



Enter and View Report : Multiple Providers

Report Name: Personal Choice within Care Homes in Bexley

Date of visits: March – April 2016

Acknowledgements

Healthwatch Bexley would like to thank the Care homes, including their residents and staff, for their valuable contribution and for participating in this survey.

Disclaimer

Please note that this report relates to findings observed and data gathered through eight Enter and View visits during March and April 2016. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed during the visits.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

1. Introduction

Moving into a care home is a major transition in an older person's life and is commonly a result of a crisis, often with little or no planning or preparation (National Institute for Health and Care Excellence, NICE, 2015). Falls represents the largest cause of emergency hospital admissions for older people and have a significant impact on long term outcomes, frequently resulting in an older person moving into a care home (London Borough of Bexley, LBB, 2013). Other common causes include bereavement, unsuitable housing, increased need of care and other people's concern. An increased need of care, frequently following falls and hospital admissions, were found to be a key contributor in this survey.

A study into 'older people's vision for long term care' reveals how older people's voices are largely absent in discussions about requirements, preferences and priorities within care environments (Joseph Rowntree Foundation, JRF, 2009). Most often, these debates are dominated by relatives, professionals and policy makers. The study found that low expectations of quality of life is widespread and the perceived potential to lead a fulfilling life within a care environment is low. Lack of personal identity and low self-esteem is further common amongst older people in care homes, which is reinforced by a lack of vision of what a 'good life' looks like beyond services and needs requirements.

There are around 800 older people (65+) living in care homes in Bexley and this figure is expected to rise, particularly for people with nursing care needs (LBB, 2013). Having choice and control over one's life and involvement in day-to-day living are recognised as key contributors to wellbeing for older people in care homes (Social Care Institute for Excellence, SCIE, 2016). Emphasis has shifted from provision of services to meeting individual needs and this is now a core legal duty as part of the Care Act 2014 (Department of Health, DoH, 2014). The wellbeing principle is a central aspect of the Care Act and it recognises how choice and control over one's day to day life and care is fundamental to emotional wellbeing. Emphasis is further placed on people's ability to contribute and participate in social events and recreation as key contributors to wellbeing. This extends to access to community networks, including places of worship and active participation in meaningful activities, including as hobbies. This is supported by NICE (2015) guidelines, which emphasise the importance of providing meaningful activities within care environments, to promote mental stimulation which is known to have a positive impact on general health.

Healthwatch Bexley's role is to represent the view of the local community on health and social care issues, and to influence how health and social care services are commissioned within the community, in order to improve outcomes for Bexley residents. This requires Healthwatch to gain a comprehensive understanding of how local residents experience the health and social care services provided within the Borough and to identify any concerns and gaps in commissioning.

The aim of this Enter and View was to engage with residents within care homes to find out to what extent they feel they have choice and influence over every day matters within their environment.

To capture these voices, Healthwatch purposely chose and identified eight care homes with residential units within Bexley. The care homes were situated in the north, south and west of the borough.

The survey demonstrate that overall, the majority of residents have a positive experience of their care home and feel they have choice and control over their day-to-day environment to a great extent. The survey further demonstrate that the majority of residents experience less isolation as a result of moving into a care home and feel supported and safe. However, a number of residents expressed not feeling in control and having a choice in some aspects, primarily relating to their morning routine, entertainment provided and food choices. Importantly, choice was further perceived as reduced when agency staff were on the wards, particularly in relation to bed time and morning routines. The survey also highlight that a large proportion of residents do not go out of the care home unless for hospital appointments or accompanied by a family member, which limits their ability to access community networks and facilities, including access to places of worship.

2. Methodology

This was an announced Enter and View programme and all care homes were contacted prior to the visits so that a suitable day and time could be agreed.

Healthwatch further engaged with the local authority prior to commencing this programme, to ensure stakeholders were informed and up to date information about the care homes could be obtained.

This survey is based on a structured questionnaire, consisting of 18 questions, with a mix of quantitative and qualitative questions. The questionnaire was used by the Authorised Representatives (ARs) to engage with the residents as they were seated in the communal areas. The ARs explained the reason behind Healthwatch visit and residents were asked if they were willing to participate before the survey was conducted jointly between the AR and the participant. All participants were reassured of anonymity.

The questionnaire related to personal choice and to what extent residents feel included and actively involved in every day matters. The questions generally related to experiences of:

- Choice in bedtime and morning routine, clothing and personal appearance
- Meaningful activities, including entertainment, hobbies and religious services
- Access to community networks and days out
- Overall satisfaction with care, support and help from staff
- Suggestions for improvements
- Gender

In total, Healthwatch spoke with 88 residents about their experience of living in their Care home, of which 73% were female and 27% men.

