



Dignity in Care Annual Report

Enter & View visits

to Adult Care Homes

April 2019



What is the project about?

Each year, we visit 24 local care homes. Since 2014, we have made a total of 109 visits. During each visit, we watch and listen to understand whether people are treated with dignity. This allows us to find areas to improve as well as to celebrate good practice. We always look for care homes to:

"Recognise that each person who uses services is an individual. Use each person's self-defined strengths, preferences, aspirations and needs as the basis on which to provide care and support to live an independent life."

(National Institute for Health and Care Excellence - NICE)

Why did we do the project?

We have been asked by Buckinghamshire County Council to report on whether people are treated with dignity. We made our visits between April 2018 and March 2019 and had 3 goals.

- Allow people to talk about their views and experiences of dignity.
- Highlight good practice and recommend improvements.
- Publicly share the information we gathered to help people make choices about the care they
 may need.

What did we do?

We made 24 unscheduled Enter and View visits to individual care homes. These were made by 1-3 people from our volunteer team usually accompanied by our project manager. These were homes where older people live with residential and / or nursing care support or where people live with a learning disability. The care home was given up to 2 weeks' notice of when we might visit but told not the time or date. We talked to staff, residents and visitors to help us understand what is done well and what could be done better. A draft report was sent to the manager for their comments. We then shared this learning with others. These were then included in our report which was published on our website. Four months after our visit, we contacted each care home again to find out what more had changed.

This year, we spoke to 334 individuals and observed a further 369 people. Without our visits some of these residents, especially those who receive no visitors, may not have had the opportunity to talk about this part of their lives.

What did we discover?

We report what we find by theme. These relate to the NICE guidelines *People's experience in adult social care services: improving the experience of care and support for people using adult social care services*, Feb. 2018

https://www.nice.org.uk/guidance/ng86/chapter/Recommendations. For more detail, individual care home reports can be read on (https://www.healthwatchbucks.co.uk/dignitycare-reports/). More details about the project can be found in Appendix 1. A high-level summary of each report, individual recommendations and action taken by each home, can be found in Appendix 2.

Overall

Our observations were generally positive:

- Twelve (60%) of the care homes where older people live were rated 4 and 5 stars. Seven (35%) received 3 stars and one home was rated 2 star. All the care homes where people live with a learning disability were rated 4 or 5 stars.
- One report prompted the CQC to bring forward a planned visit to a care home.
- 21 out of the 24 homes have made changes because of the recommendations we made.

Treating People as Equals

"Respect people's right to make their own decisions, and do not make assumptions about people's capacity to be in control of their own care" (NICE)

In many homes, we found staff to be friendly, confident and attentive. We saw unhurried staff stop what they were doing to answer questions. In some homes, the small, spontaneous offers of help to fetch someone's glasses or replace a cup of coffee were gratefully received. Appropriate assistance to help residents move around the home was also available. Many residents and their visitors told us how caring staff are.

"I wouldn't want my nan anywhere else."

"Our son is always treated with kindness, respect and awareness of his needs"

"I visit my mum nearly every day and I can honestly say I have never seen any resident treated with anything other than kindness and respect."

"I'm well taken care of."

"The staff are very kind. I'm sure you'll find everything is done how it should be."

Staff, in these homes, often had the time to talk to residents as well as do everything else that needed to be done. They all had taken the time to get to know each resident for who they are. They demonstrated good team work amongst themselves and often had worked in the home for a long time. We saw a few examples of residents becoming quite animated when a certain staff member was in the room. Consistency of staff is very important to residents and their families.

```
"They know my name, and I know all their names."

"Staff change every day; there's always new faces."
```

Having time to have a conversation and get to know people builds trust and understanding. Anxiety and social isolation can also be reduced. Moving into a care setting is not easy for many.

```
"I say what I feel...this is my home although it took some getting used to (moving into a care setting)."
```

Building a rapport also builds the confidence of a resident that they can ask for help without feeling they are 'a burden' or 'getting in the way'. Occasionally we found that, whilst relatives might ask for something for their loved one, the resident themselves didn't feel they could. For example, a visitor in one care home said that if they asked for their relative to be assisted from a wheelchair to a lounge chair, staff would do it immediately. However, a different resident, who was uncomfortable in their wheelchair didn't feel they could ask as

```
"they're (the staff) so busy."
```

If residents don't feel they can ask for help, staff can often assume they don't want to do something or don't want anything done differently. Staff often told us they know what each resident likes. However, there is a fine line, for example, between being delivered a white coffee with sugar because that's what you like, and never being offered tea because you always drink the coffee.

In some homes, we were told that staff responded well to requests and feedback, whether at residents' meetings or talking directly with the manager or staff. People felt confident they were listened to.

```
"Nothing's too much trouble for them. It's a home that cares rather than a care home."
```

"If you have a problem they work through it"

However, in other homes, people felt there were not always enough staff available. Alternatively, they felt that they didn't have the correct training and support.

```
Sometimes staff "are pretty sparse."
```

"The men at night do not handle you as well as the women do."

Occasionally, we had to actively look for someone to help a resident go to the toilet because there was no staff member in earshot or the resident couldn't access a call bell. Most people, however, told us call bells were answered quickly.

We were told there were occasional communication issues due to language or lack of understanding about dementia. In some homes, we also saw staff act without explaining what they were doing. Whilst we heard some positive teasing and laughter in some homes, in others we heard people being hurried and scolded.

```
"So, you wait until you come out of the toilet and then you pee!"

"Sit properly!"

"I can't understand two of the staff and they can't understand me."
```

In several homes we saw creative use of communication tools. Some staff used Makaton to confirm what a resident wanted. They could then explain why the food hadn't arrived as fast as they had expected. In another, when words became too challenging, a staff member said

"Where's your iPad? Let's go and get that."

How our visits have changed how people are treated

Ten care homes have told us about changes they have made following our recommendations.

- Four have set up more communication and/or person-centred training.
- Four have given staff dementia awareness training.
- Three have reminded staff to not assume that residents having made a choice about something, will always make the same decision in the future. This might be in relation to personal care, a meal or an activity.
- Two have seen more staff /resident conversations over mealtimes.
- One has made sure all residents have appropriate assistance even at weekends when one-toone care is not scheduled.
- One has emphasised the importance, to support staff, of helping at eye level for wheelchair users.

Creating a better dining experience

"Service providers should foster a culture that enables practitioners to respect people's individual choices and preferences" (NICE)

Choice, especially around food and drink is very important to many residents. Residents seemed to be happy about when they could get up and go to bed. However,

"food becomes so important in a place like this."

In some homes, snacks and cold drinks were easily accessible in communal areas. In most, we saw hot drinks regularly offered by staff; many residents having a drink within reach. Some homes had choice of food at every mealtime and seasonal menus. Several also had food tasting evenings and involved residents in deciding on the menu options. Some had regular events such as cheese and wine evenings or a BBQ where family were also invited. Many homes also had a variety of crockery and cutlery and plate guards to enable people to help themselves whilst still maintain their dignity.

```
Lunch was "pork or lamb and a nice sweet."

(The food is) "homemade and fresh."
```

It was often the little things that mattered. In one home, a person told us they always get white bread and have to ask every time for brown. In another, milk is always put in a cup of tea, when relatives have told the home the resident only drinks it black.

In some places, there was no menu and residents did not know what was for lunch. In several, there was no choice of cooked food and concerns about the meal quality. We also saw people struggle because the food was difficult to eat. This was either because it was too hard, or because there was insufficient staff to assist or inappropriate plates, bowls etc on the table. In a few homes, eating at low over-chair tables in the lounge was the only option available. Some residents therefore missed an opportunity to physically exercise, by moving from their chair to a dining table, as well as change of scenery and possibly company.

```
"It's pasta, pasta, pasta...I'm sick of pasta."

(The food is) "a bone of contention."
```

We saw many meals eaten in near silence. Staff were either having a break elsewhere or grabbing a bite to eat standing up around the corner in a kitchen area. However, it was encouraging to see, in a few homes, some staff sitting down to share a meal with residents. The atmosphere and conversation were much more positive than in those homes where staff served the food, then left.

How our visits have changed the dining experience

Thirteen care homes have told us about changes they have made following our recommendations.

- Six now provide pictorial menus to aid those living with dementia and/or show two plates of food at the table to enable residents to choose their meal using sight and smell.
- Five now display a daily and/or weekly menu in a communal area.
- Three ensure that cold drinks are always available in a lounge / dining room.
- Two now provide a variety of crockery / cutlery to meet different people's needs.
- Two have increased the amount of fresh fruit and vegetables served and another has introduced lighter options having asked for resident's feedback.
- One has greater meal choice than before, and another says feedback about food provision and hospitality has improved.
- Two have now made snacks readily accessible.
- One has ensured 'soft' options are available on the menu.
- One has created a small dining area where none previously existed.
- One now asks residents if they would like a bib rather than just putting them on everyone.

