healthwatch Salford

Evaluating Care Homes

SUMMARY Report of all Enter and View visits

June 2017 – March 2018 Programme

The 8 Care Home Quality Indicators*

A Good Care Home Will,

1. ***Have strong, visible management***
2. ***Have staff with the time and skills to do their jobs***
3. ***Have good knowledge of each individual resident and how their needs may be changing***
4. ***Offer a varied programme of activities***
5. ***Offer quality, choice and flexibility around food and mealtimes***
6. ***Ensure residents can regularly see health professionals such as GPs, dentists, opticians…***
7. ***Accommodate residents personal, cultural and lifestyle needs***
8. ***Be an open environment where feedback is actively sought and used***

**The 8 Care Home Quality Indicators were developed by Independent Age and Healthwatch Camden (2016)*

Contents

1.1 Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the borough of Salford.

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford has statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

The Health and Social Care Act allows local Healthwatch Authorised Representatives (Authorised Reps) 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 are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give Healthwatch Salford's trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and obtain the views of the people using those services.

Enter and View visits can take place if people tell Healthwatch Salford there is a problem with a service but, equally, they can occur when services have a good reputation – so Healthwatch Salford can learn about and share examples of what the service does well from the perspective of people who experience the service first hand.

Healthwatch Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Salford safeguarding policies.

Further information about Enter and View is available at:
https://healthwatchsalford.co.uk/what-we-do/enter-and-view/.
The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also avaliable to view at:
http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf.

1.2 Acknowledgements

Healthwatch Salford would like to thank all the Care, Residential and Nursing Homes and their staff who were a part of this Enter and View programme, with thanks also to residents and relatives for their responses and participation during the Enter and View visits.

1.3 Disclaimer

Please note that this report relates to findings and observations on specific dates and times, with visits lasting on average 3 hours. This report summaries cross-cutting themes from the programme of visits and puts forward further recommendations. It is not a representative portrayal of the experiences of all residents, family members and staff, only an account of what was observed and contributed during this programme of visits.

1.4 Executive Summary

Practice and standards varied and were often inconsistent across the different homes, but this was not surprising when factoring in staffing issues and turnover of managers, with at least 7 out of the 16 homes having different managers from the time Healthwatch Salford started this project back in June and had identified the registered managers to contact.

It became clear to Healthwatch Salford that effective, caring and responsive managers make all the difference, whether new or in post for many years, and often expect, manage and support care home staff to demonstrate these qualities too, with positive impacts on quality of care.

The Enter and View programme is a challenging, but ultimately constructive, process for home managers to undertake, especially so when there are difficult economic conditions and legislative changes (such as the Care Act 2014) to be accommodated as well. Most home managers eventually gave positive and constructive feedback about the Enter and View process.

Healthwatch Salford has a statutory duty to involve local people in influencing the organisations that affect them and this programme has met this duty through speaking to a total of 82 residents, 66 staff, 18 friends and family members and 16 managers.

Healthwatch Salford also inducted and trained 18 volunteers in the Enter and View process, some of which decided that the role was not something they wanted to do in practice but went onto volunteer in other roles. In total 11 volunteers wanted to get involved as Authorised Reps, 5 of which were able to commit to the dates and times of the visits.