During the visits, a member of staff or management was approached by a Healthwatch representative, who explained the purpose of the visit. General observations of the Care Home were made during the visit and included checks of cleanliness and odour, presence of staff on the floor during the visit, general observations between staff and residents and observing residents participating in activities. Leaflets explaining the role of Healthwatch were left within the premises for future reference.

The limitations of this survey predominately relates to the vulnerability of the residents we spoke with. Research demonstrates that there is a great imbalance of power between residents and the care provider and this is likely to influence the participants (JRF). This was evident during this survey as some residents appeared worried and anxious about answering questions about their care home. A number of residents further showed signs of dementia and these factors may subsequently affect a person's ability to fully engage in the process and may influence their responses. A further limitation is the small sample size, which limits the extent to which generalisations can be made.

NB. All percentages stated in this report are based on a total sample of 88 residents. However, some questions attracted zero answers, but were still included in the analysis, thus, where numbers fail to add up to 100%; the outstanding amount represents those declining to answer a particular question.

4. Summary of findings

- The majority of residents (76%) like living in their residential home and state that they receive enough help from the staff and carers.
- Entertainment was provided in every care home and the majority of residents (80%) stated that entertainment was available, with varied opinions on how often entertainment took place and just over half of the residents (58%) stated they enjoyed it.
- The majority of residents (59%) said they had a hobby before they moved into their residential home, with a little over a third reporting being able to continue with their hobby at the care home. Of the 23% who did not continue, not all were physically able to, nor had an interest to, but a few people expressed a wish to engage in their hobby.
- Approximately a third of residents (33%) access church/religious services, with half of the residents (51%) stating they do not. The qualitative feedback demonstrate that some residents would like to access religious services but are unable to do so due to lack of arrangements.
- A significant proportion of residents (86%) choose what time they go to bed at night, whilst only a small percentage (1%) stated they did not have a choice.
- Around two thirds of residents (64%) stated they choose what time they get up in the morning, whilst 20% of residents stated they do not feel they have a choice in their morning routine.
- The majority of residents (80%) expressed having a choice in relation to personal appearance, with 7% stating they had help from their carer and a minority (6%) of residents reporting they did not feel they have the option to choose.
- Three quarters of the residents (75%) are satisfied with the food and the choices available, stating at least 2 choices are available, although one person would like to see their cultural food on the menu at times.
- A third of residents said they have been out of the care home for an event/day out, predominately accompanied by a family member, whereas 23% of residents said they cannot recall last time they were taken out.

5. Presentation of results

The results are divided into three main themes followed by a discussion of the qualitative feedback.

1. Satisfaction with staff and overall feelings of living within a care home

The residents were asked how it was decided that they should come and live at the care home and in most cases it was due to an increased need of care, often following falls and hospital admission. In most cases the decision was made by the family (19%) followed by personal choice (13%) and decision by social workers (11%).

Satisfaction of living in care home

Of the 88 participants, 67 people (76%) liked living in their residential home citing 'I lived at home alone, now feel part of something', 'helpful staff' along with 'companionship' and 'feel safe'. Only 7 residents (8%) reported being unhappy, one respondent stating the need for 'own space'. One respondent commented 'There's no place like home'. This compares favourably with a survey by Hallmark Care Homes, which found that 74% of residents feel happier, or just as happy after moving into a care home and experience less isolation (Carehomecounk, 2016).

Satisfaction with staff and carers

The majority of residents (76%) said they get enough help and support by the staff, citing comments such as 'they are brilliant', 'very helpful' and 'plenty if needed'. Some residents did not feel very well supported and left comments such as 'some staff appear resentful' and 'sometimes we have to take turns to go to the toilet, so I have to wear a pad', which the resident did not like.

2. Personal choice

Personal appearance

A high proportion of residents (80%) choose what clothes to wear every day, with a small proportion of residents reporting receiving help from their carers. A minority (6%) stated they did not feel they had the option to choose. Over half of residents (55%) were assisted by family or staff/carer when buying clothes, with 9% reporting buying their own clothes, whilst others said they no longer buy new clothes.

Bedtime routine

A significant proportion of residents (86%) choose what time they go to bed at night and at a time which is suitable for them. Two comments recorded were 'I like to sit up late with staff at night' and 'I go to bed when I like'. Only 1% of residents stated they felt they had no choice. Choice appeared to be reduced when agency staff were on the wards and one resident said 'agency staff do not offer a choice of what time to go to bed'. However, there

was a lack of response to 'What happens if you can't sleep at night?' Nearly half of residents (45%) declined to answer this question but this may be because a lot of residents had not experienced trouble sleeping.

