% (24)	27% (13)	8% (4)	0% (0)	49
Vision and hearing services	4% (2)	63% (32)	24% (12)	6% (3)	4% (2)	51
Community nursing	20% (10)	56% (28)	20% (10)	4% (2)	0% (0)	50

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If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and your family.

That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.