healthwatch Coventry

Feedback on new care home specifications

August 2016

Contents

1. Introduction

Coventry City Council and Coventry and Rugby CCG are developing new specifications for care homes in Coventry. These have been drafted to include 'I Statements' from the point of view of residents and then outcome measures for each statement which the commissioners will use to see if the care home is delivering care as it should be under the contract. Healthwatch Coventry were asked to look at the draft documents, 'I statements' and outcome measures and provide feedback on these.

Healthwatch Coventry has been carrying out a regular programme of 'enter and view' visits in to care homes in Coventry to find out about quality of life factors and has previously summarised learning from this around quality markers and sent this to the commissioning team at the Council. These visits and our trained team of Authorised Representative volunteers ensure that Healthwatch is well placed to provide input into the design of quality measures.

The City Council has produced a core specification for all homes and four additional specifications for use where applicable: dementia, nursing, learning disability and mental health. Healthwatch decided to focus on the core specification, dementia specification and nursing specification as these fitted with our recent experience through our programme of work.

2. Our method

We produced a survey which was sent to our members and put on our website in order to reach a wider audience. A link to the survey was printed in our newsletter and this was mailed out along with a paper copy of a questionnaire to all our members.

Our Steering Group members and volunteers were sent the draft documents to review and we emailed our contacts and members with the following questions:

A. Do the 'I Statements' need changing in any way?
B. Is there anything missing from the 'I statements
C. To what extent do the outcome measures for each statement provide a good assessment of whether the 'I Statement' is being met?
D. Are there ways in which the outcome measures can be strengthened?
E. How clear and easy to read is the draft text?

We held a focus group which was attended by four Healthwatch volunteers and two professionals from local partner organisations where we looked at each of the 12 person centred outcomes and their respective measures. The group made comments regarding these and what they thought was good and also what would strengthen them.

3. Findings

This report is comprised of responses to the survey, completed questionnaires, results of the focus group on 20 May 2016 and comparisons with our learning from visiting care homes as part of Healthwatch's programme of Enter and View visits.

3.1 Readability of the specifications

Our members commented that they did not find the documents easy to read and changes are needed so that they flow together i.e. Items in blue – "The service will..." - doesn't lead in properly to the bullet pointed statements.

With each person centred outcome having both paragraph text and bullet lists of provider reported outcomes it seems likely that the providers will focus on the bullet list rather than the bigger picture information in the paragraphs in each section, which often talks about culture and ethos and is therefore very important but harder to measure. Therefore, consideration needs to be given to the document layout to ensure that all of the messages are conveyed with equal weight.

We found that the core care home document was easier to read than the nursing and dementia specifications, this was in part due to the need to cross reference from the dementia and nursing specifications to the core specification, but also due to language and terminology. There were comments such as ***"The nursing home one is too brief and doesn't seem person focussed"*** and ***"The dementia one felt like a shopping list with tick boxes"***

There are many typographical errors and inconsistencies in the specifications which need to be addressed.

Consistency in terminology is required regarding which of the following is being used: service user, resident or client?

Acronyms should be explained to in order to expand the audience of the documents eg CQC, CCG, DOLs, MDT, DNACPR, VTE etc.

3.2 Comments on Core specification

We think there is an opportunity to amend the introduction to the specification to include information about how many people are resident in care homes and what the percentage increase is projected to be, rather than describing a growing population over 65, as not all of this population will require care home care.

Our members and focus group felt that the outcome measures aren't specific enough in some places and there needs to be more detail about what is required to meet the outcomes.

Measures should be tighter and using words such as *"regularly"* and *"considered"* meant that they were too broad. There needs to be more detail in wording about how things are measured. *E.g. don't like the word "considered" Suggested using "in place"* which means the sentence would be *"Appropriate safety measures should be in place"*.

Some of the language reads as passive statements rather than being a specific call to action.

None of the outcomes and measures identifies how those whose first language is not English will be catered for specifically or expectations around meeting faith or cultural requirements.

Maintaining independence in residential settings is not addressed enough by the measures.

An additional 'I statement' is suggested ***"I want to know that the staff caring for me are appropriately checked before being employed"***.

The 'I statements' should be made available to care home residents and their families, friends and should be clearly displayed in a communal space in homes.