Morning routine

When asked about their choice of waking up in the morning, 65% of residents said they choose when to wake up whereas 20% reported not having a choice. This is quite different from bed time and comments generally related to 'when carers come to help, I can get up', 'carers come around, the time varies, but no choice' and 'staff busy, only get up when they are ready'.

Food

The majority of residents 75% stated they like the food at their care home and were satisfied with choice and food portions. Comments related to 'very good, cooked breakfast every morning' and 'I've never had a bad choice'. The majority of residents said they would be able to get something else to eat and drink if they did not like the food. 10 residents said they did not like the food in the care homes and one care home in particular attracted a few negative comments. Residents in this care home said that food was 'disgusting', 'vegetables not cooked properly or drained' and 'the food is not cooked well, sometimes it is undercooked at lunch time and it is worse at supper'. Additional comments relating to food choices includes having cultural food to feature on the menu at times and having menus available in the resident's rooms.

3. Access to community networks and leisure activities

Entertainment and leisure activities

Entertainment and leisure activities are provided in every care home and the majority of residents (80%) were aware of that these were available on a regular basis, with varied opinions on how often these took place. Activities provided includes bingo, music, singing, keep fit, animal show and cooking. Just over half of the residents (58%) said they enjoyed the entertainment/activities provided, with 9% saying they did not enjoy the entertainment. Almost a third of residents did not respond to this questions and a number of residents said they were 'not interested' in the activities and one person said the activities were mainly aimed at women and wanted activities suitable for men.

Hobbies

The majority of residents (59%) reported that they had a hobby before they moved into their residential home, with a little over a third stating were able to continue with their hobby at the care home. The hobbies stated ranges from knitting, dancing, gardening, sewing, horse riding, birds, beer, women, reading (magazines, books and journals) and watching SKY sports. Of the 23% who stated they did not continue with their hobby, not all had the desire to, nor the physical ability to. One person expressed a wish to be able to

watch more sports on TV, with a few residents saying they did not feel there was an opportunity to continue with their hobbies with some stated being unable to due to health reasons.

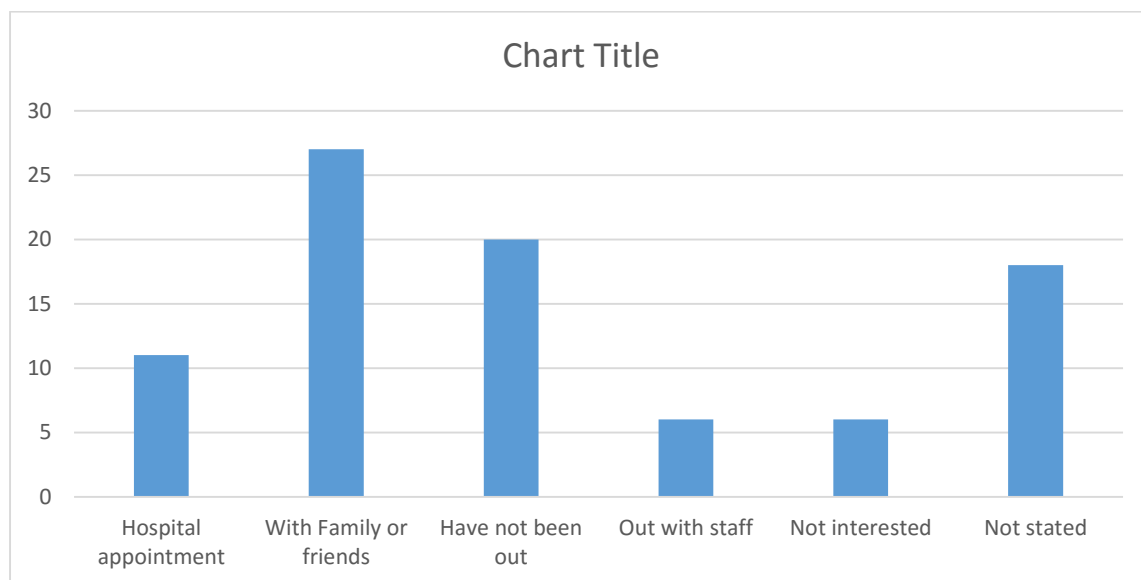
Access to religious services

The residents were asked if they access religious services and a third of residents (33%) stated they do. Some residents attend church with a family member whilst others access services within the care home. 51% of residents said they do not access religious services, with some residents citing 'No body to take me', 'I would like to go to church, but there is no opportunity to do this', 'I'm Catholic but can't get to church', also, 'Would like a service or songs of praise here'. Three residents were unsure if it was possible and did not know how to go about it.