Maximising Independent Living

"Practitioners should support people to participate fully in tasks and activities by ensuring that the environment is conducive to their needs"(NICE)

We found many care homes to be homely, warm and clean. Bedrooms were personalised, and some ground floor residents had been given an option to choose plants to personalise their patio outside. Many communal areas were cheery with pictures and flowers. There were newspapers and games available in several. Many also had more than one communal area so that people had a choice of where to sit. In many homes where people live with dementia, or sight issues, we saw pictorial prompts as well as words, for example on the bathroom door. We also saw good examples of reminiscence displays in corridors which could be used to start a discussion. One care home also, had distinct decoration for each area to help residents with orientation.

"If you can't be in your own home, you couldn't be anywhere better."

"I'm a satisfied customer with knobs on."

"As soon as you came here, you could feel it was different to the rest."

However, a few homes, needed a deep clean in certain areas because of urine smells. These homes often also had chairs in rows in the lounges. A resident told us this meant that if they didn't get a seat on the front row they couldn't see the TV. This arrangement also inhibits conversation between residents as they can't see many people from their chair.

We found trip hazards in a few homes, often because of a lack of storage facilities. These ranged from unattended step ladders, cleaning equipment and large boxes in communal areas and hoists, wheelchairs and walkers in corridors. In one home, we were told by visitors that beds often don't get made and rooms end up being tidied by themselves rather than staff. A few homes had missing ceiling and wall tiles.

"The place could do with a lick of paint."

Access to the garden was sometimes limited because there was insufficient staff to accompany residents outside or because the garden was not trip free. In a few gardens, we saw unturned chairs or parasols and uneven paving. Other safety issues included one home where a razor was consistently left in a bedroom. This was despite a relative asking it to be removed so that the resident would not continue to accidentally cut himself. In another, we witnessed a resident being held by the back of their trousers and told to move themselves out of a wheelchair and into a lounge chair.

> "Support people to maintain their independence. This means finding out what people want from their life, and providing the support and assistance they need to do this" (NICE)

We saw that some care homes assessed risk well and encouraged residents to treat the care home as their home; behave as they would have done if they'd lived on their own as much as they were able. They encouraged them to do as much as they could for themselves. This might be keeping them mobile, being in touch with their friends and family and continuing an interest. One person told us they took a taxi weekly to visit their wife in a different home. We saw someone else reminded about the safe way to get up from a lounge chair. In another, we saw residents making individual flower displays which were used that afternoon to decorate the lounge for the harvest festival service. We were also told about people making fairy cakes and planting bulbs. These are often activities they would have done when they lived in their own homes.

```
"We never feel lonely; we've made friends here."

"I like helping the girls."
```

We saw good examples of pictorial activity schedules which residents could access themselves to find out what might be going on. In care homes where people live with a learning disability, we saw residents washing up and others patiently encouraged to move themselves in a wheelchair to the table rather than have a staff member push them.

```
"X, can you put your brakes on please."
```

One older person, living elsewhere, told us how they were encouraged to use a walker. This had enabled them to overcome the fear of falling when walking around the home. In another home, people praised the in-house physio. However, in some homes, residents said they didn't go outside enough. It did not matter if this was on a trip out, to go to the local shop or even just into the garden. They said it was because there weren't enough staff and they were not allowed to go out unaccompanied.

```
"I miss my garden."
```

Residents in different homes also told us they were "not allowed" to go into the kitchen but could help from the threshold. Others weren't allowed into the kitchen at all whilst some could make a hot drink but only "if we pass the test". We were also told about a person who wasn't allowed to go to a panto in case they had a fit. In a different home, we saw a staff member wake up a resident and immediately spoon food into their mouths. They didn't ask if the resident wanted any food or whether they would like any assistance. We had seen the person feed themselves slowly but without any issue before falling asleep. Homes can often seem to be more interested in keeping their residents safe rather than assessing risk and enabling them to be more active .

```
"There is no stimulation."

"No choice in what we eat, no choice in how it's cooked and no choice in what we do."
```

How our visits have improved independent living

Ten care homes have told us about changes they have made following our recommendations.

- Four have put up pictorial activity schedules to enable those living with dementia to better understand what and when activities are happening.
- Three have personalised bedroom doors with memory boxes or pictures to help those living with dementia find their rooms.
- Two have changed grab rails in bathrooms to a contrasting colour so they can be easily seen. One has bought items to make the lounges more homely, whilst another has improved the displays in areas where residents live with dementia.
- One has installed two sensor lights in the back garden to enable residents, who go out to smoke, be safe outside.
- One has improved external paths so those using walkers can better access the outdoor space.
- One has put up a large simple clock to assist those living with dementia to still read the time.
- One has hired a skip and removed broken or unwanted items in the garden and corridors.

Improving privacy

"managers in residential settings should ... give people privacy, especially when delivering personal care" (NICE)

In many homes, we were told that staff remember to close curtains and doors before assisting with personal care. We also heard staff encourage a resident close the door, then to adjust their clothes after visiting the toilet.

"That's right, close the door."

In another home, staff always research where the nearest "Changing Places Toilet" is when planning a trip. This ensures those residents, with complex care needs, still have their privacy respected because purpose-built toilets are nearby.

However, we were also told that some staff forget to knock on doors. Alternatively, they knock but enter without waiting for an answer.

"It depends on who's knocking."

Staff don't often remember to knock on their door before entering "but I don't mind."

How our visits have improved resident's privacy

Four care homes have told us about changes they have made following our recommendations.

- Two have reminded staff to knock on bedroom doors and wait for an answer.
- One has ensured that mealtimes will not be interrupted by the application of a cream but to apply it in a more private setting later.
- One has removed personal information about residents visible to all on a corridor wall.
- One has removed dietary information about named individuals from a dining area.

Improving Physical and Mental Wellbeing

"Day care and residential care providers should offer a choice of activities that are led by the person's needs, preferences and interests. Encourage people to take part by including activities that motivate them... Recognise that preferences are not fixed and may change." (NICE)

All care homes had visiting health professionals e.g. GPs, chiropodists and opticians. Two visitors told us they were pleased by the medication reviews done by care homes.

```
"(X) has come back to us".
```

Residents still must go out to visit a dentist. Most homes also had hairdressers and members of religious organisations visiting regularly. We saw that most residents were nicely dressed, and ladies were pleased with their painted nails.

"The care here is phenomenal. My (x) has lovely smooth skin and is always clean and smells nice."

"It's something that even those who can't speak seem to enjoy - it helps them relax." (nail painting)

Most homes tried to offer residents choice in their daily lives. This might be a choice of what they wore or, where possible, who helped them with their personal care. In three settings, we heard staff ask residents who they would like to assist them have a shower or bath. In this example, the timing of personal care, for the resident, seemed less important than being able to choose the person assisting them. However, in another home, we heard residents being told to colour a picture and not given any choice when curtains next to them were closed. They became very agitated with the staff member and started to shout.

In one home, a resident living with dementia, had some information, important to them, laminated on a piece of card. They had this to hand and explained they could not remember much. However, we saw, as they read this to us several times over the conversation, that they found comfort in it.

In many homes, there were activity schedules on noticeboards, although the activities did not always reflect what took place. Some had a huge variety, scheduled seven days a week. Others might only have a few. We saw good examples of staff asking residents if they would like to join in and respecting those who wanted to watch or sit quietly.

```
"You can please yourself."
```

"I encourage one lady I know who will enjoy it when she gets there."

However, in many homes, we didn't see much encouragement to participate. Staff told us that residents didn't want to take part. Some residents confirmed they were happy to spend time in their rooms rather than join in group activities in the lounge. They appreciated the conversations staff were able to have with them when they popped in to deliver drinks or meals.

Other people, who we talked to in their bedrooms seemed unaware of what was happening elsewhere in the home. For example, one ex-teacher was unaware that young children visited weekly from the local school.

Some homes had more one-to-one activities and others more group activities. Quizzes and talking about the news were popular. So too, were the poetry reading, knitting and painting which were less common. What was important was that they reflected the desires of the residents who were living in the home. Often this was the case, but sometimes it was not.

```
"Bingo and sticking are for kids."

"I feel bored sometimes."
```

We were told about trips to local garden centres, a boat on the river or to the local steam railway. In the evening, some people go out to the cinema or theatre. However, whilst those who live with a learning disability may have one-to-one care and be able to do this, many older people living in a care setting depend on staff availability. There is usually a lower staff to resident ratio. Residents told us that many of them can only go outside the care home grounds if it is their turn or there is space on the minibus. However, this year, we did hear about more care homes using wheelchair accessible taxis for trips especially where there was no minibus. This potentially enabled more people to go out than previously. A few care homes also have volunteer drivers.

