

Living in a care home in County Durham

Research into the experience of service users with a learning disability in County Durham



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Healthwatch County Durham (HWCD)

On the 1st April 2013 under the provisions of the Health and Social Care Act 2012 152 local Healthwatch organisations established throughout England.

These Local Healthwatch have been set up across England to create a strong, independent consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting
- To encourage and support people and groups to share their views about services; listen to people's needs and experiences of services

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same

Executive summary

Healthwatch County Durham was approached by Durham County Council to consider whether they were able to assist in the review of the care home provision for service users with a learning disability. After discussions with commissioners it was agreed that the team would carry out some service user consultation, taking into consideration the capacity and skills of the team and the timeframe available for completion of the work. Currently there are 44 homes in the County providing care and support to 132 service users with a learning disability. The HWCD team agreed to carry out consultation in eight care homes in the county, utilising a questionnaire jointly agreed between adult social care commissioners and HWCD, ultimately the team spoke with 34 service users which represents a 26% sample of people accessing support in the county. Therefore this data has to be taken in the context that it does not necessarily represent the views of the whole client group and the responses are restricted to the questionnaire and in most cases were not further expanded upon.

Throughout January and February 2017 individual interviews were undertaken with service users in the eight

identified care homes. Their views were recorded and formed the evidential basis for this report.

Information was also gathered from the managers and staff of the care homes and independent living schemes HWCD visited.

Overall we identified the following points,

- Service users were pleased to have the opportunity to give their views
- Service users appeared to be happy where they lived and the support they received
- Some service users told us they had not had a choice about where they lived, however everyone appeared to be happy in their current home.
- Service users appeared to like most of the activities they undertake.
- Service users appeared to be satisfied with the support they are given to stay healthy.

Healthwatch believes there are opportunities for providers to work together and share good practice especially around activities. We have included in the report some recommendations along with observations for the Adult Social Care Commissioners to consider

Background to this work

Why this work was necessary?

The aim was for Healthwatch County Durham to undertake some consultation with current service users to gather their views about the support received, looking for what was good and what could be better.

What did we want to find out?

We wanted to be able to give the people accessing the services an opportunity to share their views, which would enable the service commissioners to understand what is working well and what could be improved for current services. It was also an opportunity to find out some other important information relating to accessing annual health checks from GPs, oral health care and to speak to providers about the support they received from other agencies or services. This supported other work streams being undertaken by HWCD.

Audience.

This report has been compiled for the Commissioners of learning disability services at Durham County Council and the Board of HWCD, to inform them of our findings.

What we did.

We worked with the commissioners to select a sample of Care Homes to visit. Due to the schedule and the capacity of the team, it was decided to visit eight of the larger care homes, which had a minimum of eight service users funded by the council (See map below and Appendix 1 for the list of Care Homes). A letter was sent to each care home by the commissioners which provided the managers with details of the proposed review and who the key contacts would be.

A scoping pre-visit was arranged by HWCD to speak to the Manager of each of the homes, to advise on the background, purpose and proposed consultation methods. The Managers were advised that wherever possible we would be looking for good practice which could be shared. A copy of the questionnaire (see appendix 2) was shared and there were discussions about the most appropriate methods of communication. Wherever possible the inclusion of advocates, family and carers in the consultation process was encouraged. A poster was designed to be placed in the home prior to the meeting giving family the opportunity to be involved (See copy Appendix 3)



- Key**
- 1&2-Shotley Bridge
 - 3-Sacriston
 - 4-South Hetton
 - 5-Newton Aycliffe
 - 6-Chester le Street
 - 7-Bear Park
 - 8-Wheatley Hill

How the consultation meetings were facilitated, who we spoke to and what they said

Below is a summary of the meetings with both the care home managers and the service users (a full response schedule can be seen in appendix 4)

Care home managers and staff

In every care home we visited the managers were enthusiastic in enabling their service users to share their experiences. They helped facilitate the meetings and made us aware of any risks or particular issues in relation to the consultation process.