2.1 Visit Details

Home Provider and Address:	Visit dates, times	Authorised Representatives
Thornton Lodge Care Home 67 Broom Lane, Salford, M7 4FF	24th August 2017, 9am-13pm	Kathryn Cheetham, John Geoghegan, Mark Lupton, David Backhouse
Swinton Hall Nursing Home 188 Worsley Road Swinton, Salford, Greater Manchester, M27 5SN	29th August 2017, 11am-12pm, 13pm-14pm	Delana Lawson, Faith Mann
Abbeydale Nursing Home 10-12 The Polygon, Wellington Road, Eccles, Salford, M30 0DS	28th September 2017, 15pm-18pm	Ruth Malkin, Mark Lupton, Kathryn Cheetham, Andy Green
Harmony House Residential Home 651-653 Liverpool Road, Peel Green Eccles, Salford, Greater Manchester, M30 7BY	5th October 2017, 13pm-15:30pm	Safia Griffin, Ruth Malkin, Mark Lupton
Pemberton Fold Care Home Pemberton St, Little Hulton, Salford, M38 9LR	11th October 2017, 10am-13:30pm	Ruth Malkin, Safia Griffin, Mark Lupton
Beenstock Home 19-21 Northumberland Street, Salford, M7 4RP	1st November 2017, 10am-13pm	Ruth Malkin, Faith Mann, Susan Fisher
Arden Court Care Centre 76 Half Edge Lane, Eccles, Salford, M30 9BA	5th December 2017, 10.30am-2.30pm	Mark Lupton, Safia Griffin, Andy Green
Kenyon Lodge Nursing Home 99 Manchester Road West, Little Hulton, Salford, M38 9DX	15th December 2017, 13pm-16pm	Ruth Malkin, Delana Lawson
The Fountains Nursing Home Victoria Park, Swinton Hall Road, Swinton, M27 4DZ	15th January 2018 13pm-16pm	Mark Lupton, Delana Lawson, Faith Mann
Alderwood Care Home Simpson Road, Boothstown, Worsley, Salford, M28 1LT	23rd January 2018 13:30pm-16:30pm	Ruth Malkin, Mark Lupton
Heartly Green Residential Home Cutnook Lane, Irlam, Salford, M44 6JX	30th January 2018 13pm-16pm	Ruth Malkin, Andy Green
The Hamlet Care Home 21 Cromwell Road, Eccles, M30 0QT	13th February 2018, 13:30pm-15:30pm	Safia Griffin, Ruth Malkin, Delana Lawson
The Broughtons Residential Home 2 Moss Street, Salford, M7 1NF	15th February 2018 13pm-16pm	Mark Lupton, Ruth Malkin
Ecclesholme Residential Home Vicars Street, Eccles, Salford, M30 0DG	20 February 2018 13:30pm-17pm	Ruth Malkin, Mark Lupton
Beech House Residential Home Radcliffe Park Crescent, Salford, M6 7WQ	15th March 2018 13pm-16pm	Mark Lupton, Safia Griffin
Worsley Lodge Residential Home 119 Worsley Road, Worsley, Salford, M28 2WG	20th March 2018 10am-13pm	Safia Griffin, Faith Mann

2.2 Purpose and Strategic Drivers

Purpose

- To engage with residents of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, hearing and smell
- Capture the experience of residents and relatives and any ideas they may have for change
- Ask questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden (2016)

Surveys and questions were based on these '8 care home quality indicators'.
A good care home should:

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Strategic Drivers

Update from CQC dataset 10 May 2017 stated that there were 39 Salford Based Care Homes CQC Inspected between December 2014 and May 2017.

Each of the 39 Care Homes were rated based on a 4-scale rating;

- Outstanding
- Good
- Requires Improvement
- Inadequate

The breakdown of Care Homes and their ratings:

21 – were rated Good
17 – were rated Requires Improvement
1 – was rated Inadequate
0 – were Outstanding

At the time of starting the Enter and View programme, Salford had more homes that required improvement across all the judgement criteria compared to the rest of Greater Manchester. Based on CQC Ratings and comments received locally Healthwatch Salford made Enter and View of local care homes a priority to contribute to the local strategic improvement plans for care homes in Salford.

3. Methodology

All 16 Enter and View visits were announced. Homes visited in this programme were first notified by letter in June 2017 of Healthwatch Salford's intention to use their statutory powers of Enter and View, with follow-up phone calls made a week later. Subsequent conversations were held before dates were booked in for the Enter and View visits from August 2017 to March 2018.

From November 2017 pre-visit face-to-face meetings were offered to each home manager to calm any concerns and give the managers an opportunity to meet someone from the team and ask more detailed questions.

For the purposes of observation, a checklist was designed and for the structured conversations 4 surveys were designed with questions around the 8 Care Home Quality Indicators*.

A Good Care Home Will:

1. **Have strong, visible management**
2. **Have staff with the time and skills to do their jobs**
3. **Have good knowledge of each individual resident and how their needs may be changing**
4. **Offer a varied programme of activities**
5. **Offer quality, choice and flexibility around food and mealtimes**
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians...**
7. **Accommodate residents personal, cultural and lifestyle needs**
8. **Be an open environment where feedback is actively sought and used**

**The 8 Care Home Quality Indicators were developed by Independent Age and Healthwatch Camden (2016)*

On first arriving for the visit, the lead Authorised Representative (Authorised Rep) approached a member of management before they spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised Reps conducted interviews with 66 staff members and 16 managers. Topics such as quality of care, safety, dignity, respecting and acknowledging the residents' and families' wishes and staff training were explored.