Some care homes encourage students to come in to do quizzes or play games. We also heard about residents listening to primary children read and singing with those from the local nursery. Other regular visitors might include PAT dogs or entertainers. "The activity coordinator is excellent; she gets everybody going"

Where we saw residents joining in with chair-based exercises we heard lots of conversation and laughter. This carried on for a while even after the exercise stopped. Residents bonded through a shared activity and their adrenalin rose. Feeling good physically can also improve mental wellbeing. Encouraging residents to be as physically active as they can be, may benefit other areas of their life. Residents consistently told us they enjoyed the exercise sessions whether these were throwing a soft ball, Zumba or skittles.

```
"It's important we keep moving."
```

However, in some homes, little exercise was done or advertised. In several, there seemed to be little specifically planned for those living with dementia. The TV was often on without anyone obvious watching it. In another home, we saw a jigsaw then a game put out. However, no one was alerted to this or encouraged to play with them.

```
"It's ridiculous, no one is watching it." (the TV)

"People sleep a lot."

"I'm lonely."
```

How our visits have improved physical and mental wellbeing

Ten care homes have told us about changes they have made following our recommendations.

- Five have increased the amount of exercise sessions.
- Three have put of activity schedules in communal areas so residents and visitors are aware of what might be happening and so they don't miss out if they wish to participate.
- Two have removed restrictions about when and where visitors can visit.
- One has put in place a weekly walking chart to encourage certain residents to walk more.
- One has reviewed activities on offer and residents have chosen some alternatives.
- One has improved opportunities to regularly work in the garden.
- One now has residents helping lay the table, fold laundry and preparing drinks and another will encourage more of its residents to help around the home.
- One has relocated a fixed wall fidget board to a more accessible part of the home.
- One has recruited another person into their activity team and ensures activities take place on all floors.

What else has been said/done?

Care homes

Of the 24 cares homes to whom we made recommendations, 21 have already made changes. Each care home was given its own set of recommendations based on what we observed and / or heard. The action taken, or lack of response, by each care home, is summarised in Appendix 2.

"I would like to take this opportunity to thank you and the team for our visit, it has given us new ideas and ways to enhance the home for our residents."

"Thank you again for your visit and for the opportunity for us to reflect and consequently improve care practices for our residents."

We are pleased to report that most care homes do find our visits helpful.

"Thank you very much, the staff team were really positive about your visit."

"The visit was very helpful, gave me new ideas on how to improve the care we provide. Reminded me that every very little thing matters."

What we've done

We have worked hard to support the development of dignity in care on a county level including:

- making 7 referrals to Bucks County Council requesting follow ups to some of the issues we have raised. Bucks County Council Adult Social Care staff have subsequently visited the homes concerned. The CQC has also triggered an earlier than planned revisit to one home because of our referral and report.
- running a social media campaign promoting dignity and care and celebrating our 100th Dignity in Care visit (https://www.healthwatchbucks.co.uk/2018/11/dignity-in-care-100th-visit/). As part of that we:

- issued a mid-term report showing how our visits have helped to make care better (https://www.healthwatchbucks.co.uk/2018/11/making-care-better/)
- promoted a career working in care homes as a worthwhile profession. We wrote three Real Stories (https://www.healthwatchbucks.co.uk/category/real-stories/) about those who work in care homes. The aim was to promote the values behind the 'Son / Daughter Test - is the home good enough for my son / daughter to work in?' (Andrea Sutcliffe, Chef Inspector, Adult Social Care, CQC). Healthwatch Bucks believes that staff in care homes are crucial to a positive resident experience.
- Our Healthwatch Bucks Project Manager attended a Makaton Foundation training course and ran a short learning session for our volunteers on this. This should help in conversations in care homes particularly where people live with a learning disability and/or autism.

What others have said

"The Healthwatch Bucks Dignity in Care project continues to be an important source of information about the quality of care being provided by registered care homes within Buckinghamshire. I am told this is the case for people who use services, their carers and families, as well as ourselves at CQC. Our inspection team continue to use the projects' reports as an important source of preparation for our inspection activity".

Simon Osbourne, Care Quality Commission Inspection Manager, Buckinghamshire, Slough, Windsor & Maidenhead Adult Social Care Team

"I am of an age where many of my friends find themselves looking after increasingly frail parents and often need to support them as they transition to living in a Care Home... I am also conscious that there are many older people who don't have capable, articulate children looking out for them, and they deserve to be treated with dignity too. So, I feel that ...we are actively affirming all that is good in local care homes, and hopefully encouraging them to share this and make improvements so that they are dignified places for all the people who find themselves living there."

Healthwatch Bucks volunteer

"I enjoy volunteering for this project mainly for the joy I see on some of the residents faces when you sit and talk to them. For example, after talking to a lovely lady last week, ... I said, 'I hope I have not taken up too much of your time?' she replied, 'It has been a delight talking to you, thank you so much for spending time with me'. Also, it is rewarding to see some of the recommendations you make in homes, become a reality."

Healthwatch Bucks volunteer

Our recommendations

There are areas of focus for everyone looking to improve dignity in care homes.

For all care homes:

Continue to involve residents in their own home. This might be in decision-making, interviewing potential staff, getting involved in everyday activities like gardening, laying tables or cooking. Staff may need to be persuasive and not think a refusal to do something one day is the same as not wanting to do it another.

"When I say 'doing' I'm talking about being involved and having your mind stretched"....being meaningfully employed."

- Look creatively to encourage some residents to take the initiative with some activities. Enable them to get to know each other better. Then empower them to become more responsible for say a weekly card game or helping the activity coordinator in other ways. Many may enjoy the responsibility.
- Continue to work towards a strengths-based approach (SBA) to care and adopt the Department of Health and Social Care guidelines published in Feb. 2019, Strengths-based approach: Practice Framework and Practice Handbook

 https://www.gov.uk/government/publications/strengths-based-social-work-practice-framework-and-handbook

'a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.' (Duncan & Hubble, 2000)

Enable more residents to spend more time outside, particularly in the garden. This may depend on care homes thinking more creatively about where staff might be. For example, perhaps staff could complete care plans in the garden rather than in a lounge or office.

For Buckinghamshire County Council:

- Share our recommendations to care homes, and any information about resources available to help deliver these, with those who run them.
- Works with Integrated Care System (ICS) partners to provide support to care homes to improve mobility / physical activity of those living there. For example, enabling residents to do more chair based exercise and promoting the benefits of moving as independently as they can around their home https://www.theguardian.com/education/2016/jun/18/how-physical-exercise-makes-your-brain-work-better. Physical activity is known to help maintain muscle strength, improve breathing, improve balance and cognitive function.
- Supports care homes to understand the benefits of a strengths-based approach to care and support and monitor the adoption of the Department of Health and Social Care's Strengthsbased approach: Practice Framework and Practice Handbook.
- As commissioners of services, also adopt these guidelines and embed them into the commissioning process.

'When using a strengths-based approach, risk is looked at as an enabler, not as a barrier. Risks should be explored with the individual and from their point of view. The role of the professional is not solely to 'reduce risks' but to support the individual in managing risks.... provide the right support and guidance so that people can retain or regain their independence and resilience.'

(Department of Health and Social Care, Feb. 2019, Strengths-based approach: Practice Framework and Practice Handbook)

What are we doing to ensure our recommendations are delivered?

- e By 30th June 2019, we will have contacted all the care homes visited this year, to see what further work has been done. This report will also be sent to the care homes visited this year.
- We will send our recommendations to Buckinghamshire County Council for their response. We will work with them to ensure actions are taken.

Acknowledgements

We thank all the residents, their visitors and staff for allowing us into their home and talking with us. Our thanks also go to the 13 Enter and View volunteers for their time, thought and all their hard work on this Dignity in Care project.

Disclaimer

Please note this report summarises what we heard and what we saw together with actions taken by care homes. It does not necessarily reflect the experiences of all service users.

Appendix 1 - More details about the project

We visited 24 adult care homes. Three of these provide care for individuals with learning disabilities and/or epilepsy, twelve provide residential care, and nine provide nursing care for older people including those living with dementia. Over the year we spoke to 187 residents, 49 visitors and 98 staff. We also observed a further 228 residents, 29 visitors and 112 staff.