Days out

The residents were asked when they last went out of their care home, for what purpose and who took them. The survey demonstrate that of the residents who go out, the majority do so accompanied by family and friends (31%), of which ten residents stated the reason for going out was a special occasion such as Christmas, birthday or Mother's day. A large proportion of residents (23%) who responded to the question said they have not been out of the care home for a long time and cannot recall when the last time was. Other reasons for going out was to attend a hospital appointment or going out with a member of staff. Table 1 presents a summary of the responses.

Table 1.



4. Qualitative feedback

Suggestions for change or improvements

The residents were given the opportunity to reflect on any changes they would like to see at their care home. A number of residents said they would still like to live at home and 15% said they did not want anything to change. Some of the comments recorded were:

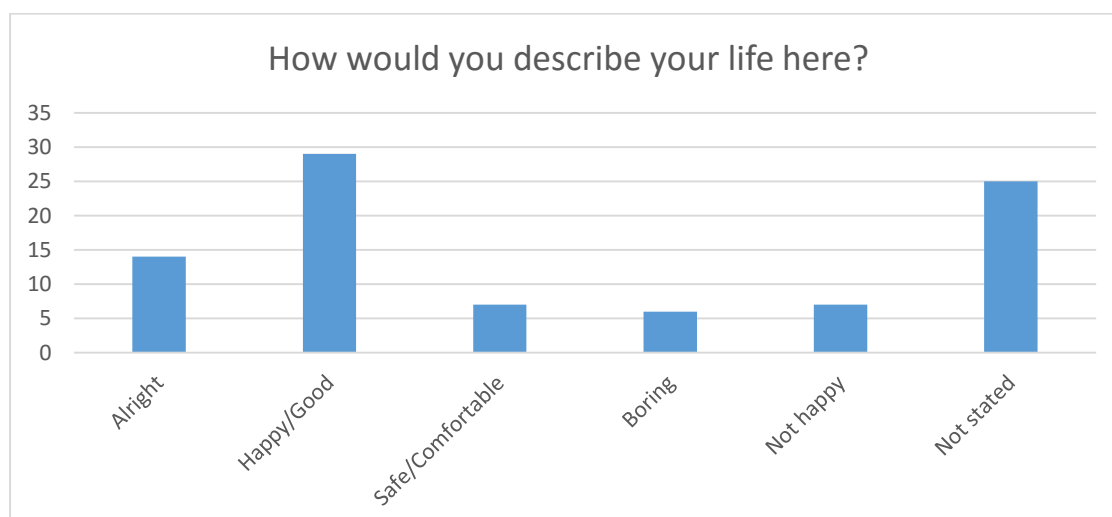
- More staff (n=5)
- More activities (e.g. exercise class, go out more) (n=7)
- Being in better physical condition (e.g new legs, not having dementia) (n=5)

A number of comments related to individual needs such as request for stronger lighting in room, not having to wear a pad, better food and access to individual choices such as jam and grapefruit, more care, more male company, access to journals and going to church. More staff empathy, being able to smoke in own room and having friends and family come visit was also mentioned.

Quality of life

The residents were asked to describe their life at their care home and how they felt about living there. Four care homes received 100% positive feedback on this question, with three care homes receiving all round positive responses coupled with residents feeling bored and under stimulated. One care home attracted a number of negative responses and comments recorded were 'It's terrible here, I am not happy' and 'very difficult, little to do, very boring'.

The majority of the residents who responded to this question described their life as 'good', 'happy', 'alright' along with 'safe and comfortable'. Comments recorded were 'it's comfortable and everyone is kind, I like to have a chat and a laugh' and 'It is pleasant, next best thing to being at home'. A number of residents (n=6) said they were bored and one person said 'I feel safe, but I'm sat in a chair all day' with another person commenting 'it's boring, I need people to talk to...I would like a discussion group'. Some residents commented that they would rather be at home but recognised that they were unable to cope independently. Table 2 presents a summary of the answers. Table 2.