Summary Enter and View Report

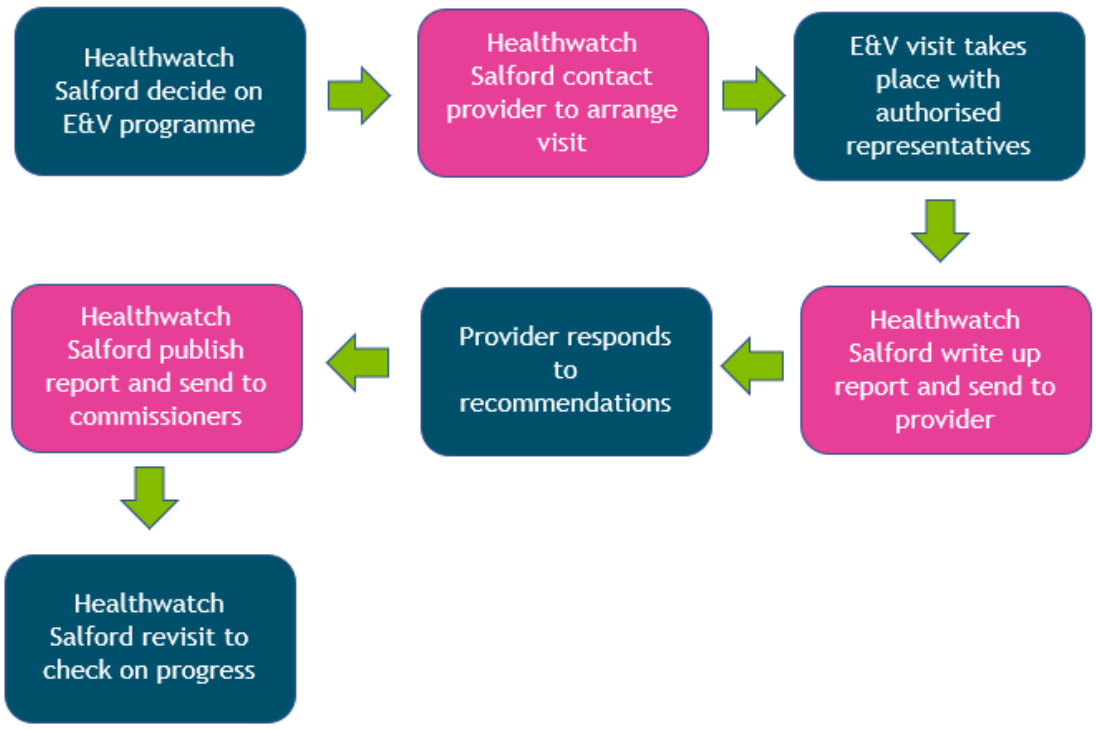
Authorised Reps approached and spoke to 82 residents to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. Where available, and able to, 18 family members were also spoken to.

A proportion of each of the visits were also observational, using the 3 primary senses of sight, hearing, smell, with Authorised Reps walking around the public/communal areas and observing the surroundings to gain an understanding of how the home worked and how the residents engaged with staff and the facilities. There was an observation checklist prepared for this purpose.

After each visit the responses were written into a draft report and sent to the care home for comment and for responses to Healthwatch Salford's recommendations. The final draft report was published on the Healthwatch Salford website, with copies sent to Healthwatch England, the CQC, Commissioners and the home along with an evaluation feedback form for them to comment on how the process was for them.

Follow-up meetings were requested with the homes to arrange 2/3 months after their visit report was published to meet and discuss progress on actions taken on the recommendations.

Overview of the Enter and View (E&V) Process – diagram (simplified)



4. Summary of Themes
Based on the 87 Recommendations

Across 16 visits there were 87 recommendations made, with corresponding responses from the home. The themes from these recommendations were:

- **Care plans**
- **Staffing levels**
- **Staff training and support**
- **Environment**
- **Information and accessibility**
- **Food**
- **Activities**
- **Procedure**
- **Maintenance**

All the recommendations were added to a word-cloud, with the most common words being bigger and the less common smaller.

Along with these themes several sub-themes also emerged, as detailed in the theme table below.

Main them	**Care Plans - 4 recommendations**
Sub-themes	Pre-admission process Agency staff handover
Main theme	**Staffing Levels - 5 recommendations**
Sub-themes	Under staffed Staffed adequately but resident care needs increasing Staff too busy to stop and chat Staff roles i.e. lack of an Activities Coordinator
Main theme	**Staff Training and Support - 11 recommendations**
Sub-themes	Dignity in Care Opportunities for professional development Following procedures and standards Induction process and ongoing support for new staff Handover Senior carer support and team working
Main theme	**Environment - 18 recommendations**
Sub-themes	Quiet area Standards Décor Bathing equipment (accessibility) Odour Access into the home Temperature Communal spaces and layout Location of call bells (communal areas) Access to the internet and WIFI
Main theme	**Information and Accessibility - 20 recommendations**
Sub-themes	Accessible Information Standard – not provided / unaware Visible and accessible complaints policy Information about accessing external health services Who's who – staff photos noticeboard You said, we did – information Lack of Easy Read / images used in the home Need for resident and relatives' meetings Linking into advocacy services
Main theme	**Food - 7 recommendations**
Sub-themes	Offering more choice Monitoring standards

