



NIHR HS&DR funded study

Service provision for older people who are homeless and have memory problems

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# Hostel manager interview

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*To be completed by the interviewer with the hostel manager*

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Maureen Crane, Louise Joly, Kritika Samsi and Jill Manthorpe, Social Care Workforce Research Unit, King's College London, Strand, London WC2R 2LS.  

Name of hostel .....

Name of hostel manager/staff interviewed .....

Interviewer's name .....

Date of interview .....

I'd like to ask you a few questions about the facilities at the hostel and services provided, and then about your work with residents who you think might have memory difficulties. Everything you say is confidential unless you mention something that indicates someone is at risk of serious harm. Anything you say will be anonymised so that you and your organisation cannot be identified. Is there anything you'd like to ask before we start?

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## OWNERSHIP AND FACILITIES

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Could you please give me a few details about the ownership of the hostel and its facilities?

1 When did the hostel open? .....

2 Which organisation currently owns/manages the hostel and what type of organisation is this?

*Record NAME of organisation and type, e.g. social housing provider, homelessness*

*organisation, private contractor*

3 What changes, if any, have there been in the ownership of the hostel over recent years?

4 What is the general layout of the hostel?

single building (bedrooms + communal rooms)

building divided into self-contained flats

other layout (*describe*) .....

- 5 Is the hostel for men, women or both? .....
- 6 How many beds does the hostel have? .....
- 7 How many beds are: a. for men only? ..... b. for women only? .....
- c. In single rooms ..... d. On the ground floor .....
- 8 What facilities are in the typical bedroom? *e.g. furniture, sink, ensuite*
- 9 How many floors in the hostel are used by residents? .....
- 10 Does the hostel have a lift for residents' use? Yes  No
- 11 What disabled facilities, if any, are available?
- 12 Are meals available to the residents:
- a. Breakfast
- Yes, included in service charge  Yes, pay per meal  No
- b. Cooked meal at lunch-time or evening
- Yes, included in service charge  Yes, pay per meal  No
- 13 What facilities, if any, are available for residents to prepare snacks/cook meals?
- 14 Is there a laundry for the residents' use? Yes  No
- 15 What interview rooms are available for workers to see residents?

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## CLIENT GROUPS AND ACCESS POLICIES

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I'd now like to ask you a few questions about the client groups served by the hostel and access policies

16 What age restrictions are there for residents:

minimum age (years) ..... no minimum age restriction

maximum age (years) ..... no maximum age restriction

17 How many residents do you currently have who are aged 50+ years? .....

18 During recent years, has there been any noticeable change in the number of

residents aged 50+? Increased  Decreased  About the same

**IF CHANGED,** b. What do you think are the reasons for the changes?

19 Does the hostel accommodate people with (tick all that apply):

low support needs  medium support needs  high support needs

20 Does the hostel target specific client groups? Yes  No

**IF YES,** b. Which groups? (*e.g. rough sleepers; people with alcohol problems*)

21 What client groups, if any, are excluded from the hostel?

*PROBE: ex-offenders; people without a local connection or not in receipt of benefits*

22 Does the hostel accept self-referrals? Yes  No

23 How [else] are people referred to the hostel? *e.g. through local authority, street outreach team*

## **TENURE POLICIES**

24 What is the tenure agreement with the residents?

licence  assured shorthold tenancy  no written agreement

other .....

25 Can the residents enter and leave the hostel 24-hours? Yes  No

**IF NO,** b. What are the restrictions? .....

26 Is the drinking of alcohol permitted on the premises? Yes  No

**IF YES,** b. Where are the residents allowed to drink? (*tick all that apply*)

In bedroom  In lounge/'wet room'  In garden

27 What is the average length of stay of residents? .....

28 Is there a stated maximum length of stay for residents? Yes  No

**IF YES continue .... IF NO, GO TO Q. 29**

b. What is this? .....

c. Who decided what the maximum length of stay should be?

d. Do any residents stay longer and, if so, why? .....

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## HOSTEL STAFF

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I'd like to collect some details about staffing levels in the hostel and the training available to staff

29 How many paid staff are there at the hostel (not workers from external agencies)

**ASK ABOUT THE FOLLOWING ...**

Type of worker	Full-time (30+ hrs per week)	Part-time (<30 hrs per week)
	<i>Number</i>	<i>Number</i>
Manager/assistant manager		
Case workers/support workers		
Administrative/reception staff		
Cleaning/catering staff		
Porters/security staff		
Other ( <i>specify</i> )		
Other ( <i>specify</i> )		
Other ( <i>specify</i> )		

30 Do volunteers regularly work at the hostel? Yes , number ..... No

31 On average, how many managers/support workers are on duty per shift during the day?

Number of workers .....