They were also able to give us some valuable information about their relationship with local GP surgeries and dental surgeries as well as patient transport.

Whilst undertaking the consultation we witnessed service users being treated with dignity and respect by the staff. There appeared to be a good rapport between staff and service users.

Service users

The consultations took place from 23rd January to 16th February 2017, making sure the appointment days, dates and interview format best suited the service users.

Confidentiality

At the meetings with service users we outlined the purpose of the meeting, emphasising that unless they told us something that put themselves or others at risk, their comments would be anonymous and that the final report would not be specific about who made any particular comments, but would summarise the views of the people receiving services as well as their families and carers.

Service users were also advised that the questions were not compulsory and if they did not want to answer any particular question, then that was fine, they were also advised they could leave the meeting at any time.

Format

Between two and nine service users were spoken to in each of the care homes, all interviews were on a one to one basis. When required, we did allow support staff to be present, as this provided reassurance for the service users, however this was with the agreement of the people we were meeting. Any particular difficulties or risks had been highlighted to us prior to the consultation. Although there was a questionnaire, this was designed to structure the meeting and the questions were asked by the HWCD representative. Pictorial images were used in the questionnaire to get the overall satisfaction with the four key elements, these were particularly useful for the service users with communication difficulties.

In total 34 service users were interviewed which represents an approximate 26% sample of all the service users funded in care and supported living in County Durham.

Although we sent out posters to the care homes no family or friends chose to speak to us. We did however work

with an advocate at one of the services as he knows the service users well and was keen to be involved.

What service users told us.

Safety and Security

All the service users interviewed in our sample told us they felt safe and secure and would know who to talk to if they were unhappy. Some service users described what they would do if there was a fire or being supported to keep safe in the community, such as road safety. Most service users had financial protection from the Council, which meant they were well supported to keep their finances safe.

Environment

Not everyone we spoke to had chosen the home they live in, some had initially spent time in a home because of an emergency placement, which then became permanent. Some service users were unsure whether they had chosen their home, but others said they had looked at more than one home before deciding.

Everyone stated they liked where they were living and the majority told us they had their own bedrooms which were decorated to their personal preferences. Receiving visitors was not identified as problematic in any of the homes visited.

Most people stated they enjoyed their meals, and there were choices available. Sometimes the choices were from a menu and in other cases the meals were specifically purchased/cooked for an individual. Service users talked about having specific meals to meet dietary needs. Most meals were at set times, however it was mentioned by some service users that they could have breakfast when they wished. In small supported living schemes service users had more choice about when they had their meals.

One service told us they held regular meetings where service users decided on the menu for the next month, giving everyone an opportunity to be involved.

Support

Service users told us they were happy with the staff who supported them. Some said they were able to change key workers if they were dissatisfied. The service users valued having a consistent staff team, who they know and trust. It also meant that where communication was more challenging it helped as the support staff were familiar with individuals. During our short visits we observed some staff supporting individuals, they were friendly and treated the service users with dignity and respect.

Activities and Health

Activities varied greatly from home to home and between individuals. It was, in the main, personalised to meet the needs, abilities and interests of service users. Some service users still accessed day services although this had reduced over the last 12 months. For some individuals accessing day services was still greatly valued as it gave them the opportunity of meeting friends. There were a number of “befriending” services supporting individuals with, shopping, trips out etc. and the people accessing these services spoke highly of them. Some individuals due to age/health had decided to do less out in the community and were undertaking gentle activities such as sewing and jigsaws within their home. One service user talked about going to the hydro pool which she loved but she told us access to this facility had reduced and she was now only attending every few months.

One of the service providers has been quite innovative about accessing mainstream activities. They have negotiated with a local leisure provider to get discounted sessions and meals for their service users and they were also regularly accessing the local library that not only had books/audio books, but free Wi-Fi and coffee! Another service provider held a monthly meeting where service users could decide what activities they

wanted to do and the meals they would like to eat over the next month. This seemed a fair way of everyone having an opportunity to have input. Accessibility to outside space for recreation was also valued by service users, this included outside dining and the opportunity by some to undertake gardening.