On arrival, we asked to see the person in charge before we spoke to anyone. We 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. We observed, and we talked to residents, visitors and staff, depending on who is around, about how care is provided. We explained to everyone we spoke to why we were there. We also asked the person in charge to pin a form to the noticeboard explaining our visit. Details of Healthwatch Bucks are left with residents who would like them. At the end of the visit, we ask the most senior staff on duty any questions, if they are available. A draft report is then sent to the manager for their comment. Their comments are then included in our report.

We ensured that all views were reported anonymously. Where this was not possible, we did not include the response in any report. We only report what we see or hear during our visit. For all homes visited in 2018, we also asked for further feedback to highlight any changes that have been made since our report.

				_	
Of the	24 care	homes	visited	we fo	าเเทศ

Category	2 st	tars	3 st	tars	4 st	tars	5 st	tars
How People are Treated	1	4%	4	17%	12	50%	7	29%
Personal Choice	1	4%	9	38%	11	46%	3	13%
Just Like Home	1	4%	8	33%	13	54%	2	8%
Privacy	0	0%	5	21%	11	46%	8	33%
Quality of Life	1	4%	8	33%	9	38%	6	25%

- The best performing categories were How People are Treated and Privacy
- However, there are opportunities for improvement in Personal Choice, Just Like Home and particularly Quality of Life. Care needs to be about the life the resident wants and not about what is more convenient or easier to achieve for the care home.

"Service providers should seek the views of people who use services about the extent to which the things that are important to them are being addressed. This should be done in such a way that the person feels safe to express their views, even if these are critical." (NICE)

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
87 Wendover Road 17/08/18 ****	-A calm, relaxed home with many long-term staff and residents. They were seen to communicate well with each other using speech, Makaton and body languageActivities and everyday life seem to reflect the individual's wishes and personalities	-makes the lounge & corridors homelier e.g. more photos/pictures -creates digital photo albums which can be played through the TV and / or on a tabletintroduces more chair based musical movement /dance etc to maintain health whilst inside -looks to incorporate more fruit and vegetables into diets -encourages residents to make more use of the garden fresh air and more physical activity	Thank you for visiting Wendover Road, we as a staff team feel very proud of the support offered and feel dignity in care and choice based support is at the heart of the person centred support we offer here. Thank you also for the recommendations that we will discuss as a team going forward. The kitchen refurbishment is now almost completed and this is once again become the heart of the home where the ladies feel happiest to observe food preparation and socialise together.	The manager has not provided a further update.
Bartletts 03/10/18 ★★★	-Welcoming, friendly staff in a beautiful home -Lots of activities taking place although residents should have better access to what is happening when and where	-builds paths of solid material rather than gravel to aid those who use walkers etc -ensures the activity schedules can be read by everyone e.g. easy to locate, larger font and pictorial versions -looks to create pictorial menus and/or offers 2 plates of cooked food to those who cannot remember what they might have ordered -removes the names /room nos. list from the corridor -looks to invest in a minibus to enable more people to go out -includes residents in the new greenhouse and involving them on a weekly basis	(The) gravel stabilisation grids, used in the newly laid paths, are suitable for wheelchair users and mobility scooters. (We) will be topping up the gravel once the existing gravel has settled in creating a more solid surface. A table top A frame wipe and magnetic board has been purchased for each lounge(with) pictures of the daily 'key activities' on one side and the daily picture menu on the other side. We now have a C4 folder showing large pictures of lunchtime meals & a description. The list of residents' names and room numbers have been removed We are looking into greater minibus access Compost, winter bedding plants and a heater have been purchased. The gardener is cleaning out the hanging baskets to be replanted by the residents and is looking forward to being assisted by them in spring.	Having read through all the actions and amendments that we gave you as per the email below, I can confirm that these are all still in place as per the email, all these actions have either been closed or are being implemented
Brook House 21/08/18	-An easy going home where staff, visitors and residents seem comfortable with each other	-ensures those who can hold them, are given drinks in china mugs rather than plastic 2 handled cups	We have a couple or Residents who prefer their hot drinks from a beaker and their juice from a glass - so we try and afford them these choices	we are now offering choices between China cups / beakers For some, it is a conflict between using a cup and spilling drinks on their tops or using a 2-handles

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
***	-A good range of activities inside and outside the home	-encourages staff to involve residents who are mobilein activities such as dancing, going for short walks in the garden, perhaps moving to a dining table to eat, to maintain muscle strength in their legs	We also do try and walk our more able Residents, but time does not always allow this. I have taken your comments on board and will endeavour to regularly structure this activity daily. I absolutely agree that this is extremely important.	beaker and remaining clean we have implemented a weekly structured walk charts, to encourage residents to remain as active as possible we are looking at a weekly gentle-exercise class
Byron House 26/04/18 ★★★	-A very relaxed atmosphere where everyone seemed to know each other well -Lots of praise for staff -A huge range of activities and visiting entertainers / community groups	-incorporates photos/other pictorial signage on bedroom doors to help those living with dementia to find their bedrooms easily -perseveres with those whose past lives reflect a possible interest in activities, such as baking or gardening, even when they say they don't want to get involved.	Having discussed the report with my managers, we are very happy for you to publish it. We take on board your recommendations and have already started implementing them.	we have put up pictures on the doors of those who have given consent staff (now) go back and re-offer social activities to those that decline and ask what they would prefer instead. We have new booklets called about me that talk about what the resident liked and to do when they were younger and what they like to do now There are also one-one activities for those who do not want to participate in a group.
Chalfont Lodge 10/09/18 ★★★	-Residents have a wide range of needs as well as capabilities and expectations -Visitors praised the staff whilst still saying there were not enough of them -There was an extensive range of activities including several physio and music therapy sessions each week	-reminds all staff to show empathy towards residents in distress and explain why decisions are being made -tries to accommodate requests for change but make it clear why they cannot be changed if this is the case -regularly reviews care plans with residents/relatives so they reflect their wishes particularly in respect of bedroom doors being left open or closed continues to work with those who are vegan or vegetarian to prepare meals they wish to eat -encourages staff to talk more with residents especially at	we are employing new team members We acknowledge that there will always be a desire for more staff We will be reminding staff to engage with residents we actively try to ensure all concerns raised are dealt with sufficiently and quickly We are pleased that the staff member knew the resident that required thickener in her drink and accept that it would have been best practice to explain to them why thickener needed to be in her water. It was not acceptable that the sensor mat was just kicked under the bed These will be addressed in team meetings and thank you for the observations. I apologise that some visitors felt that the team work was poor and that the staff were doing paperwork instead of actively engaging with the residents the 2 vegetarians are asked every day what they would like (to	want to participate in a group. Thanks for your email. We are continuously looking at improving the Dignity aspect of care. This includes areas highlighted by Wayne. Dignity and respect is covered in our Induction for all new staff, and discussed at various meetings, (supervision, staff, Head of department, stand up, residents, relatives)

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		meal times and particularly when assisting residents with feeding -reminds staff to always knock on doors before entering bedrooms or bathrooms	eat) our menus have options that can be tailored to all individuals choices meals are cooked freshly and we do not reheat we will ensure all residents can get cake at all times and assistance at weekends as we can only apologise that this individual felt let down by this. Residents do have the right to choose how they spend their day and whether rooms are to be left open or doors closed. We will endeavour to ensure all residents wishes are adhered to If it was felt that some residents do not get the full benefit of the 1:1 care, we will review the care plans we have reminded all staff to knock on residents' doors every time they enter and to introduce themselves At times it is acknowledged that the needs of the residents do deteriorate we do whatever we can to prevent them from moving room without the impact on others We acknowledge that we need to instigate activities to ensure full participation We have spoken to our operational trainer to provide further care and dignity and distress reaction training	
Cherry Trees 26/09/18 ★★★	-A welcoming manager who engaged well with residents and seems open to new ideas -Staff who seemed caring and positive when interacting with residents -Insufficient daily activities taking place	reminds staff to address residents using the name they have asked to be used -ensures drinks accessible -reviews the menus to ensure a wide variety of food including cooked vegetarian options -ensures there are written and pictorial menus availablereminds staff to think about (appropriate) TV volume/heat -reminds staff to ask residents whether they would like a bibputs up pictorial signs (and words) on all communal doors	you mentioned that you heard one of our staff call a resident 'granny'. This resident likes to be called this by staff and it is documented in her care planit puts a smile on her face. You also stated that one of our residents had said 'I have eggs seven days a week', I can assure you that this is her daily choice We will start using more open questions when asking her what she would like to eatWe do not feel it is necessary to have these picture signs on every door We run a staffing levels analysis based on a model that has consistently shown that we are actually overstaffed Residents are actively encouraged to make the most of the beautiful grounds	Within 4 months we managed to cover most of it. We discussed: -Address residents using a name they preferred, -We also enforced the importance of having drinks accessible to allWe mentioned the tv volume and heat in all communal areas, -Asking all residents if they would like a bib Our Chef cooks any vegetarian option that the residents would like, a new menu was designed for vegetarians.