5. General observations

General observations took place during the visits and included checks of cleanliness and odour, presence of staff on the floor during the visit, general observations between staff and residents and observing residents participating in activities, when possible. The impression of all but one care home was good and the majority of managers appeared to have a hands-on approach, showed the team around the premises and welcomed any questions. On the whole, the care homes were observed to be clean and mostly odour free. Some care homes were undergoing refurbishments during our visits and two of homes had 'tired looking rooms', which may benefit from freshening up. Staff generally appeared to know residents well and positive interactions between staff and residents were observed in a number of care homes. Three care homes stood out because of their homely, welcoming and lively atmosphere, with plenty of staff on the floor engaging with residents, which extended beyond providing activities/entertainment. One care homes had a Recreational leisure organiser, who residents clearly responded well to.

One care home required two visits, as the first visits only attracted very few respondents to engage with the team, as directed by the care manager, and the overall impression did not compare favourably with the other care homes. There was a strong odour on the two floors we visited during both visits and there was no staff visible in the corridors during the first visit. In addition, there was no activity during the first visit and the majority of the residents seated in the communal area were asleep, thus limiting opportunity for engagement. There were some interaction observed between staff and residents on the second visit, as staff got residents ready to come into the communal area. Of the 15 residents seated in the communal area, about six took part in the activity. The manager did not engage with Healthwatch during either visits, following initial introductions.

6. Discussion

This survey demonstrate that overall, the majority of residents have a positive experience of their care home. Residents reported feeling happy, safe and comfortable within their environment and feel in control over their day-to-day living environment to a great extent. There are however areas in which the residents feel less in control and in which choice is reduced and the morning routine is one example of this. 20% of residents reported feeling they had no choice when to wake up and start their day and this is quite a significant difference from the bed time routine, where only 1% of residents felt they had no choice.

Crucially, residents felt choice of either was reduced when agency staff were on the wards and a number of residents mentioned in their qualitative feedback that staff were often changing and more regular staff were needed. Research from the Royal College of Nursing (RCN, 2004, 2010, 2011) demonstrate that reliance on agency staff impacts on quality of care and continuity of care, as agency staff are effectively strangers looking after vulnerable older people in their home environment, with limited understanding and knowledge of preferences.

Another area of concern relates to the entertainment and activities provided within the care homes, coupled with the extent residents are able to engage in hobbies and other interests. A number of residents said they were bored or not interested in the activities provided, which may suggest that activities are not tailored to their needs, nor stimulating enough.

Providing meaningful activities is recognised by the Department of Health (2014) as central to person centred care, as it promotes emotional wellbeing and contributes to improved general health. NICE (2015) defines meaningful activities as 'physical, social and leisure activities that are tailored to the person's needs and preferences'. This can range from daily activities such as cooking, washing and dressing, to leisure activities such as reading, conversations and crafts. Activities should be aimed at providing emotional, creative, intellectual and spiritual stimulation, chosen and defined by residents. The Care quality commission (CQC, 2016) further outlines that a choice of activities is needed to promote independence.

Access to community networks is the third area in which improvements can be made. A significant proportion of residents said they do not access the wider community, unless accompanied by a family member or to attend a hospital appointment, and a number of residents were not able to recall the last time they went out of the care home. Crucially, a number of the residents said they would like to access religious services but were not able to or did not know how to go about it.

Keeping in touch with one's religion is a crucial part of care community life and specific needs of an individual need to be identified to incorporate diversity and religion. The care home environment is a community, both in itself and within the wider community in which it is located, and a proactive approach to engage with the wider community may help care homes personalise the services offered. There were some examples of care homes engaging with the wider community, whereby local groups came in to provide entertainment or an activity. This should be encouraged widely and should also extend to residents accessing external services.

7. Feedback from Care Homes

Each care home has received an individual report, which presents the feedback from their residents. One care home has responded to Healthwatch, thanking Healthwatch for the visit and the feedback provided. Healthwatch was further invited back for tea in the garden when this is completed.

No other feedback has been received at the time of distribution of this report.

8. Recommendations

There are a number of recommendations arising from this report, some which are aimed at provider and some at commissioners:

8.1 Recommendations to providers

- 1) Engage with the wider community to improve access to community networks to meet resident's needs and wishes for engagement.
- 2) Ensure all residents have the opportunity for worship of choice, by establishing links with churches, mosques and synagogues.
- 3) Review staffing levels to reduce reliance on agency staff to ensure individual needs are met and consistency of care.
- 4) Regular feedback from residents on day-to-day living matters as needs and preferences may change frequently.

8.2 Recommendation to commissioners

- 1) Monitor usage of agency staff, as this may be used as an indicator of adequate staffing levels and staff satisfaction/absence.
- 2) Ensure residents feedback is taken into account when commissioning residential care.
- 3) Ensure access to religious worship is included in specification for residential care provision.

9. References

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