



**Healthwatch Sutton
Care Homes Project Launch
Report
October 2018**

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Background

Healthwatch Sutton uses a survey called ‘What matters to you?’ to capture local people’s views and experience of health and social care. As part of this survey, we ask people to identify their priority area in relation to health and social care (e.g. GP services). We use this information to develop the priorities for our work programme. The quality of care homes in Sutton has consistently been a theme emerging high in local people’s priorities.

Pre-planning

In order to ensure that a practical and deliverable model was used for this project, we studied existing methodologies that have been used by local Healthwatch organisations and others that have been used to evaluate the quality of care from a residents and their family’s perspective. A large number of other Healthwatch organisations have carried out investigations using a wide variety of tools and methods. We were keen to have direct contact with people living in care homes to capture their views and our volunteers were willing to undertake this work using the ‘enter and view’ powers that are outlined in the legislation for local Healthwatch.

Healthwatch Camden had worked closely with ‘Independent Age’ (a charity that provides advice and support to older people) to develop a series of 8 ‘Quality Indicators’ that can be used as framework to look at the services provided by care homes. These are:

1. Have strong, visible management
2. Have staff with 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 GP, dentists, opticians or chiropodists
7. Accommodate residents’ personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

You can find the list with a more detailed description for each indicator in Appendix C.

They produced a report showing the findings of a pilot that visited 8 care homes. This report led to further development of the ‘Quality Indicators’ (reducing the number from 10 to 8 (shown above)) and learning from the visits that Healthwatch Camden had undertaken. Healthwatch Sunderland further developed this tool and used a series of questions that could be directed at the following people to assess the service they provide:

- The care home manager
- Residents
- The residents friends and family
- The care home staff

The reports produced by Healthwatch Sunderland have a clear one page summary that rates the 8 'Quality Indicators' on a RAG (red, amber, green) scale. Followed by a more in-depth report that gives evidence from the surveys and observations to clarify the evidence for the Indicator rating.

We proposed using this established system as a starting point for developing our system.

Care Homes Project Event

We held an event to gather the views of local people, our members and professionals about care homes. We invited anyone who had an interest in care homes in Sutton. This included our members and people who worked in the local voluntary and community sector. We specifically targeted leads for care homes from Sutton Council and Sutton Clinical Commissioning Group.



We promoted the event to Sutton care home managers and staff, directly mailed posters to pharmacies, GP surgeries, libraries and a variety of other organisations in communities in Sutton.

Approximately 40 people attended the event.

To help people understand the local picture, two presentations were given at the beginning of the event. The first presentation was delivered by Steve Hardistry (Commissioning Manager - Social Care Category Manager). The second presentation was delivered by Helen Wells (CQC Inspection Manager for Adult Social Care (Sutton and Croydon)).

You can find their presentations on our website at:

www.healthwatchsutton.org.uk/care-homes-project

Following the presentations, we carried out two exercises with participants to find out their views about care homes and to identify how we might approach visiting care homes. These were:

EXERCISE 1 - 'What does good care home care look like?'

EXERCISE 2 - 'What should Healthwatch look for and ask when visiting care homes?'