Outcome 1: 'This is my home, I want to be involved and influence how the service is provided'

Our focus group commented that there needs to be more about residents being enabled to make their own choices and therefore changing the wording of this outcome would help this to be evident: the use of 'influence' should be replaced 'be able to say and choose' and 'service' is a depersonalising word and so a replacement should be used eg 'my care':

<u>This is my home I want to be involved and be able to say how my care is provided.</u>

The description of how this will be measured focuses on complaints rather than on involvement, choice and control. It is unlikely that residents in a care home will know how to make a 'complaint' and home owners and managers need to be aware of this and have other ways in which they involve residents and facilitate choices in day to day living and care.

In the provider reported outcomes an additional measure should be evidence of 'you said and we did' both as a collective for residents and one to one.

Outcome 2: 'I want to live in a setting that is comfortable and homely and is responsive in meeting my needs.'

Alternatively outcome 2 could be amended to include reference to choices: amending the "I Statement" to say 'I want to live in a setting that is comfortable and homely and is responsive in meeting my needs <u>and respecting my choices</u>'. *The service should, where appropriate, ensure that the environment is dementia friendly as this enhances the quality of care (www.dementia.stir.ac.uk/design-*

school). We cannot really see where it would be inappropriate to be dementia friendly in a care home setting as from our experience of enter and view visits to care homes most have residents with some degree of dementia or memory impairment and therefore all would benefit from implementing dementia friendly design regardless of their designation. We have also encountered resistance to putting simple and very cheap measures in place such as labelling rooms with words and pictures. We would to see the specification ask for a key list of dementia friendly design features for **all** homes.

The following measure is too passive: *'The provider must ensure the ambient temperature within the provision is monitored and maintained to an acceptable temperature for the clients who live there in both hot and cold weathers'*. Suggest rewording to: *The provider must demonstrate evidence that the ambient temperature within the home ~~provision~~ is monitored and maintained to an acceptable temperature for the clients who live there in both hot and cold weather*.

To promote continuity of care for the residents, a key worker system is essential. The key worker should provide care and support for the resident a minimum of twice per week in order to develop a trusted relationship that supports person centred care. We cannot see how twice a week is adequate to facilitate continuity of care.

Our focus group did not think that the section "Residents money and finances" belonged under outcome 2, they think that this section needs its own I statement and set of measures as there is currently not an "I statement" to support this – suggestion and we suggest:*"I want to maintain independence and have control over my finances"* with a full set of measures required to ensure this.

Our focus group thought that paragraph 5 and paragraph 9 fitted better under person centred outcome 3, which relates to safety:

- **Paragraph 5** *"The provider must ensure that the premises and grounds are safe, well maintained and are suitable for their stated purpose. The building must be kept clean and hygienic at all times."*
- **Paragraph 9** – *"Appropriate security measures should be considered that promote the safety of residents and their valuables (restrict unauthorised access) whilst not restricting their freedom and liberty"*

Provider reported outcomes: There is duplication in the bullet list and it can be shortened.

They [be more specific about they are] *have sufficient and appropriately trained staff on duty to meet resident's needs and if using a dependency tool will be able to demonstrate the rationale for how the tool works and if it allows any flexibility.*

Outcome 3: I want to feel safe and secure

Health and Safety
Residents must be able to easily get assistance from staff when they need it. The service must ensure that there is an effective and responsive system that ~~allows~~ [suggest replacing 'allows' as it is controlling language, advise change to '**enables'** *residents to summon help and is suitable for use by residents with poor dexterity or a disability.* [Is the word 'disability' required as poor (limited) dexterity is to be disabled]. *For ~~those~~ residents who are not able to use the system independently, risk assessments should be completed and a care plan in place, which clearly states how the client will be supported.*

Fire safety precautions should be in place that ~~reduce~~ minimize the risk of fire and protect clients, staff and visitors in the event of fire and this information should be visible for visitors to the provider

Improving safety
The service should strive to be as safe as possible. This is a passive statement and needs to be active.