	Involving residents in food preparation Responding to requests and consulting with residents Nutritional balance and appetite Healthy snacks
Main theme	**Activities - 14 recommendations**
Sub-themes	Increase number of activities Variety and choice – ask residents and relatives 1-2-1 support to get involved Cooking and food preparation Trips out of the home Involving volunteers Disability appropriate community support /activities Dedicated Activities Coordinator Able to access outdoor spaces Link into community-based activities / provide information Provide books / communal bookcase
Main theme	**Procedure - 4 recommendations**
Sub-themes	Dignity and respect (in practice) Full induction and regular supervisions Allowing for flexibility and choice for residents Clear practice to respond to call bells
Main theme	**Maintenance 4 recommendations**
Sub-themes	Delayed response / delay in essential repairs Schedule maintenance Maintaining facilities

Even small changes can have a massive impact

5. Key Points and Further Recommendations

Staffing levels and care

The majority of the residents valued the time and opportunity to have conversations with staff, viewing them as friends or even family. When staff were seen as too busy residents were also less likely to get responsive care, and some residents commented that they didn't like to bother staff when they seemed busy.

Homes used a range of standards to review staffing levels, CQC, Dependency Model, and this is a good starting point but it would appear that, due to the changing needs of residents and lack of close family or regular visitors, residents were in some cases unnecessarily isolated, lonely or inactive.

Some homes also experienced higher than average turnover of staff and subsequent reliance on agency staff, losing vital skills and experience and familiar faces for the residents being cared for.

Most staff that were spoken to did enjoy their role, saw care as a vocation and understood that care was more than just taking care of someone's medical and physical needs but staff were often struggling to provide personalised care with issues around lack of time, training and support and staffing changes, which in combination often negatively impacted on both quality of care and quality of life for residents.

When staff were given appropriate and regular training and support, were part of a supportive team and felt valued by the manager they were often in a better position to provide responsive quality care and were more likely to feel that they were really making a difference in their role.

Further recommendations:

- Label staff badges to invite conversation:
  - *"Beryl, I like to read thrillers"*
  - *"Daniel, I do ballroom dancing"*

- Posters letting residents know it is okay to stop a busy looking staff member:
  - *"We may look busy but we're never too busy to talk"*

- Create a sense of community within the home through reviewing staffing levels to provide staff with enough time to care for resident's social needs and actively encourage different types of visitor and people from the local community to come into the home

- Demonstrate to staff that they are valued and ensure appropriate systems are in place for regular training and support, opportunities for development and for staff to provide feedback

Care is also about sitting next to someone and talking to them

Staff comment

Management

Managers' commitment, experience and attitudes to staff, residents and family, varied. Those more visible within the home, who actively sought feedback and involvement were considered to be more effective and approachable. It appeared that managers who listen, lead by example, and respond to what is going on in their home gain the commitment and willingness of their staff, who in turn provide more effective and responsive care to residents.

Where managers were less visible in the home and less hands on, didn't seek or listen to feedback, or their attitude was more oppositional, this often influenced staff behaviour and how welcome and involved visitors, residents and relatives felt within the home.

Further recommendations:

- Provide a leadership programme for home managers and opportunities for professional development and support – attracting a workforce that choses the profession as a vocation
- Utilise / develop a common toolkit for stakeholder feedback and involvement
- All staff (including managers) should undertake regular dignity in care training / sessions. Managers should lead by example and provide ongoing support for staff to set expectations and ensure dignity in care is carried out in practice

> The manager stands up for you, makes you feel valued. We've got consistency now. Staff are great here, we just needed direction.

Staff member talking about their new manager

Décor and environmental

Creating a home or homeliness was down to more than just refreshing the décor and replacing worn furniture. In some homes, considerable thought had been put into the environment and feedback was sought from relatives, residents and staff. Great pride and ownership was taken in both the look and feel of the home and decorating was treated as a continuous process of planning, testing and implementing ideas, often with assistance of volunteers from the community. This was reflected in positive comments from residents, staff and relatives about a stronger sense of home.

Many homes had a dedicated outdoor space, and residents enjoyed spending time outdoors in the summer. Some homes had shelters in the outdoor space, and residents were able to enjoy looking out onto well-tended and designed gardens. This resulted in more expressions of wellbeing and comfort.

Some great examples of making the most of communal spaces using colour, lightning, photos and pictures and the best of retro building design include:

- Butterflies on hallway doors to notify staff and residents that a resident on that corridor was near the end of their life and to be mindful of this

- A dementia friendly garden, complete with post-box, bus stop, sweet shop front, benches, raised beds and bicycle
- Black and white photos along the corridors
- Murals and painted walls, designed with residents and relatives, provided by local artists
- Quiet rooms and areas, with TVs only on by request and to socially watch films
- Music on low in the background in dining and lounge areas
- Light lamps in bedrooms and soft lighting in lounge areas
- Images/ pictorial signage used throughout the home
- An outdoor memorial area to a resident who had died, whose spouse continued to live in the home
- Building 'bus stop' in the garden/yard, with real local bus signs, and seats
- Creating a quiet seating area in corridors where people could stop, rest and chat

Some homes that were part of the same overarching 'care group' shared ideas and procedures, utilising many of the above examples. When standards were both maintained and exceeded, this had clearly had a positive effect and impact on staff, residents and the home itself.