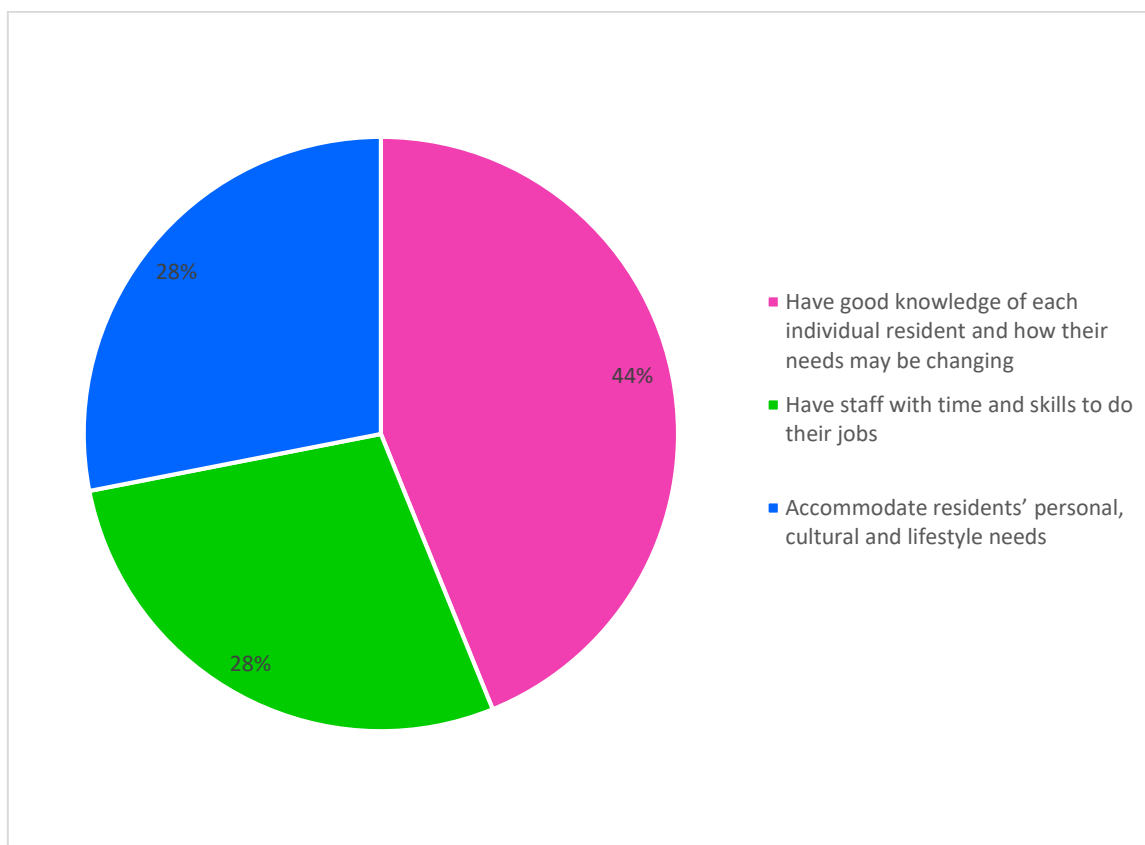
Participants worked in groups of 5-8 people. Participants with a specific interest in care homes that support people with learning disabilities worked on one table to ensure that their views can be used when we look to visit homes that deliver these services.

Exercise 1

In total we received 84 statements for Exercise 1 asking 'What does good care home care look like?'. The full table of responses can be found in Appendix A. We have taken each statement and themed them in to one or more of the Quality Indicators to find out which areas were felt to be of the highest importance to people. We added to other categories; 'All' for statements that covered all aspects of good care and 'Missing' for statement that did not fall in to any categories. The table on the next page shows the comments by theme.

QUALITY INDICATOR	Comments	Percentage
1. Have strong, visible management	3	3%
2. Have staff with time and skills to do their jobs	15	16%
3. Have good knowledge of each individual resident and how their needs may be changing	23	25%
4. Offer a varied programme of activities	7	8%
5. Offer quality, choice and flexibility around food and mealtimes	4	4%
6. Ensure residents can regularly see health professionals such as GP, dentists, opticians or chiropodists	3	3%
7. Accommodate residents' personal, cultural and lifestyle needs	15	16%
8. Be an open environment where feedback is actively sought and used	6	6%
All of the above	4	4%
Missing	13	14%
Total	93	100%

The most common themes in order were:



As you can see, this was closely followed by missing. The following comments were listed as ‘Missing’ from the Quality Indicators.

Clean/no smell
Safe (Signing in - other appropriate security)
First Impressions (Welcome, Smiles. Secure, CQC rating or prominent display)
External environment (Staff appearance, residents appearance, clutter, notice boards (up to date), staff photo board at entrance)
Connecting with the community
Outside space to accommodate residents needs
Name badges for staff
Board on the wall with photos to identify staff
Who are the nurses - (They should be identifiable)
Medication kept under lock and key
Clear safeguarding policy
Relatives encouraged to take residents out more
Quiet room

The vast majority of these comments can be addressed by designing an observation template. A separate additional role could be developed as an ‘Observer’ for care home visits or alternatively, each of our authorised ‘enter and view’ volunteers could add observations. A combination of both models could also be employed.