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		-asks residents whether they might like to get more involved so it feels more like home -puts up a schedule of activities -continues to involve volunteers in activities to give residents opportunities to go outside etc(more) exercise sessions for residents e.g. chair-based ones -involves residents in feeding the ducks -contacts the Home Library service for audio booksstarts get together group activities in the lounge e.g. cards, dominoes, knitting etc -puts audio description on personal TVs where residents might have a sight problem -contacts The Macular Society and Bucks Vision for support	and have never been denied access based on staffing levels. We have recently invested in outdoor call bells to further safeguard these residents who wish to be outdoors more We had a dedicated activities co-ordinator who had to take time off due to a family crisis. We have offered our carers the opportunity to pick up the mantle in the interim whilst we advertise for a new activities co-ordinator. We are putting into place a system where we inform our residents of the activities and the menu for the whole week which will be distributed on a Sunday. This will also be displayed on the new TV screen that we have in our reception.	at Christmas time, we had residents helping us put up the Christmas tree and decorations around the home and had one of the residents help the cook with food preparations, as he was a keen cook growing up. We have now employed a full-time Activities Coordinator who works at least 40 hours every week she has been doing one to one with the residents to see what they would like to do She has also rolled out an activity's planner, which includes Chair based activities
Chesham Leys 15/01/19 ★★★	-Staff seemed happy to oblige but need prompting to give individuals what they want -Wide range of views on menus and the eating experience -A good variety of activities	-ensures residents have accessible call bells/pendants in (all) areas -reminds staff to anticipate personalised care and remember preferencesdeep cleans the carpets outside the lounge and dining room on the ground floorreminds staff to knock on doors and wait for permission before entering -maximises choice through cups appropriate to each person's needs	Thank you for our Dignity in Care report - we will take this as a constructive opportunity to have a fresh pair of eyes view our service and take on board your comments In response to (the) recommendations: • All residents are initially assessed for pendants in communal areas. As needs change individuals are reviewed and reassessed • We are undertaking regular resident meetings and have an upcoming consultation day where the wider dining experience will top the agenda and staff are constantly engaging residents with regard to nutrition/ hydration • Unfortunately there was an odour on one group at the time of your visit as someone had just received personal care in the toilet outside of Bovingdon lounge. (The survey states that	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		-remembers to ask what people would prefer to eat rather than assumereviews the menu options and quality ensuring they are readily accessible to residents -creates a pictorial activity schedule & pictorial menu for Bovingdon Group -increases interaction, and activities, between staff and residents in Bovingdon Group	90% of respondents felt 'They have excellent control over any undesirable odours'). • With regard to maximising choice, 93% of survey respondents stated 'the care team proactively consult and listen to views of residents, relatives or friends'. • The high level of activities, engagement and interaction between staff and residents on Bovingdon has received wider praise across the Fremantle Trust100% of respondents felt that (we) provide high quality care & support.	
Chiltern Manor 12/04/18 ★★★	-Many residents satisfied with the care -Cosy, clean and well decorated - Quality of food was praised but no written or pictorial menus -There are good intentions and new initiatives have started to improve the home e.g. The Dignity Champions, but all staff need to ensure they put this into practice	-train the whole team in Communication -ensure that remarks mentioning residents' capabilities are not made within the hearing of (others) -introduce pictorial menus and activity schedulesmake water/cold drinks easily available to residentsconsider the use of technology e.g. iPads to help residents see pictorial menu choices / skype relativesaccess Dementia Care training for the whole team to increase understanding	we have already got communication training booked for staff (June), and advanced communication training (July)We are bringing in the pictorial menus in 2 weeks we previously had drinks (in the lounge) but due to safety it was moved to the dining room We will put up a sign to indicate where clients can find cold drinks Staff are going to have training sessions with the new dementia champion the new menus would be placed on the dining table and in the foyer as well. The different choices are listed on the daily request menu which is taken round each day for them to make a choice we have a lot of clients with the similar names and sometimes the pronunciation comes out wrong this is not because we don't know who they are but that they sound similar. With regards to the client saying that we keep forgetting their egg allergy. I did tell the ladies that this client has dementia and in fact they think that they have gone out singing the night before when they have not. Them saying things about their allergy is something they are saying as they cannot remember things.	-communication training supervisions undertaken -pictorial menus are in place and winter menu also being updated to include pictures -activity schedules are displayed on the board in the entrance and a copy will be given to clients -the use of tablets to assist with communication is not something we have discussed yet. The home does have computers clients can utilise and we will discuss with family and clients if this is something they would like to pursue. - Quality in care team stated that the training we have already introduced was good

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
Cliveden Manor 10/05/18 ★★★★	-A well designed, relaxed but accessible home especially for those living with dementiaA wide range of activities and personal choice and independence is promoted	-Introduces picture menus for those living with dementia and others who find it difficult to read. Some residents may find these preferable to having a member of staff read the options out to themIntroduces pictorial activity notices particularly in The Willows -Increase the variety of vegetables on the menus.	Our Head Chef holds a monthly forum which is well attended by our residents. We listen carefully to all feedback which is overwhelmingly positive about our menu's and food. Daily, our Restaurant Manager and his team are continuously engaged with our residents to ensure we monitor our performance effectively. In instances where feedback suggests we could improve, we work closely with residents, often on a 1-2-1 basis, as part of our commitment to deliver an outstanding person-centred service.	We consulted with our Dementia unit staff and with family members and the overwhelming consensus was to plate-up all the meal options and visually encourage our residents to choose what they wanted based on sight, smell etc. Our staff describe the meals, and this has worked very well. Pictorial activity notices have now been implemented. We have introduced two significant projects 1. we have purchased hand-held tablets which are populated with specific residents play lists of preferred musicEach has a tablet, a set of Bluetooth headphones and have responded very well to the therapy. 2. (Those) residents living with dementia who do not benefit from group activities are allocated a specific staff member every day who interacts with and deliver activities to the resident on a 1-2-1 basis Our Chef now purchases a wider range of seasonal vegetables Feedback re our food provision and hospitality overall have improved.
Hamilton House 12/12/18 ★★★	-Residents said staff were caring and they were happy -Staff seemed to try to accommodate lots of residents' preferences from meal choice to activities	-introduces pictorial signage on toilet doors to help those living with dementia -looks to decorate different corridors in different colours to help with orientation -replaces low-to-the-floor toilets with higher ones	It was unfortunate that the family member felt we were low on staff, I can assure you we staff over our expected needs however this never appears to be enough to some families unfortunately. Overall the report was fair and gave a good insight into what others see. I will endeavour to improve our service based on your findings to the best of my ability.	The manager has not provided a further update.