32 What staff cover do you have at night?

33 What training is available to support staff on assessing the problems and needs of residents?

b. Are all support staff required to attend? Yes  No

34 What training is available to support staff on recognising memory problems among residents and working with this client group?

b. Are all support staff required to attend? Yes  No

35 Is there any training that would be helpful for your staff that is unavailable or you

cannot access? Yes  No  **IF NO, GO TO Q. 36**

**IF YES,** b. What training?

c. Is it unavailable or why can you not access it?

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## HELP AND SUPPORT

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I'd now like to ask about the help and support provided to residents

36 Do the hostel residents have a named key-worker who assesses their needs and

organises support? Yes  No

**IF YES,** b. How many residents does each key-worker have?

c. How often do residents see their key-worker?

**IF NO KEYWORKER,**

d. How are the needs of residents assessed and support organised?

37 Is a risk assessment carried out for each resident? Yes  No

**IF YES,** b. How often? .....

c. Is the risk assessment documented? Yes  No

38 Do the residents have written support plans/care-plans? Yes  No

**IF NO,** b. How is the support that residents receive documented?

39 Does each resident have a case-file? Yes  No

**IF YES,** b. Is the case-file record computerised? Yes  No

Is the following information recorded in the case-file?

c. Personal details, *e.g.* age, ethnicity, benefit claims Yes  No

d. Background details, *e.g.* housing/employment history Yes  No

e. Problems, support given, and contact with services Yes  No

40 Does a local GP practice(s) provide health care for residents? Yes  No

**IF YES,** b. Which practice(s) and what arrangements do you have?

*(name and address of practice; type of registration)*

41 Do primary health care doctors or nurses routinely visit or run clinics at the hostel?

Yes  No

**IF YES,** b. Who visits and from what team/practice?

c. How often do they visit and when? .....

**IF HEALTH CARE NOT PROVIDED BY GP OR VISITING HEALTH TEAM:**

d. How do residents access health care?

**ALL MANAGERS**

42 Does a psychiatrist, CPN, or other mental health worker routinely visit or run

clinics at the hostel? Yes  No

**IF YES,** b. Who visits and from what team/practice?

c. How often do they visit and when? .....

43 How [else] do you access mental health services for the residents?



44 Does an alcohol or drugs worker routinely visit the hostel to see residents?

Alcohol worker  Drugs worker  Joint alcohol/drugs worker  No

**IF YES,** b. Who visits and from what team/practice?

c. How often do they visit and when? .....

45 How [else] do you access substance misuse services for the residents?

46 Is there any lifeskills training available to residents to prepare them for resettlement?

Yes  No

**IF YES,** b. What training is available?

c. Who organises or runs the training? .....

47 Are any [other] training programmes or activities organised for residents?

Yes  No

**IF YES,** b. What training or activities?

c. Who organises or runs these? .....

48 Please tell me about any other workers or services that visit the hostel and provide support, training or help to residents?

Type of worker/service	Frequency of visits	Help given

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## RESIDENTS WITH MEMORY DIFFICULTIES

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I'd now like to ask you a few questions about residents with memory difficulties.

49 Do you sometimes have residents that you think might have memory difficulties?

Yes  No  **IF YES continue ... IF NO, GO TO Q. 55**

b. How do their memory difficulties manifest?

50 What are the characteristics of the residents with memory difficulties?

*PROBE: age; alcohol problems; drug problems; other*

b. How do their problems and needs differ from those of other residents, if at all?

51 Do the hostel staff provide help and support to residents with memory difficulties?

Yes  No

**IF YES,** b. What help and support do they provide?

52 Do you contact any particular services if you think residents might have memory

difficulties? Yes  No

**IF YES,** b. What services?

**IF NO,** b. Why not?

53 What are the longer-term housing plans for residents with memory difficulties?

Where do they generally move to when they leave the hostel and how is this organised?

54 Is there any help or services that residents with memory difficulties require that you

and your staff are unable to provide or obtain? Yes  No

**IF YES continue ... IF NO, GO TO Q. 55**

b. What help or services do they need?

c. Why are you unable to provide or obtain it?

## FUNDING

I'd now like to ask you a few questions about funding for the hostel

55 What is the total cost per week for a resident to stay in the hostel? .....

b. How much is the rent? .....

c. How much is the service charge? .....

56 What are the main sources of funding for the hostel?

Funding source	Receives funding?		Approximate % of overall income for hostel
Local authority	Yes	No	
Residents' charges	Yes	No	
Donations	Yes	No	
Other ( <i>specify</i> )	Yes	No	
Other ( <i>specify</i> )	Yes	No	

57 In recent years, have there been any changes to the way the hostel is run or to the services that are provided? For example, any changes in funding, staffing levels or the length of stay of residents?

Yes  No

**IF NO, GO TO Q. 58**

**IF YES,** b. What changes have there been?

c. How have the changes affected the services and support provided to residents?

58 Are there any other comments you'd like to make about the hostel and the services provided?

Thank you very much for your time and patience. The information you have provided is very helpful.