Outcome 4 'I want to be treated with dignity and respect, be central to all decisions about my care and ~~th~~eir my confidentiality and privacy respected'

Small changes can have a major impact on improving accessibility for residents with dementia and the service is expected to ensure that the home is dementia friendly such as clear signs and lighting, having quiet spaces and where appropriate, is where appropriate required using technology to improve safety (such as use of door sensors). Our comments under outcome 2 fit here too. We believe all homes should use dementia friendly design features.

Make sure that staff are aware of any cognitive /behavioural needs of residents, and this should be clearly documented. Where should it be documented?

Outcome 5: 'I want to remain part of the local community and have the opportunity to socialise, be stimulated and maintain interests'

Here we think it is important to be more explicit; what does 'local community mean? The community the residents have come from or the community the residential home is in, or does it mean outside of the home. The word 'remain might be confusing this issue?

From our experience of carrying out Enter and View visits to care homes we have identified that homes where there is a dedicated activity co-ordinator or sufficient time in available/set aside to deliver activities and one to one interaction with residents are more able to provide a varied programme and a person focused approach. Whilst smaller homes may not be able to have a dedicated activity worker it is important that all homes consider their approach to ensuring that time and resources are available for both group and one to one activities and interaction. The specification should reflect this by through detailing the need for outcomes from activity and one to one interaction.

Other good practice we have seen is where care homes have recruited volunteers who visit the home in order to lead activities or interact one to one with residents, or where homes have links with local community, voluntary or faith organisations which help with activities, outings and links to the wider community.

From talking to residents in care homes we have also learned that the majority of them would like to be offered more opportunities to go out of the home setting on an individual or small group basis but that many care homes do not have sufficient staff to support this.

Our focus group asked - How are the commissioners going to ensure that care homes have sufficient funds to ensure that residents are provided with day trips including transport provided, and sufficient staffing to allow this?

There needs to be something added to the measures which refers to care home managers and staff needing to have discussions with residents (and people they wish to be involved with their care) about their choices/interests/care plans.

Care home staff also need to recognise that some residents may choose not to engage with group activities at first but with regular opportunities offered they may begin to take part and choose to dip in and out of activities.

Outcome 6: 'I want to have good meals and ready access to drinks to keep me well-nourished and in good health'

We suggest the following amended wording: *"I want to be offered a choice of good meals which meet my personal tastes and preferences and ready access to drinks"*

The following should be added to the measures for this outcome:

- Drinks readily available and easily accessed eg residents may not be able to lift a heavy jug of juice.
- Think about accessibility for all residents i.e. Bottles of sauce rather than sachets, some residents may have problems with dexterity and can't open.
- Monitoring quantities of food/fluid where necessary and doing this in a non intrusive way.

The service ~~should~~ must ensure that there are dining facilities and residents are able to eat with families and visitors.

The service must ensure that all staff are aware of the importance of nutrition and hydration and have received appropriate training to – This sentence is not complete - to do what?

Outcome 7: 'I want to be able to mobilise and transfer safely for as long as I am able'

We suggest re-wording this to: *"I want to remain mobile for as long as I can and be supported in this"* - as this is easier to understand.

Provider reported outcomes, clarification to wording:
Make equipment available and accessible ~~equipment~~ to aid the maximisation of a resident's mobility.

Outcome 8: 'I want to be cared for by staff who are skilled, motivated and caring'

'It is the managers responsibility to maintain accurate records of staff training and ensure that all training is of a good quality and wherever possible is from an accredited training provider'. Good quality is open to interpretation and therefore more should be added here to define this. A barrier we have identified is time for staff to complete training, often the expectation is that training will be completed in their own time and online training modules are often used which do not allow for interactive learning.

Our focus group liked - *"Wherever possible services are encouraged to involve residents and their families in the recruitment process."* They talked about some examples of where we had seen good practice around staff recruitment in homes and involving residents in this aspect. However, during our Enter and View visits we have only come across two homes where this was encouraged.

Provider reported outcomes:

'Have a consistent workforce'. What will be done to enable this to be possible? How will this be followed up and addressed if issues are picked up and how will the cause of a high staff turnover be identified?

This section would be strengthened by consideration of what evidence there could be of managers listening to staff and acting on suggestions.

We suggest the following additions:

- Measures to ensure that staff working shifts can be involved in staff meetings by varying the times that these are arranged.
- "The service will be responsive to concerns raised by residents or outside visitors."