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
	-Caring, attentive staff who seemed to have a good rapport with residents	-continues with their refurbishment plansensures the smaller lift is more reliable to allow residents to access services easily	Thank you for making your visit undisruptive and for ensuring residents, staff and visitors feel at ease.	
Holmers House 22/10/18 ★★	-Little interaction between staff and residents -Not much involvement of residents in meaningful activity No scheduled activities advertised and very few trips out -Some good pictorial signage but little else to aid those living with dementia	-spends more quality time engaging with residents -ensures person-centred training and communication training takes place and is put into action -remembers to ask residents questions about whether they would like to participate in an activity and not just assume -explains what is happening, and why treating residents as equals -offers residents a choice of drinks served to their taste -provides crockery and cutlery appropriate to people's needsuses photos of meal options, introduces a pictorial menu or shows plates of food at every meal to enable those living with dementia to choose -offers more meaningful activities, linked with individual's likes and dislikes, including ones based around exerciseintroduces more reminiscence items into the communal areas to stimulate conversationputs up pictorial and written activity schedules	I am pleased to hear that the residents express(ed) their positive views about the staff, I am saddened to hear that the visitors did not share the residents' views Much of our funding is provided by the local authority, and their lack of any substantive increase means that there are times when the staff are not able to spend as much social time with residents We do recognise an agency staff member new to the home, will not know the residents as well as others We try to have a number of different activities going on each day and try to ensure we capture at least one thing that each person would be interested in doing we are not able to provide additional staff to allow for more one to one engagement All our staff receive comprehensive training around dementia Staff also recognise that when supporting people living with dementia, "activities" is less about games and crafts etc, and more about supporting people to continue with regular homemaking tasks We try to ensure we have many choices in the home, however since your visit we have spoken with residents and they have chosen some alternative options we have since had a discussion with staff about the importance of continuing to offer choices Following your visit, I spoke with the staff member whom you witnessed telling a resident that they couldn't sit down. They explained that they werejoking around as they always	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		riendly aids in communal areasensures the garden is accessible to allregularly checks and changes light bulbs and removes 'wet floor' signsensures sharp objects such as razors are not accessible where these might cause an accident ensures beds are made and rooms tidiedtries to ensure clothes are returned to the owner after laundry and residents are dressed in clean clothes -involves more volunteers to enable more activities to take place in the home and increase the trips out of the home	do and did not realise that this had been viewed as a negative experience by others The premises is managed by a separate landlord for which we have limited control over repairs, The furniture was upturned due to the recent rain We have since purchased a number of other items to place in the lounges to make the areas more homely The main reception area the missing tiles were as a result of a water leak that had been repaired an unmade bed may not mean that that the bed was never made in the first place following you highlighting (the blown light bulb), a sign was placed on the door to notify that the room was out of action residents have the choice on if they shave or not even if their choice may be deemed unwise People living with dementia can at times be reluctant to change their clothes immediately, we have a number of legislative requirements around mental capacity and DoLs that we must follow; this can be challenging for relatives unaware of these safeguards and would act differently if caring for their loved one	
Icknield Court 27/07/18 ★★★	-Little interaction observed between staff and residents outside the lunchtime period and then conversation seemed to be one sided and not always positive -Most activities seemed sedentary, based around music and film, and only one a week was exercise based	-ensures all staff have undertaken dignity in care and safeguarding training recently and understand that the small things can have a big impactencourages all staff to interact more with residents encourages all staff to talk in a patient, non-condescending way focusing on the person -looks to improve the quality & the range of the cooked food	(We) have a clear Dignity and Respect procedure that underpins our valuesThe recent CQC report noted "We observed good interactions from staff towards people they were supporting. "Care and support was given with attention to people's dignity and was provided in a respectful manner". Similar observations were made by yourselves in your report which appears to be at odds with the reported observed interactions Staff, having supported all residents to get up, and prepare for their day, will at times take their morning breaksSo during their breaks they will sit and talk to their colleagues. Breaks for	I and the senior team lead by example and treat everyone with dignity and respect. (We) provide feedback (includes safeguarding) at the senior team and now also at general staff meetings we now have a resident laying tables, and another helping with drink preparations. We have also care staff working alongside residents in laundry folding and dusting at times when the residents wishes to do such things. I am encouraging more integration between all staff

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		-ensures all dementia 'houses' are all decorated with stimulating pictures etcensures stains and smells are quickly cleaned up and there are no trip hazardsbuys more fansintroduces pictorial menus to help those to struggle to read reminds staff that they must knock on doors and waitintroduces more exercise classes to maintain muscle and keep residents both more physically mobile and mentally stimulated -tries to get more able residents involved in everyday activities, in their home, such as laying tables, watering the raised beds etc -looks to do more activities downstairs as well as upstairs -replaces white grab rails with those in contrasting colours to aid those living with dementia	staff are very important Our last resident survey identified that 95% of residents felt that their daily routine was stimulating and fun We are due for some environment refurbishment. We are also fully engaged in our dementia strategy programme, with the building now having black toilet seats, yellow and black toilet signs and interactive wall art, all to support the residents living with dementia. I have arranged yellow name badges for my staff to ensure their names are clearly visible to the residents The cleanliness and control of infections in all care settings is a challenge. My housekeeping team work really hard in ensuring Icknield Court is clean and hygienic We have tried many versions of the accessible menus but have been informed that these can be patronising but I am happy to discuss revisiting this with the residents and my Chef The company invested a great deal of money in the purchase of additional equipment to keep people cool Many of the essential cleaning and maintenance has to take place at the night we continue to reduce disturbances In the last survey, 93% of residents told us that the garden is attractive, well maintained and accessible We undertake many individualised activities, such as watering the garden, walking to a local art show, assisting to make cakes etc We support our residents in activities but also their right to accept or decline such invitations We have volunteer drivers who regularly support residents to activities outside of the home Where large numbers of residents have wanted to join in e.g. a sea side visit, we have hired a large coach.	groupsI have made care plans more person centred we now have comments book for food, individual likes and dislikes being shared, allergies remain being monitored. We have also made changes to the menu after feedback from our residents, ie less lamb and additional lighter meals from 1st April 2019 and also our 'something else' snack menu We also actioned a residents/ family consultation meeting to shape the changes we have had new furniture in our communal areas, and painted residents colour choices and had new carpets fitted. Our dementia champions have worked hard in decorating the houses and used their residents' meetings as a source of influence as displays are now being supported with resident involvementOur activities do cover exercise classes and we have more involving musicwe are developing individual house activities a newly recruited member of the activity teamwill be focusing on individual movement options and increasing dance/ movement We have activists arranged both upstairs, downstairs and outside now working on House 1 with resident's involvement in the garden planning
Lime Tree Court	Permanent staff who knew residents well	-regularly checks whether anyone is watching the lounge	Thank you for your e-mail. We regularly use music, and the radio in the lounges and switch	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
26/02/19 ★★★★	and treated them as equals A range of activities and was available and staff encouraged residents to try new	TV & maybe change to music /radio -puts up a daily pictorial & written menurefurbishes the upstairs shower room as soon as a solution to	between them Although we speak to each resident in the morning to discuss what is available for mealtime, we will add a written menu on the noticeboard. The upstairs shower room is being refurbished in the next few months.	
Litslade Farm 22/05/18	things -A small, very relaxed care home where staff know residents well -Lots of activities and options focused on individuals' preferences	the knock through can be found -contacts Turweston flight centre to see whether their flight deck café has wheelchair access for a day out, particularly for the resident who likes planes.	Dignity in care is always at the forefront of care we provide at Litslade Farm and the whole staff team works together to ensure that they continue to offer choice on things such as activities Thank you for the suggestion of the flight deck café one staff member has already looked into this possible activity.	
Mandeville Grange 24/01/19 ★★★	-Cheerful staff who seemed to know the residents well -Some good examples of one to one activities but few group ones	-introduces a choice of two main meals at lunch time -puts up a weekly menu -makes healthy snacks available -considers clearing the "quiet room" for a dining table for 6-8 with chairs so residents could eat meals at a dining tableensures appropriate risk assessments take place to enable those who want to go out unaccompanied to do soincreases the number & variety of trips outincreases the number of group activities to get residents talking to each other / making them less dependent on staffasks residents what they would like to do but considers introducing card games and board games e.g. Ludo, baking, and planting seeds, activities, in the 'quiet room' and knitting	We have taken on board your suggestionsWe now display our weekly menu and ensure meal choices are more obvious to our residents. We have also created a more accessible dining space for our residents, moving the dining table out of the "quiet room" and into the main lounge area. Regarding our activities we do not feel that this report is accurate We have been a member of this Bucks Home Library Service for a long time Our activities co ordinator already plays cards games and board games with the residents and we have some residents who have used our indoor planter to pot plants and plant seeds. On our weekly activities calendar it shows we have one group activity every day. We have joined the "Never Alone" (monthly) coffee mornings, an activity group to help support and connect people in the local community. Our residents went to this on 14th Feb. We are also part of a local care home initiative called "Friendship Group" 6 local care homes take turns to host events for all residents monthly. Our residents have already visited two other homes this year.	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		-enables more residents to go out into the community and brings more groups in -signs up to the Bucks Home Library Service	Aylesbury Youth Action volunteers will start visiting Mandeville Grange from April onwards, on a weekly basis.	
Milton House 18/06/18 ★★★	-A bright, clean, spacious home where the long-term residents are supported with their choices within the home -Patient staff who treated residents in a respectful way although little conversation	-tries to encourage more staff /resident interaction -turns the TV off when no one is watching it considers music or the radio as an alternative -looks to provide more activities that match with the interests of the residents e.g. perhaps a record player, or crafting / scrapbooking about interests or trips out, reminiscing activities as one resident enjoyed showing us his photo album -replaces the worn name plates on the bedroom doors with new ones if this is what the residents would like	Thank you for your draft report and email. I believe it is a good reflection of what you observed on the day, and we will definitely take your recommendations on board. Thank you again for your visit and for the opportunity for us to reflect and consequently improve care practices for our residents	- staff are more aware & have more meaningful and personcentred conversations with residents. (They) suggest/offer/inform residents prior the actual activity and seek the residents' response I can see more interaction between staff and residents during meal times. Staff always asks residents what they would prefer to listen to during their meal time We aim to provide person centred activities to all of our residents e.g. we play dominos & read a book on 1:1 basis, do exercises in small groups our residents enjoyed day trips during the summer, & two residents chose a week's holiday in Isle of Wight the majority of residents (have been) supported to have personalised name plates on their bedroom door.
Nicholas House 04/09/18 ★★★	-Lots of staff who seemed to know residents well -A huge range of activities, inside and outside the home, including many to promote physical	-ensures that the relevant weekly menu is on display -ensures that the correct monthly activity schedule is on display -displays a safeguarding notice in a much larger font size	There has been Resident's meetings, but as a lot of our Residents have some form of dementia there is not a lot of interaction and many don't remember. We have not had any Relative meetings. The staff have assured me that jugs of juice and water were out for the Residents, as every day. We will endeavour to show the correct menu and activity schedule. I	Yes, we have rectified your recommendations. There is a weekly Menu on display, showing the relevant week. The monthly activity sheet is for the current month. The safeguarding notice has been replaced with a larger font.