Exercise 2

In total we received 69 statements for Exercise 2 that asked ‘What should Healthwatch look for and ask when visiting care homes?’. The full table can be found in Appendix B. For this question, we took a different approach. We categorised each statement under one of the following headings:

- Observation - Add to our observation tool
- Evidence Checklist - Add to an evidence checklist (policies and other documents)
- Check Surveys - Check that there is a question relating to this in a survey(s)
- Other Considerations - Things we should think about when planning this project

These are examples of each category

Observation

Observe staff interaction
Control of TV?
Freedom to move around and access to privacy
Observation outside the building - Is it welcoming, security
Menu is it displayed and do residents know how to order - choice
Are there residents out and about? Easy access to outside?
What information is displayed on notice board/folder available/online?
Homely, warm, comfortable

No smell of urine
Residents rooms - should have respect to privacy

Evidence Checklist

To see the welcome pack (Are we seeing all residents (no one hidden))
Activities programme - exercise (Activities that staff support e.g.. Hairdressing, going to church, shopping locally)
Menus
What arrangements for residents to access a GP (+ informing family and involving them)
End of life care
What is the medical policy for hydration (Look for jugs of water in residents rooms)
Record of falls and Falls Risk Assessment?

Check Surveys

Activities
Residents rooms - should have respect to privacy
Attentive to personal care - if resident needs changing this happens quickly and responsive.
Flexibility around meal times. What do they have to eat
Recognising individual's needs (Glasses, hearing aid)
Overall how are families involved
How do they support people with no family (Access to advocate)
Use of agency staff
Involvement of Pharmacist
Do residents know who the manager is and vice versa e.g.: name
How is technology used to enhance care and communication with family members
Talk to junior staff and residents about their experience
Do residents see the GP
It is ok to have a concern and that it is received openly
Resident and family forums
Involved in local community

Other Considerations

LBS will provide pre inspection briefing
Look at CQC report (What are the ratings like on Carehome.co.uk)
Go to a residents meeting-family/relatives
Notice not to visit if not feeling well?
When carrying out survey visit in 2's
What do we need to do before you go in to look

Next Steps

We will be using all of the feedback that we have received to further develop the tools and the methodology to deliver this project. Following the publications of this report, we will:

1. Assess the quality Indicators to ensure that the priority areas that we have identified from Exercise 1 are incorporated thoroughly in to the tools that we use when we visit care homes.
2. Exercise 1 clearly identified that surveys are a good tool to capture the views of a variety of people (residents, their friends and family, managers and other staff), however this needs to be accompanied by a detailed observation tool to be used alongside the surveys. This observation tool is to be developed using the feedback received
3. Exercise 2 provided complimentary feedback that can added to that collected in Exercise one to more fully develop the observation tool. Feedback from both sources to be used to create the tool.
4. Exercise 2 provided a list of areas that can be added to an 'Evidence Checklist' that can be used to collect evidence of policies and activities etc.
5. Exercise 2 provided a checklist for the surveys to ensure that we are covering all the priority areas identified by participants. We will check the existing survey questions to ensure these areas are covered.
6. Exercise 2 gave us some practical advice about how we should go about visiting care homes in general. This will be incorporated in to the 'Project Briefing' for the volunteers taking part in this work.

Thank You

We, Healthwatch Sutton staff and Trustees, would like to say a big thank you to everyone who took part in this event, including (but not limited to); our Healthwatch Sutton members, other members of the public, care home staff and managers, local commissioners of care home services. We would like to extend a special thank you to Steve Hardistry and Helen Wells for taking the time to deliver presentations at the event.

If you have any questions about this report, our Care Homes Project or the activities of Healthwatch Sutton, please feel free to contact Pete Flavell at pete@communityactionsutton.org.uk or 020 8641 9540.