It was also observed that some of the homes provided an outside area for service users who wished to smoke, although no reference was made to this in our consultation.

Access to medical appointments

Most of the service users confirmed they were supported to attend medical appointments. The support providers confirmed that all eligible service users in their schemes had received their annual health checks and they also commented on the good relationships with their local GP surgeries telling us that many surgeries will carry out health checks in the home rather than the surgery, if necessary.

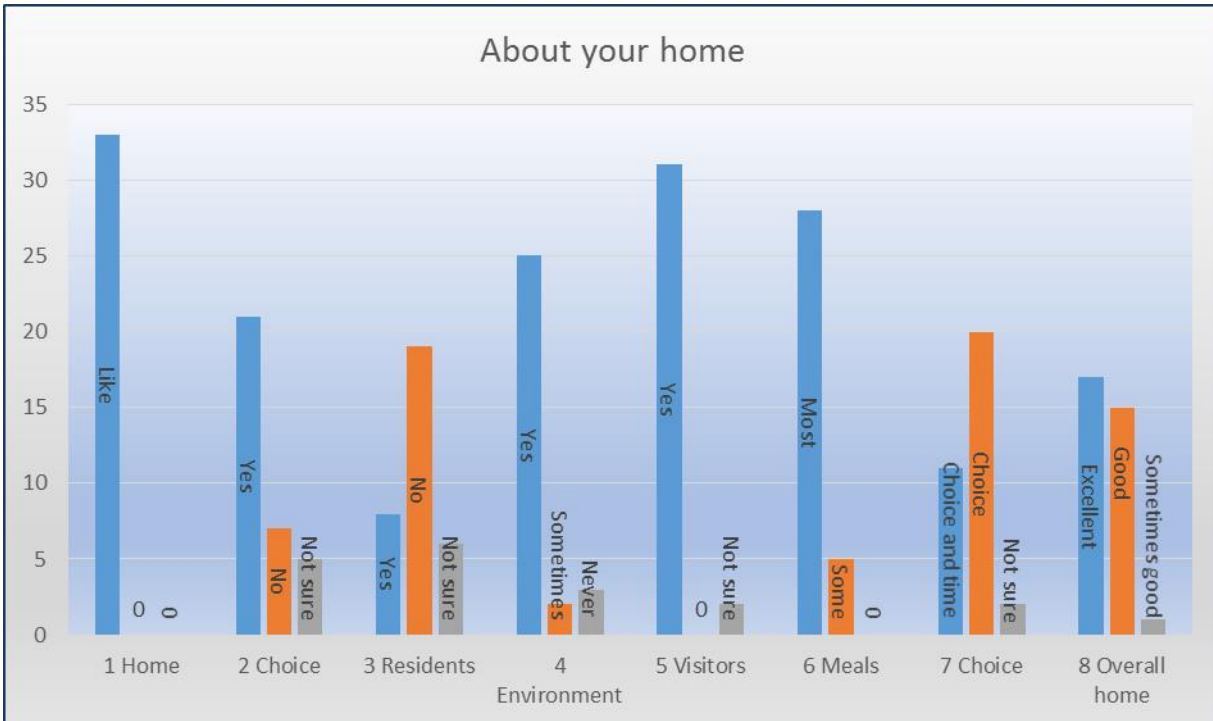
Everyone we spoke to attended dental appointments. There was a mixture of people using dentists in their locality or accessing specialist dental services in Peterlee and Stanley

Data analysis

The graphs below show the responses to the completed questionnaires,



- 1- Do service users feel safe in their home?
- 2- Do service users feel secure?
- 3- Overall how do service users perceive how they are supported to be safe and secure?



1- Do you like where you live?

2- Did you choose where you live?

3- Did you choose who you live with?