We also identified that there needs to be something added to the measures and the 'I statement' regarding staff being safe to work with vulnerable adults. This could also form part of outcome 9.

Outcome 9: 'I want to be protected from avoidable harms'

The wording "avoidable harms" is not very accessible language.

The measures are focused on infection control and pressure ulcers and that the 'I statement' does not reflect this.

This 'I Statement' needs to be broader or taken out and incorporated into one of the other outcomes and measures.

There should to be more emphasis on cleanliness in the measures. For example, something should be added to bullet points about avoiding cross contamination re: uniforms, cloths used, jobs undertaken, hand washing etc.

Outcome 10: 'I want sensitive support to enable me to remain as well and independent as possible in meeting <u>my</u> daily needs'

We suggest inserting the word "my" into the I statement.

'Residents with urinary catheters must be regularly monitored for potential infections and' – looks like some wording is missing.

Listening to residents isn't mentioned i.e. respecting their choices around when incontinence pads are changed based on individual needs and not based on cost.

Technology is not mentioned eg. use of pressure pads to alert staff of resident leaving a room who may need assistance – remaining independent where possible

Outcome 11: 'I want to be comfortable and free from pain'

We like this statement, however, there needs to be a reference to bed care and avoidance of pressure ulcers and catheter care and this should be cross referenced to outcome 9.

In the provider reported outcomes there needs to be a point about staff looking for signs of pain and discomfort rather than rely on being told as some residents will be not be able to do this.

Outcome 12:'I want to be supported to live my life well until I die and to die with dignity'

Ensuring good communication between service providers is not addressed heavily enough and this needs to be more of a priority.

There needs to be more emphasis on communication with relatives, friends etc of the resident.

There needs to be more emphasis on personal choices being respected about end of life care and something about "Do not resuscitate" situations and how these conversations are carried out.

There needs to be information in the measures about GP involvement.

3.3 Comments on Dementia specification

The paragraph in the introduction outlining the importance of leadership for dementia in care homes is very important.

Outcome 2: I want to live in a setting that is comfortable and homely and is responsive to my needs

Welcoming (e.g. not cold, warm colours, clear of clutter and clean) - needs clarification whether this means not warm colours or should have warm colours

Good access for those with mobility impairments rather than highlighting people who have impairments - using the word 'everyone' sounds more inclusive.

~~*Large*~~ *Strongly patterned carpets have been avoided*

Entrances to resident's bedrooms are individualised – redraft into plain English.

Suggested addition to the list: taps in toilets and bathrooms used by residents are clearly labelled hot and cold in words and colours red and blue.

The Organisation and delivery of care
It is vital to recognise early warning signs of deterioration and escalate to the appropriate service appropriately. The meaning here should be clarified.

To promote continuity of care for residents, a named nurse and a keyworker system is essential. The nurse and keyworker should be responsible for the care of the resident a minimum of twice per week in order to develop a trusted relationship that supports person centred care. We do not see how twice week is sufficient to fulfil continuity of care.

Outcome 5: I want to remain part of the local community and have the opportunity to socialise and be stimulated to maintain my interests

The Provider shall ensure that people are encouraged to spend at least 15 minutes outdoors every day during April to October would this , but ideally throughout the year, to enable adequate. Vitamin D absorption and support wellbeing Psychological interventions to prevent behaviour that challenges, such as, lack of inhibition, shouting and screaming.

We support the idea here, in that we have found on our Enter and View visits that use of outside space varies greatly and we have identified residents who would like to be outside more. However there does need to be an element of personal choice for residents, rather than homes implementing a regimented 15 minutes outside.

There should be some requirement within the core specification regarding access to time outside, as residents who do not have dementia will also benefit from this and we have found that access varies, even when homes have good outside spaces.

The Provider shall engage the use of psychological and environmental interventions to reduce the risk of the Resident presenting with behaviour that challenges and behavioural and psychological symptoms of dementia – this needs clearer explanation as it is not very understandable.

The Provider must involve relevant professionals and seek advice [regarding what?] *as soon as possible, and work towards reducing crisis situations and hospital admissions.*

Outcome 6: I want to have good meals and ready access to drinks to keep me well-nourished and in good health

There is no mention of dementia beakers or customized crockery or cutlery.