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
			will also change the safeguarding notice so it is clearer for everyone.	
Pennefather Court 03/12/18 ★★★	-A good rapport seen between staff and residents -Residents participate in a wide range of meaningful activities in a home with a positive atmosphere	-ensures that, when assistance is given to a resident to eat, the carer is at eye levelputs a fruit bowl out in the dining room for those who might like to help themselves to snacks -involves residents more in meal preparation (including sandwich making say at lunchtime), setting & clearing tables, etcinstalls a sensor outside light from the kitchenette for anyone going outside (in the dark) for a cigarette or any other reason -installs free Wi-Fi -encourages residents to do more inside the home such as baking, quizzes, and some appropriate physical activities e.g. throwing a soft ball from one to another	Pennefather Court would like to thank you for your report We have highlighted to our support team the importance observing good practice at all times when proving care and support, e.g. providing assistance at eye level for wheelchair users. Fresh fruit and savoury snacks are on offer throughout all communal areas Residents of Pennefather Court currently get involved in setting and clearing tables (they) are encouraged to participate as much as they are willing in this task, we will be taking the opportunity to further encourage involvement in future resident meetings We are seeking to recruit to our vacant activity co-ordinator post at present and hope to revive previously offered activities such as preparing meals, gentle aerobics to suit the abilities of the residents, arts and crafts and gardening WIFI was installed in August 2018 and it is accessible to residents for personal use. We have purchased 2 floodlights for the rear garden; to be installed in the next few days.	Insufficient time has passed to follow up with the manager
Pratt House 12/07/18 ★★★	-Residents and visitors spoke highly of staff and care given although we saw minimal informal interaction -Some corridors and rooms upstairs were cluttered with equipmentThere were no menus and only a hand	-encourages staff to interact informally more with residents in the communal areas and at mealtimes -creates both written &pictorial menuscreates a pictorial and written activity schedule and makes this easily accessible for residents and visitors to look at -changes grab rails in communal toilets/bathrooms from white	All residents are given the choice of when they wish to get out of bed Some are woken due to specific medication needs All are asked for preferred choices of white or brown bread I am looking to implement a continental breakfast served in rooms then a cooked breakfast in the dining room later. Also, we will be, at mealtimes, offering the choice of 2 plates of food. This will enable them to choose their meal, not only by sight but also by smell We will be ordering a skip very soon to clear the clutter around the home The weather on the day was 25 degrees and most residents	-Staff continue to spend mealtimes with residents and converse when passing or stopping for a chat. - All residents and families have access to a written menu. Pictorial menu is still in progress but individuals who find choice more challenging are offered their choice on the day, at the table enabling them to use their sight and smell to choose their meal. - Our new activities co-ordinator starts 1st December. He is a

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
	written daily activity board	to a contrasting colour to assist those who live with dementia -changes the clock in the dining room from one showing roman numerals to large clear digits -increases the time residents can spend in the gardenensures all activities match with the interests of the residents and are person-led -creates better storage facilities for all the wheelchairs, hoists etc presently stored in less than ideal areas.	preferred to remain inside We have been trialling a project called Dementia Adventure, encouraging people to spend time outdoors enjoying nature. The resident who has not been out for 2 years has chosen to stay in, however she came out on one of our trips last week to Henley; a boat trip down the Thames and afternoon tea. We have 2 full time activity coordinators who offer 1 to 1 time and take residents out for short walks, spend time in the garden and assist them to attend the local shop. I have been working with them to produce an activity schedule The coordinators also complete paperwork daily displaying 'what went well' 'what didn't go so well'. This enables them to change or add activities Newspapers and magazines are delivered to residents who ask to purchase specific ones Pratt House also arrange physio through NHS for those accepted by their local GP. The optician regularly visits. Staffing ratios are increasing, enabling staff to spend more time with residents during the day. At present staff eat meals with the residents and always say hello when passing people Job raised with property team to change grab railsAdditional clock will be purchased The new extension starting in October will give better storage facilities.	current member of staff and we have met to discuss activity schedule. One area has been designated to display activities and these are displayed daily. - Grab rails: These have now been changed. - Second clock purchased - Residents always have access to garden area and some will spend time outside when they choose to - Resident Survey completed and priority for new A-C is to spend one to one time with individuals gaining more ideas. - Extension has been delayed to the new year but storage opportunities remain on the plans.
Rock House 27/04/18 ★★★	-A very friendly, welcoming care home where staff deal kindly and patiently with residentsThe building is old and not purpose built and as a result the layout may be confusing to	-shows the daily menu on a whiteboard in each dining room & puts photographs of meals on each table showing the choicesensures there are soft alternative options available to residents who might not be able to eat either menu optionhas water available in both dining rooms.	-We have now put up two white boards and the Chef now writes the days menu, so it can be clearly seen. We are starting to take photos of the meals so these can be laminated and put on the tables Soft options e.g. omelettes are available for those who do not fancy what is on the menu. The plastic cups are used only for morning and afternoon teas/coffee as some of the residents find it difficult to hold china cups as too heavy However I have instructed the	All of your recommendations have now been implemented.

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
	people living with dementiaWorks are being carried out to address some of the problems including making the garden more interesting and user friendly.	-displays a timetable of activities in prominent positionsconsiders introducing more physical activities for more able residentscontinues working on their memory boxes outside bedroomsputs photos on bedroom doors to help those with dementia find their rooms easilyconsiders utilising part of one of the dining rooms as another area for seating as the main lounge is very busylooks to involve more able residents who may wish to help with certain simple tasks such as laying tables etcserves, where appropriate, hot drinks in china instead of plastic mugsplaces healthy snacks, where residents could help themselves	kitchen to put china cups on the trollies for those residents who can manage them. I have also instructed kitchen team to ensure that water is in both rooms The residents do go out to exercise if they want to and one male resident is taken to the village to the coffee shops Unfortunately, most of our residents are living with dementia and do not remember activities that they have done so we try and capture these times on camera We have residents who lay and clear tables after meals fold laundry and take a duster around with them, we try to keep our residents independent and encourage meaningful tasks where possible. Memory boxes are being done for all our residents; some are taken longer than others as having to wait for families to bring in special pictures and photos, but most have been completed Residents who have severe dementia are escorted to their rooms, so they arrive safe and unharmed. We have also adjusted the medication times so medication is not given during meals. We will put up a board in the main lounge showing activities, so it can be seen more around the home.	
Seeleys 06/11/18 ★★★	-Most of the staff interactions we saw were very positive -Some of the residents could participate more in the home's everyday activities	-puts up a pictorial weekly menu in the dining room and ensures the daily one showing the evening meal is updated prior to the evening -asks what each resident would like to drink with a meal and offer at least water as well as juice as options. Serve drinks in containers appropriate to the needs of each person. Perhaps transparent glasses might have	The two clients had been in respite for a number of nights. Staff had reviewed the menu choices the day before and supported the clients to make choices for their evening meals. Both clients have full capacity and are able to ask for any drinks of their choice. There is a water machine in the dining room We also offer a range of cups/ glasses/ beakers to suit all needs. We review menu choices with clients on a 1-1 basis, do not use a pictorial menu for the whole week. This is because some of the clients would find this amount of information overwhelming One client attends the service	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
		been more suitable on the evening we visited. -encourages staff to sit down to eat alongside residents especially on evenings when there might only be two residents staying to make a meal more 'like home' -encourages residents, who are able and wish to, to participate in helping prepare meals, wash up, set tables and other every day activitiesconsiders putting up weekly photo staff rotas up in both dining room and lounge so residents can check for themselves who is on duty when -puts up a written and pictorial activity schedule so residents can see what options they might have when. -increases the number of exercise-based activities to encourage residents to keep fit and healthy	when her family go on holiday. She treats her stay as her own "holiday" and has made it clear she does not wish to get involved in domestic chores. The second client had just returned from a busy day at her day service, she was tired, and she likes to relax when she comes in The kitchen at the service is not suitable for clients to be supported with cooking activities, due to its layout and size. However, clients are encouraged to take part in meal preparation in the dining room where appropriate and baking if they choose On the day of the visit there were only 2 clients in the service, both were taking part in their chosen activity. Each has an individual person centred activity plan tailored to each person's skills, capabilities, and interests There is pictorial evidence of the wide range of activities clients have attended. We regularly receive positive feedback from families who say they are happy with the activities offered to their relative During meal times, staff are supporting the clients and ensuring their needs are met. This could not be achieved if staff were to sit and eat also. (The rota in photo format) is in the lounge on the wall	
The Chestnuts 06/06/18 ★★★	-We were told staff are friendly and staff told us they enjoyed working in the home -Whilst the units' décor was bright and clean there were too many notices placing restrictions on visitors which may	-prints pictorial menus on the reverse of the written menus in the units where residents might struggle to read -ensures the correct days menu is displayed -enables visitors to eat or sit with their relatives during mealtimesensures those who may no longer see well have access to	On the day of your visit not all the dining areas had been set out as we would have wished. We are about to move to a provider who are going to supply new visual menus A number of our relatives already enjoy meal time experiences with their loved ones Understandably we also have to take into consideration the wishes of all residents and therefore there may be occasions when sharing mealtimes may not be appropriate within the communal dining areas. Thank you for your suggestion of access to talking books etc a	 We have new menus supplied by apetito our new food supplier; not yet had pictorial. Menus are changed by night staff ready for next day; there are daily menus on tables weekly menus on walls. When the units are full we make arrangements to set up an area for visitors to eat or sit with their relatives