Appendix A

Question 1: What does good care home care look like?	1	2	3	4	5	6	7	8	All	Missing
A										
HWS - base it on observation and conversations (Check requirements ratio of staff to residents)		1								
What is important to residents and carers - good care									1	
Qualified staff and appropriate use of volunteers (Supervised)	1	1								
Correct/Appropriate ratio of staff to residents day and night		1								
Evidence that residents are treated with dignity			1				1			
Quality of food/care/resident-staff interaction (Food choice)									1	
Recognising language needs and cultural needs (Good english from staff)		1								
Clean/no smell										1
Activities - physical exercise, stimulating activities, social activities (Appropriate to needs of dementia - activities that link in with the community)				1						
Safe (Signing in - other appropriate security)										1
Involving residents on a day to day activity basis where appropriate to maintain independence			1	1						
B										
First Impressions (Welcome, Smiles. Secure, CQC rating or prominent display)										1
External environment (Staff appearance, residents appearance, clutter, notice boards (up to date), staff photo board at entrance)										1
Could/should (Good practice and good CQC)									1	
Visible complaints/safeguarding/guardian speak up/ independent								1		
Staff happy		1	1							
Anonymous (Questionnaire must be clear it's anonymous)										
View from a non interviewers guide										
Kite mark/quality mark (Overseen by LBS)										
Carehome UK (Care re-manipulation)										
C										

Dignity. Personal touch. Is there pictures on their doors and what their personal interests are? Is their room like home (Cleanliness - smell)			1		1		1			
Do they see GP's weekly. What is the norm. Pharmacist.						1				
Open visiting, safeguarding			1				1			
Encourage socialising				1						
Activities				1						
Staff notes for changeovers		1								
Staff ratio to residents day shift and night shift.		1								
D (Learning Disability)										
Strong visible management	1									
Agree...must be more than that										
Have understanding of communication problems (Speak English. Not always clear what people say. Staff should match service users)			1				1			
Have staff with time and skills		1								
Some experience of people with learning difficulties. React in the correct way to users.			1							
Realise although dealing with adults, mental capacity may be of a child		1	1							
Should be addressed age appropriately			1							
Good knowledge of each individual			1							
How residents interact with each other. Not everyone will get on in care home			1				1			
People caring sometimes walk ahead of user/drag user whilst doing their own shopping			1				1			
Try to interact with the person you are caring for		1	1							
Varied programme of activities				1						
If in residential home, will be dependent on staff and interest		1								
Activities should fit individual and finances			1							
Don't do forced activities and ones they want to do			1							
Offer quality, choice and flexibility			1							
Should be able to select own food/take account of dietary and cultural needs					1		1			
Help must be available with eating					1					
Ensure etc. longer appointments and appointments at short notice						1				
Accommodate, personal cultural							1			
Not sure everyone would understand										

People should be supported to go to places of faith (church, mosque etc.), but should never be forced							1		
Embrace people's diversity/understand individuals cultural differences							1		
Be an open environment								1	
Relatives feedback before patients enter on likes/dislikes of user entering			1						
Listening to users feedback is important								1	
Staff should be encouraged to listen and bring the best out in people			1					1	
Always bare in mind although person is an adult the mental capacity may be of a child			1						
E									
Caring for each person as individuals			1						
Staff that are kind and caring		1							
Not assuming people should be called by 1st name - respectful							1		
Clean, warm, odour free, stimulating									1
Open approachable, engaging with residents		1							
Staff needs to be visible. Manager has open door policy	1	1						1	
Choice of clothes							1		
Holistic care - access to therapists						1			
Connecting with the community									1
Accommodate spiritual needs							1		
Food and diet (A good chef - access to dietician)					1				
Adequately trained staff		1							
Address sexuality issues/needs							1		
Outside space to accommodate residents needs									1
Activities for residents (Evidence-based)				1					
F									
Name badges for staff									1
Board on the wall with photos to identify staff									1
Who are the nurses - (They should be identifiable)									1
Medication kept under lock and key									1
Clear safeguarding policy									1
Activities - (Wide variety)				1					
Maintenance of personal identity and interests is key							1		
Very attentive and focused on peoples needs			1						
Attention to personal care with dignity (Clothes, laundry)			1						

Clear feedback points and easy access to information on how to escalate concerns								1		
No chairs in circles /ie care not institutionalised eg can you change your seat			1							
Relatives encouraged to take residents out more										1
Quiet room										1
TOTAL	3	15	23	7	4	3	15	6	4	13