Outcome 13: If I an experiencing difficulty with my breathing I would like staff to be able to offer some support

There is not outcome 13 in the core specification, but there is in the nursing home specification.

3.4 Comments on Nursing Home specification

As these documents are aimed at a wide audience it would be useful to have an introductory section setting out in clear terms what nursing care is, the types of things nursing care homes provide etc.

Outcome 2:

The Organisation and delivery of care
The nurse is responsible for assessment of need, care planning and ongoing evaluation of care. It is vital to recognise early warning signs of deterioration and escalate to the appropriate service appropriately. This could be clearer.

To promote continuity of care for residents, a named nurse and a keyworker system is essential. The nurse and keyworker should be responsible for the care of the resident a minimal of twice per week in order to develop a trusted relationship that supports person centred care. We can't see how twice a week will be sufficient for continuity of care.

Outcome 3:

All serious incidents should be reported to health – not sure which body this refers to.

Outcome 6:

All but the final bullet point regarding PEG feeding etc are in the core specification and so do not need to be repeated in this specification.

Outcome 7:

Equipment to aid and maximisation of the resident should be available or accessible; staff should be aware how to use equipment safely – the meaning here should be made clearer.

Outcome 8:

The provider will ensure that the registered clinicians within their employment understand their responsibility to: - seems to be text missing here.

Outcome 9:

The additional outcomes are not written in very accessible English.

Outcome 10:

How often is regularly? What is the good practice?

4. Conclusions

Throughout the specification documents there needs to be more about residents being enabled to make their own choices and that this could be added in a number of places as we have highlighted.

There is scope to develop the readability of the documents so that they can be better understood by a broader readership, including relatives, residents and staff.

We have highlighted that some of the measures should be clearer and that passive statements and undefined time periods such as 'regularly' should be avoided.

We think that some measures should be strengthened and that it is important to focus on the outcomes for individuals as there is a danger of a tick box approach to some of the measures being taken by some homes.

5. Recommendations

In addition to the changes relating to the individual outcomes and measures as detailed above, we would like to make the following recommendations:

1. The document should be proof read as there are lots of typing errors and issues of flow. Acronyms and medical/technical terms should be explained or replaced with alternative wording. Plainer English can be used in a number of places as we have highlighted.

2. There should be more emphasis on residents being enabled to make their own choices within the 'I statements' and the measures. (We have highlighted a number of places where changing wording would help with this).

3. There should be more emphasis on maintaining independence in residential settings, we do not think this is addressed enough by the measures.

4. Content must be added to each of the measures to ensure that those whose first language is not English, or with cultural or faith needs are catered for in each of the outcomes. LGBT awareness should also be reflected.

5. Good practice regarding dementia friendly design should be a basic requirement for all homes irrespective of their designation – this is easy and cheap to do and includes labelling rooms and taps, contrasting decor etc. This should be included as a requirement in the core specification as it benefits residents, staff and management.

6. Access to outside space should be covered in the core specification as well as the dementia specification. The focus should be the outcome rather than a set amount of time outside as this may turn into a tick box exercise and not be person centred.

7. Ensure that the value of activities and one to one interaction is reflected in the outcomes for residents. Also ensure that managers have identified how to make sure there is time for this amongst day to day care and tasks.

8. The 'I statements' should be made available to care home residents and their families, friends and should be clearly displayed in a communal space in all care homes.

9. Add a measure regarding homes displaying information about Healthwatch Coventry so that residents and their families/friends are aware of Healthwatch and our role in championing the interests of those using social care services.

6. Response from Coventry City Council

Healthwatch Coventry asked Coventry City Council for a response to our recommendations with a response deadline of 15 July 2016. We have not received this response and therefore the Healthwatch Steering Group agreed to publish this report without it.

7. Acknowledgements

Thanks you to all those who responded to our surveys and participated in our focus group and to our Authorised Representative volunteers who visit care homes.

29 Warwick Road
Coventry
CV1 2ES
024 76220381
Email: healthwatch@vacoventry.org.uk
www.healhwatchcoventry.co.uk

Healthwatch Coventry is provided by Here2Help the Coventry voluntary sector consortium