Some home Reception areas were cluttered and unwelcoming, lacking signage and accessibility, creating a poor first impression for visitors. Reception staff in these homes often seemed disinterested in visitors and uninformed about the pre-arranged, announced Enter and View visit.

More concerning was a certain laxness around security precautions, not asking for ID, and before even verifying the Authorised Reps and why they were there, leaving them alone in Reception areas or rooms where they could easily gain access to other areas of the home used by residents.

This contrasted with other home, which were more accessible and clean, with clear signage to reception and visitors greeted warmly, the manager waiting as arranged. Managers were also more open to questions, proud to show off the home and enthusiastic about their plans for improvements, as they gave a tour of the home.

Further recommendations:

- Homes would do well to critically assess what impression they are really making with current standards and how the look, cleanliness/smell, layout and accessibility of their Receptions areas adds or detracts from a good impression

- Provide some guidance and customer service training to Reception staff. This is both important to raising standards and ensuring appropriate responses to and vetting of visitors is undertaken

- Explore practicability of home managers visiting other homes to share and see ideas of how to make the most of spaces and creative ways to use colour, images, lighting and design features throughout a home

- Managers or their deputy should do twice daily walk rounds with an audit checklist to ensure standards are maintained in terms of hygiene/smell and potential health and safety risks to resolve problems quickly. It is important to be proactive in these areas.

There were some nice touches, such as the use of natural light lamps in the bedrooms.

The home appeared clean and tidy, with private rooms decorated and furnished to the taste of residents.

Observations made during Enter and View visits

Information and Accessibility

More than half the homes visited did not make more use of images / pictorial signage in a consistent way, which was surprising considering the high instance of dementia and some sensory and learning disabilities of residents.

Many homes did not use and were not aware of the Accessible Information Standard (2015) but there were a few good examples of other standards and communication tools being used, with some homes providing additional training to staff. However, there was sometimes an assumption that once staff were trained this satisfied communication needs and little support was provided for residents to communicate independently with each other and navigate the home themselves.

There were good examples of homes displaying a 'who's who' photo board of all staff and resident photos on bedroom doors, but this was not consistent within all the homes.

Homes often carried out resident / relative surveys to provide opportunities for feedback, but many struggled to organise any or regular resident and relative's meetings. Sometimes this was due to the type of home and staffing issues, other times this was in part due to lack of attendance at these meetings. This is not surprising when considering the lack of responsiveness and two-way communication in many homes, people are less likely to engage when the process is perceived as meaningless and a waste of their time.
There are many ways to engage and involve residents and relatives, homes should not just rely on meetings or surveys, which can be perceived as a tick-box exercise, especially if nothing more is heard back from these and little is acted on.

Managers who genuinely wanted to know what people thought, experienced and were saying about the home often took the lead on this and took great pride in developing different involvement and feedback opportunities. Understanding that often the best solutions and ideas come from people using the services (residents) and those directly providing them (staff).

Further recommendations:

- Home managers should read and seek guidance around the Accessible Information Standard and review how more accessible information can be used within the home
- Provide training to staff, and where practicable, provide toolkits and communication aids for staff, residents and family members to use

- Display a photo board of all staff somewhere visual and accessible to both visitors and residents. If residents keep taking photos down, put them behind glass
- Ensure the complaints, comments and compliments policies / forms are visible and provided in an accessible format
- Provide more than just one or two opportunities for two-way feedback and actively involve different stakeholders in what's going in the home. Always aim to respond in good time whenever feedback is given to demonstrate that it is valued and acted on i.e. 'you said, we did' notice boards

'They listen to whatever I have to say...' *going on to express confidence in being able to make a complaint*

A relative's comment

Food and mealtimes

Having enough choice of food and flexibility around meal times was a recurrent theme, with some restrictions on diet due to medical reasons making this harder for homes to accommodate for some residents more than others. There were good examples of menus being put together with consideration of nutritional content or by nutritionists, and residents being actively asked regularly about their likes and dislikes.

Relatives present at mealtimes were made to feel welcome and involved in many homes and some helped staff with serving and talking to different residents.

There were good examples of in-house catering and activities organised around food preparation involving residents, for example with daily baking activities, which overwhelmingly received positive feedback. A poor example was residents only being offered biscuits as a snack if they were hungry between meals.