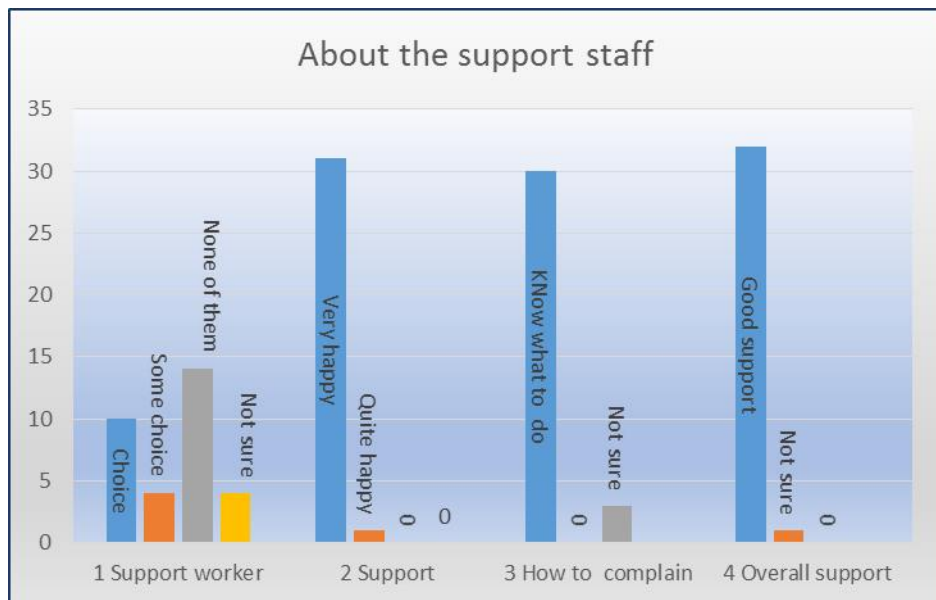
4 - Are you involved with choosing how you decorate your personal space?

5 -Can you have visitors when you want?

6 - Do you like your meals?

7 - Can you choose the when you eat and the time you have your meals?

8 - Overall how much do you live your home and meals?

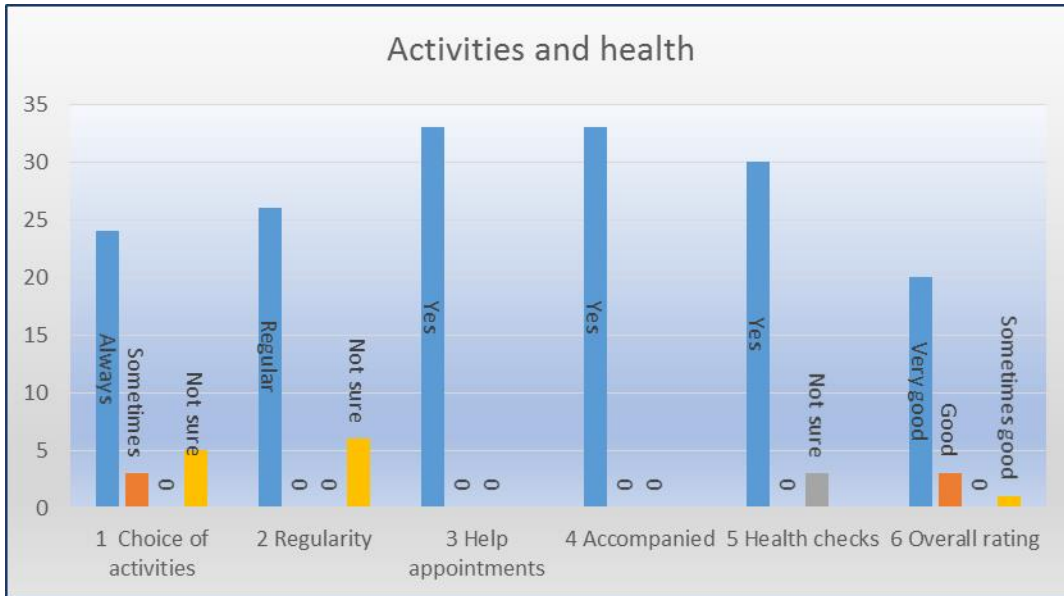


1 - Did you choose your support workers?