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
	also impact on residents' self-esteem -More care needs to be taken to protect each resident's privacy	audio / talking books via Bucks library, Calibre audio library / RNIB -removes notices asking relatives to visit residents in their rooms to prevent upset to other residents in the lounge -considers turning TVs off when residents are not in the lounges -tries to create more groupings of chairs to enable residents to talk to each other in the lounge rather than sitting in two rows -removes the A4 laminated details about individuals' diets from public view -brings the standard of décor in the entrance hallway and lift and corridors leading to the units up to the standard of that in the units themselves -ensures everyone knocks on doors and waits for consent before entering a room -looks to create a pictorial activity board for those unable to read the activity whiteboard -looks to create more opportunities for residents to go out perhaps through recruiting more volunteers	number of our residents already enjoy this facility. Thank you for your suggestion regarding the removal of the request for families to meet their relatives in their rooms, this request is in place due to a number of our residents asking for their privacy to be respected and their lounge area to remain a quiet seating area. I understand you observed a television remained on in a lounge area not being used. While we would not routinely leave the television on however residents will frequently leave the lounge area to use the bathroom or return to their rooms and it is not always practical or desired to turn off the entertainment. I understand you observed the positioning of the chairs in communal areas were not grouped, we do aim to avoid where possible chairs positioned in rows however we also have some residents that move chairs around and prefer a theatre style arrangement for watching films etc. Thank you for bringing to our attention details of individuals diets, these have now been removed. An on-going redecoration program is in progress All staff are aware of the need for consent to enter residents rooms, staff have however been reminded of this. Our activities coordinator works very hard to promote activities around the home and a pictorial planner is available. There are frequent opportunities for residents to go on outings I believe many of the residents you met are living with dementia and may have responded to your questions according to their level of understanding.	-(access to audio / talking books)This has always been in place(removes notices asking relatives to visit residents in their rooms) this has been done but we do have to ask relatives to do this when lounge area is full (considers turning TVs off when residents are not in the lounges) residents walk in and out of lounge areas as they please so this may have been on the day you visited Our chairs are moved into groups daily sometimes resident ask for these to be moved into different potions (removes the A4 laminated details about individuals' diets from public view) This has been done we have an on-going decoration program in place (ensures everyone knocks on doors and waits for consent before entering a room) All staff are trained to do this and feel that as manager this happens here (pictorial activity board) now displayed around the home I wish to let you know that our residents go out many times every week.
The Croft 06/02/19	-Residents & relatives praised the care given -Some people wanted food improved	-improves the quality of the food being cooked -continues to push the landlord of the property hard to	The Croft have completed meetings and surveys to improve the quality of the catering we have ordered better quality battered fish, fish cakes and fish fingers from our supplier,	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
***	-Residents were offered a reasonable choice of food, drink and what they would like to do	complete outstanding maintenance work -introduces regular chair-based activities to maintain / improve mobility -continues to bring in community groups e.g. local scouts who may be interested in getting involved with the home as part of a Community Impact badge -encourages staff to chat with residents during mealtimes /sit and eat with them - plays background music during mealtimes if the residents would like this -arranges more trips out	ordered new serving dishes & serving ladles to ensure that vegetables are adequately drained and hot when served, ensure that plates are warmed prior to serving food, ordered more choice of fresh vegetables and fruits & introduced snack boxes for residents We can report that the outstanding maintenance work is now almost complete We have now recruited another activities organiser and we are utilising a local dancercise instructor to visit twice a month. Our activity organisers will also be offering chair exercises, skittles and ball games weekly. We have entered into a pilot scheme with Amersham Museum 'Make your Own Memory Box' and organising visits to the Museum for our residents. We have students on placementand young peoplevolunteering from the local Grammar schools We are now working closely with Age UK and local community groups and the manager is applying for community grants to ensure we can offer more trips out. We have spoken to staff to encourage them to chat with residents during mealtimes and sit and eat with them when time allows if the resident would like them to. We asked residents if they would like us to play background music during mealtimes and they stated they did not want this. At the Croft we accept that we would like to be in a financial position to improve the décor. However, we are a charity We have a good solid core of permanent staff and where we use agency staff we endeavour to use the same people regularly	
The Red House 20/11/19	-More meaningful activity taking place than on our previous visit	-reminds staff to always engage with residents in a dignified and respectful way	I spoke to this female healthcare assistant, she and a colleague assisted this resident who had had an accident after leaving the toilet, she saw that you ladies were there and did not	Insufficient time has passed to follow up with the manager

Care Home & visit date	Findings	Recommendations	Immediate Impact (Manager's response often shortened)	Further Impact 6 months on (manager's response often shortened)
***	-Some staff still need support when interacting with residents in a dignified manner	remembers to ask if a resident would like a bib or not -enables residents to always have a drink to hand has a second member of staff available in the dining room to support residents and ensures the meal is not rushed ensures residents are properly supported when being assisted to move from a wheelchair removes the sign restricting visiting between 8am and 8pm puts a picture, recognisable to each resident, to help them orientate themselves and find their bedrooms easily. looks for opportunities to take residents out more	want you to think that the resident was being ignored, this carer apologises for sounding as if she was degrading the resident all residents are given a choice of what (and where) they would like to eat and whatever time they wish to eat Each person's care plan assesses whether they need any additional specialist equipment eg. Plate guards and a bib I can confirm more than one resident that detests lights being put on in their bedrooms, they will curse and shout and get angry if the lights are put on, therefore we have to respect their wishes The visiting times sign has been removed. We do apologise for the odour we have alerted our cleaners to make checks often Activities cannot always be done at the scheduled time, some residents do not participate at that particular time, so this will be again attempted later on or a different option attempted. Any games are left on the table so that people that do not understand how to play the game can still fiddle around with the game whenever they wish. We have relocated the fidget board to a more accessible spot. We can confirm we have many outings but it depends on the mood and wishes of the resident at the time We also take residents out to visit friends/ family that cannot visit them in the nursing home.	

If you require this report in an alternative format, please contact us.

Address: Healthwatch Bucks

6 Centre Parade, Place Farm Way, Monks Risborough, Buckinghamshire

HP27 9JS

Phone number: 01844 348 839

Email: info@healthwatchbucks.co.uk

Website URL: www.healthwatchbucks.co.uk

Twitter: @HW_Bucks

Facebook: HealthWatchBucks

Governance: Healthwatch Bucks Ltd. is a company (Registration number 08426201) which is a wholly owned subsidiary of Community Impact Bucks a Charity (Registration number 1070267).

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

© Copyright Healthwatch Bucks 2019