Further recommendations:

- Make the most of in-house catering and dining areas, involve residents and relatives in food preparation i.e. baking, place setting and menu choice
- Make mealtimes more sociable, ask staff to serve, welcome visitors, put on background music and keep encouraging residents to leave their rooms to eat
- Review menus and snack options against suitably qualified nutritional guidelines, ensuring that residents retain a say and choice in the food available to them

Cream, fresh fruit and a big slab of cake

Foods one resident particularly enjoyed

Activities

Some of the homes were actively involved in the community and in bringing the community into the home and this was reflected in the number and variety of activities available and what residents told as about how much they felt able to and were interested in participating. Homes that involved the community in the home were highly successful at inviting entertainers and professionals to boost and widen the programme of activities offered.

As expected tastes varied from resident to resident, with some preferring to do their own things, read a book or go out, rarely taking part in home organised activities, where others clearly looked forward to activities and took part as much as they could.

Homes that had a dedicated Activities Coordinator had the most positive responses from residents and relatives in terms of activities and things to do in the home, with some homes investing further and involving several staff or volunteers in activities and brining in professionals such as beauticians, singers and entertainers as part of a varied programme of daily/weekly activities.

In some homes, organising activities was an additional role for carers, who subsequently did not always have enough time for planning, organising and involving residents in activities. This was often stressful for the carer, trying to balance to competing roles, and meant that sometimes planned activities were delayed or cancelled, leading to disappointment for residents, with no alternatives available.
A few homes had their own minibus and organised regular trips out while others rarely did so and relied on day centres and other community-based organisations to provide activities for residents.

Some limitations to taking part for residents was lack of one to one support or activities that could accommodate residents' abilities and declining health and mobility. Some residents expressed sadness that they were unable to take part or seemed unaware of activities going on in the home. Sometimes this was due to the residents' increasing physical restrictions.

The more responsive homes proactively ran one to one activities in residents' own rooms, which meant that even residents who were required to stay in bed had access to stimulating activities.

Whatever their responses, residents all considered activities to be an important part of home life, appreciating a dedicated coordinator and one to one support, where this was provided.

Further recommendations:

- Every home should aspire to have a dedicated activities coordinator role, offering a varied and flexible programme of activities. Activity and social interaction is such an important element to retaining wellbeing and mental agility, contributing to a good quality of life
- Invite and involve other activity professionals and entertainers to organise activities within the home, bringing the community to the home, which encourages residents to get involved in activities and interests that they used to do before they came to the home
- Think about alternatives and cover for absences, both planned and unplanned. Homes who were proactive about this and more connected to their local community also found when Activity Coordinators went on planned leave or unplanned long-term sick leave that they were still able to provide some level of activity and interests, reducing in part the impact of the temporary loss of this crucial role

- Make contact with and seek support from Salford's Volunteer Centre (Salford CVS) to recruit and involve volunteers in the home to bring in additional skills, interests and social contact, as well as to support the Activities Coordinator role and socialise with residents in a one to one capacity

She's a very special member of staff

She doesn't leave anyone out

She is very skilled at coaxing people to get involved.

Relatives talking about how much they appreciate the Activities Coordinator

6. Provider Responses

Provider responses to the Enter and View report and visit recommendations varied, with some responding almost line by line to some of the written and anonymised survey feedback while others asked for a few minor factual alterations and responded directly to the recommendations under the heading 'provider responses'.

Each home was sent a copy of the final report along with an evaluation form. Follow-up meetings with each of the homes will include an element of evaluation and this will capture some of their comments and thoughts about the process and how helpful they found it.

Some managers stated they felt the process was constructive, while others were less positive. All the managers of the homes that were Entered and Viewed eventually took the opportunity to respond in their own words to the report and recommendations, demonstrating that they were open to direct feedback received throughout the process from their staff and residents living in the home and their visiting friends and family members.

Considering this is a critical and challenging process some resistance was to be expected and it is positive that Healthwatch Salford were still able to undertake all Enter and View visits within the original timeframe of August 2017 to March 2018.

7. Challenges and Lessons Learned

Healthwatch Salford found that there were some challenges to implementing this programme and some things they would do differently, as lessons learned.

Challenges

Response from home managers

The main challenge was how difficult it was to get a response from many of the home managers. After sending them a letter notifying them of Healthwatch Salford's intention to enter and view they made sure to call to speak to the home manager a week later, understanding the importance of making contact and developing a cooperative relationship. It was unfortunate but not entirely unsurprising that so many managers were unavailable or unwilling to respond to their calls and messages.

There were several reasons for this, which can be divided into, 1) home managers not fully understanding or having an oppositional view of Healthwatch Salford's intentions, 2) challenges within the home itself.