Appendix B

Question 2: What should Healthwatch look for and ask when visiting care homes?	Observation	Evidence Checklist	Check Surveys	Other Considerations
A				
To see the welcome pack (Are we seeing all residents (no one hidden))		*		
Activities programme - exercise (Activities that staff support e.g.. Hairdressing, going to church, shopping locally)		*	*	
Menus		*		
Staff board	*			
Observe staff interaction	*			
Persons room	*			
Security - reasonable with appropriate access to garden	*		*	
Staff encouraging residents	*			
Control of TV?	*			
Freedom to move around and access to privacy	*		*	
Recognising individuals needs (Glasses, hearing aid)			*	*
What arrangements for residents to access a GP (+ informing family and involving them)		*		
How medication is managed and family involved		*	*	
Overall how are families involved			*	
How do they support people with no family (Access to advocate)			*	*
How do they know about the person			*	
End of life care		*		*
B				
Have lunch or dinner			*	
Visit at the weekend			*	

Observation of residents/general	*			
Questionnaires difference versions for - Staff/Manager, residents, carer			*	
Use of agency staff			*	*
30 older people care homes - ask all (Steve will provide up to date list)				*
If a Sutton resident m contract with LBS (state funded/narrative supplied)				*
LBS will provide pre inspection briefing				*
C				
Look at CQC report (What are the ratings like on Carehome.co.uk)				*
Is there regular volunteers at the home for residents	*	*	*	
Observation outside the building - Is it welcoming, security	*			
Inside is it welcoming, what's hallway entrance like, notice boards, registration list, smell, feeling of the place, how do the staff seem (Sit and observe for 30 mins-1 hour - gives a good indication, sense of what its like. Do staff have time to sit and chat with residents? Do they do this? Are staff friendly to residents, each other and visitors. Does it smell nice? Is the décor bright and welcoming?)	*			
Menu is it displayed and do residents know how to order - choice	*		*	
What is the medical policy for hydration (Look for jugs of water in residents rooms)		*		
What is the fall policy (What's the preventative measures)		*		
Visibility of alarms - policy - wrist alarm or associated	*			
Involvement of Pharmacist			*	
Do residents know who the manager is and vice versa e.g.: name			*	
Are there residents out and about? Easy access to outside?	*		*	
Go to a residents meeting-family/relatives				*
D				
Talk to Manager and senior staff ("Tell me about your residents")			*	
Notice not to visit if not feeling well?				*
Is booklet available?		*		
What information is displayed on notice board/folder available/online?	*			

How is technology used to enhance care and communication with family members			*	*
Record of falls and Falls Risk Assessment?		*		
Talk to junior staff and residents about their experience			*	
More involvement with family members regarding care planning and medical intervention			*	
When carrying out survey visit in 2's				*
E				
What do we need to do before you go in to look				*
What's the first impression	*			
Access is open	*			
Homely, warm, comfortable	*			
No smell of urine	*			
Quality of the bed linen	*			
Do residents see the GP			*	
Residents rooms - should have respect to privacy	*		*	
Staff that ensure medication is taken (supervised)				
Attentive to personal care - if resident needs changing this happens quickly and responsive.	*		*	
It is ok to have a concern and that it is received openly			*	
Flexibility around meal times. What do they have to eat	*		*	
Talk to residents				*
Talk to staff				*
Good open managers	*		*	
Resident and family forums			*	*
Activities		*	*	
Involved in local community			*	
Bespoke care packages			*	*
Caters for dietary needs (freshly prepared?)			*	
Access to different settings within the home	*			
F (Learning Disability)				
More care needed to answer				*
Manager should inform all next of kin of any issues			*	

Appendix C

A good care home should...

- 1. Have strong, visible management**
The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.
- 2. Have staff with time and skills to do their jobs**
Staff should be well-trained, motivated and feel they have the resources to do their job properly.
- 3. Have good knowledge of each individual resident and how their needs may be changing**
Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.
- 4. Offer a varied programme of activities**
Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.
- 5. Offer quality, choice and flexibility around food and mealtimes**
Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms, and accommodate different preferences around mealtimes.
- 6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Care homes should be set up to meet residents' cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.
- 8. Be an open environment where feedback is actively sought and used**
There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

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