2 - Did you like the way you are supported?

3 - Would you know how to complain if you were unhappy?

4 - Overall how happy are you with the support you have?



1 - Can you choose activities?

2 - Are the activities regular?

3 - Do you get help making appointments?

4 - Does someone accompany you to appointments?

5 - Do you have an annual health check?

6 - Overall how happy are you with the activities and help to stay well?

Other issues raised.

There were also discussions about the following with service providers,

Transport

- Providers access a number of different transport options for service users attending medical appointments, some organisations have their own transport, some service users have pooled resources for a motability vehicle, some use public transport with bus passes wherever possible, and some access taxi services. Very few utilised patient transport unless it was an emergency due to the time and staffing restraints.

Health and Wellbeing

- Some providers stated there is a delay in the completion of Deprivation of Liberty (DOL's) assessments in County Durham. In some cases up to 12 months, which is causing them some concern
- All providers gave positive feedback about their relationship with the Local GP surgeries and practice managers. They felt this was key in receiving good health care for their service users
- Where service users access specialist dental services, the feedback about care and treatment the service users receive at these units in Stanley and Peterlee was also very positive, there was also praise for the Community Oral Health team who offer advice and training to support staff.

What we found

The service users we interviewed in County Durham appeared to be happy with the support they are receiving in the care homes we visited. They told us they like their environment, the staff, the catering and the support provided.

There was a wide variance in activities available for service users. Some were certainly accessing more activities than others. It might be useful for providers to share best practice on the activities they undertake. The use of mainstream services and leisure opportunities was a very positive experience for some service users and we also witnessed some providers negotiating with local leisure outlets for discount for their service users. Service users accessing day services seemed to value this and some stated it was an opportunity to meet up with friends. Accessibility to outside space was also valued by service users and wherever possible

providers should try to give opportunities for their service users to have access to an outside area for recreation.

Where service users were accessing “befriending” support they told us they really enjoyed the one to one support this provided.

We were told that most of the homes we visited enabled service users to personalise their own rooms and the rooms service users invited us to see were decorated to their individual taste.

No one interviewed identified any problems receiving visitors in their home.

Recommendations

We have listed the recommendations below based on what we were told and what we saw & heard during the consultation,

- Service users really valued the opportunity to be able to contribute and talk about the support they receive and we recommend that Durham County Council embed service user engagement to their review processes giving opportunities for all service users to be heard.
- Support providers should be encouraged by commissioners to share best practice in relation to service users accessing interesting and varied leisure and recreational activities which meet their needs, interests and aspirations.
- Support providers should be encouraged to utilise mainstream facilities and investigate whether there are befriending opportunities in their locality.
- Commissioners should link with care coordination teams to ensure the commissioned services are meeting the leisure and activity needs of individuals, as this contributes to their health and wellbeing.
- Commissioners should ensure leisure and activities are integral to their contract monitoring procedures.

Thank you.....

HWCD would like to thank the following people,

- The service users who took the time to share their thoughts with us
- The support providers who helped facilitate the meetings and provided us with additional information when required
- The advocate who took the time to help support the service users
- Durham County Council who gave us the opportunity to ensure service users were involved in their service reviews

Next steps

The report will be presented to Durham County Council Adult Social Care Commissioners for their ratification and then will be circulated to HWCD Board.

Any information gathered in relation to Health checks and Oral Health Care will be passed onto the relevant HWCD Engagement Officer to provide further evidence for the respective projects they are undertaking.

A summary of the main points will be shared on the next newsletter and in our Annual Report once it has been signed off by the Council.

Appendices

- 1 List of Care Homes Involved
- 2 Consultation Questionnaire
- 3 Poster for Family Consultation
- 4 Table of responses