Misunderstanding or oppositional:

- Who are you? Home managers not reading the letter sent to them or mislaying it and dismissing it after reading it

- Being evasive:
  -we have a new manager starting
  -we are decorating
  -we have just had a CQC visit
  - it will disturb residents, staff are very busy… etc.

Healthwatch Salford purposely arranged and mutually agreed dates in advance to accommodate things going on in the home and reassurances about this was strongly emphasised with home managers from the start. After some weeks many dates were booked in, with only a few persistently avoiding setting a date.

Challenges within the home:

- Staffing issues and managers covering shifts and working out of office hours because of this
- Communication issues, messages not being passed on or being lost, answerphone machines being almost constantly on or phones not even being picked up by Reception staff
- Managers not fully reading the letter sent to them or not using the contact details and website links Healthwatch Salford gave to them to look them up for home's to better understand who they were and verify their statutory powers of Enter and View

One home in particular avoided contact and messages for over 15 weeks and then emailed Healthwatch Salford requesting that they send them the information they had already provided to the home manager several times in letter form, over the phone and via email because they were going to, from then on, correspond with Healthwatch Salford through their solicitor. After three

more months, without the need for solicitors, an Enter and View visit was confirmed and undertaken.

Some of these challenges could not be overcome but were reduced by persistence in calling, emailing and also through introducing pre-visit meetings to reiterate what Healthwatch Salford had already told them, calm any fears and uncertainty around the process and give home managers a chance to meet someone from the Authorised Reps team.

Communicating with residents

There were also some anticipated challenges around communicating with residents, with a high instance of dementia, sensory disability and some learning disabilities within the homes visited.

Healthwatch Salford introduced several solutions for these challenges:

- Learning disabilities (accessible information needs)

Used Talking Mats and created an Easy Read version of the residents' survey

- High instance of dementia

Arranged Empowered Conversations and Dementia friends training for Authorised Reps.

- Sensory disabilities

Modified and simplified communication style (and talked to friends and family)

Getting passed Reception

All visits were announced with specific dates and times arranged with the home manager, so it was interesting how many times Authorised Reps turned up on the day and time agreed to find:

- The manager was no longer in post and had not spoken to their staff about the visit or the new manager
- The manager was busy, or was out of the home and their deputy took charge of the visit
- The staff were not aware of the visit and it took 10-20 minutes to locate the manager

It was symptomatic of internal communication issues and disorganisation and on some occasions it was unfortunate that so many times for Enter and View visits residents, family members and staff were not informed of the visit and purpose, even though home managers were provided with flyers/posters to display around the home before the visit and were asked to speak to their staff and provide them with a copy of the Enter and View letter.

Even with this only one visit was ever called off, to be rearranged, once Healthwatch Salford had turned up at the home. The other times staff, residents and any relatives present were often more than willing to speak to Healthwatch Salford.

Lessons learned

- Teams of 2-4 people for each visit worked well and with an even number Healthwatch Salford were able to team up with one person taking notes and the other holding the conversation

- Healthwatch Salford over estimated how long the visits were going to take with initial timings of 3-4 hours but visits were often shorter than this due to running over lunchtimes typically starting from 12pm. In future visits would be booked with more of an even spread of early, afternoon and evening timings to observe different activities and shifts within the home

- Healthwatch Salford would undertake pre-visit meetings from the start. In the age of information overload the capacity for people to take in and retain information via email and written down seems to be reduced, with relationships formed and cooperation gained much more quickly once a face-to-face meeting had taken place

- Recruit and train more local people in becoming an Authorised Rep for Enter and Views. All involved felt they had made a real difference from being part of this programme and want to do further work with Healthwatch Salford and similar work, if undertaken in the future

8. Next Steps

- Continue dialogue with commissioners about how the visit findings can influence and support the city-wide drive for improvements in homes
- Arrange follow-up meetings with managers from each of the 16 homes to discuss progress on recommendations / actions
- Circulate further information and useful resources to all the homes that took part in this programme
- Explore feasibility of undertaking an Enter and View programme into Extra Care Housing

Appendices

a) Further information and useful resources:

Recruiting volunteers for support in care homes

- Volunteer Wellbeing Champions (Care Homes)

Salford CVS, Michael Carroll, 0161 787 7795 (ext 211), Michael.Carroll@salfordcvs.co.uk
https://www.salfordcvs.co.uk/wellbeing-champions-community

Involving the community in running activities

- Creativity in Care

START, Michelle.Dennett@startinspiringminds.org.uk, 0161 351 6000
https://www.startinspiringminds.org.uk/our-projects/start-over-fifty/

Music therapy

- Singing with Dementia

Singing with dementia, 0161 788 9053
http://www.singingwithdementia.co.uk/

Dementia communication training

- Empowered Conversations

Six Degrees Social Enterprise, Emma Smith, 0161 212 4981 or email emma@empowered-conversations.co.uk
www.empowered-conversations.co.uk

Engagement and involvement toolkit

- Engagement toolkit for Care Homes

Salford NHS CCG, 0161 212 4953 or email caroline.allport@nhs.net

Engagement Toolkit - 2018.doc

Letter to Care homes -Jan 2018.do

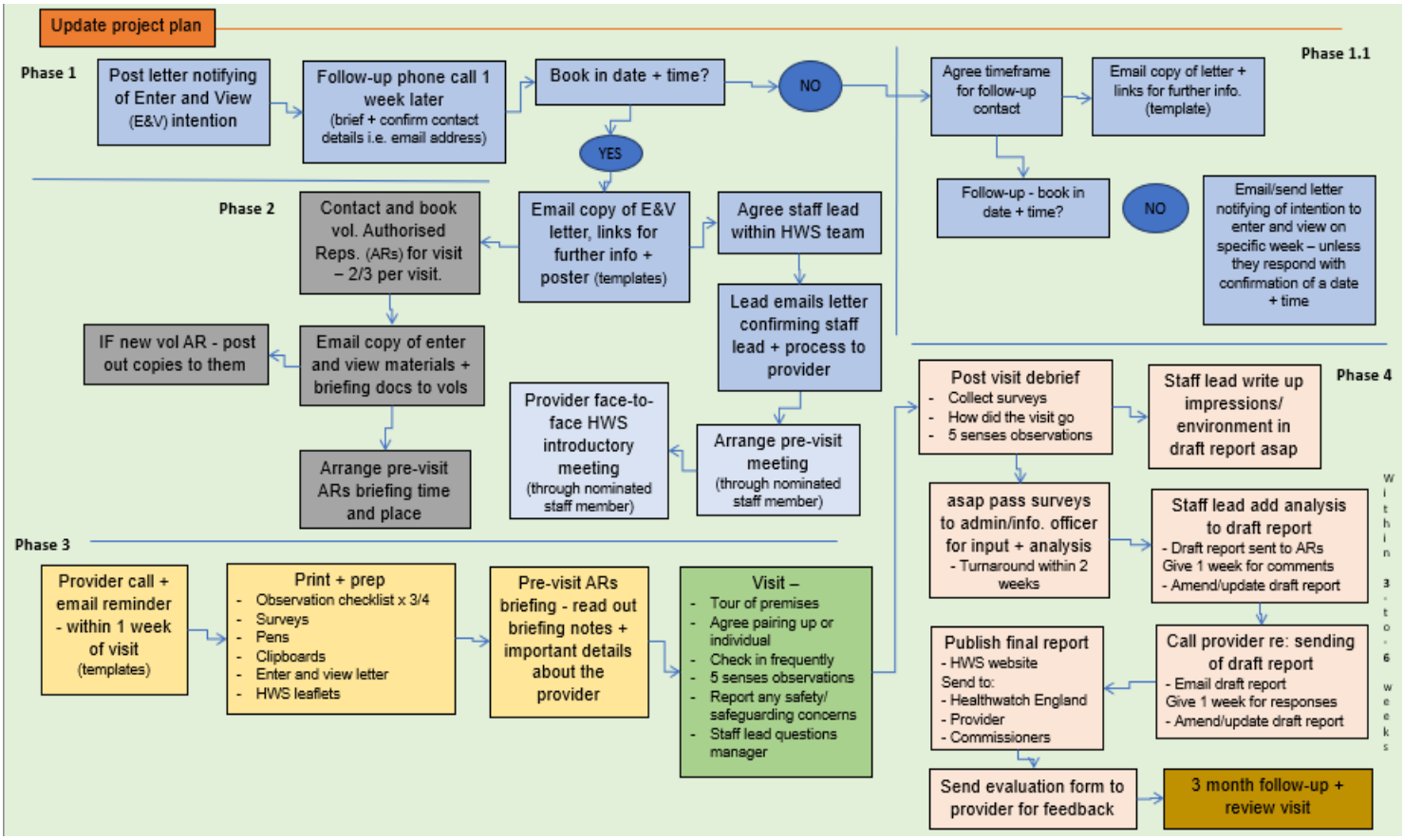
Also download from Healthwatch Salford's website

Healthwatch Salford

- Further information about the project, link to useful resources and Enter and View reports

Contac the project manager, Safia Griffin, 0161 960 0318, safia@healthwatchsalford.co.uk
https://healthwatchsalford.co.uk/what-we-do/current-projects/evaluating-care-homes/

b) Overview of the Enter and View (E&V) Process – diagram (in full)



Healthwatch Salford
The Old Town Hall
5 Irwell Place
Eccles
M30 0FN
T: 0330 355 0300
W: www.healthwatchsalford.co.uk