



Dignity in Care Annual Report

April 2020



What is the project about?

Each year, we visit 24 locations looking at Dignity in Care. Since 2014, we have made 131 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 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 were asked by Buckinghamshire County Council (now Buckinghamshire Council) to find out if people are treated with dignity. Our three goals were to:

- 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?

This year we made 21 Enter and View visits to care homes where adults live with residential and/or nursing care. In addition, we made 3 ‘Enter & View’ style visits to houses where people are supported to live where they do. We made our visits between 30 March 2019 and 29 February 2020, prior to the outbreak of COVID-19. Each visit was led by the project manager with between 1-3 volunteers. Each location was given up to two weeks’ notice of our plan to visit but not told the time or date. We talked to residents, visitors and staff to help us understand what is done well and what could be done better. A draft report with our observations was sent to each manager for their comments. These were included in our report which was published on our website. Four months after our visit, we contacted each home again to find out what more had changed.

We spoke to 271 individuals and observed a further 361 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?

Our findings 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”](#), February 2018, NICE;
- [“Promoting positive mental wellbeing for older people: A quick guide for registered managers of care homes”](#), May 2018, NICE;
- and the Care Quality Commission (CQC) publication [“What can you expect from a good care home?”](#)

Our [individual Enter & view reports can be found on our website](#) or accessed individually from Appendix 1. To see what actions each has taken 4-6 months after our visits, please read our “What can you expect from a good care home” quarterly reports. [The last one was published in April 2020](#). More details about the project can be found in Appendix 2.

Overall

Our observations were generally positive:

- + Eight (33%) of the locations visited were given an overall rating of 5 star and nine (37%) 4 stars. Six (25%) received 3 stars and one home was rated 2 star.
- + One report led to Buckinghamshire County Council immediately contacting the service provider. They implemented a six-week improvement plan as a result.
- + 18 out of the 24 homes have made changes because of the recommendations we made. However, six have chosen not to or have not told us about any changes. This year, following the outbreak of COVID-19, we stopped asking for feedback in early March 2020 so providers could focus their activity where it was most needed.
- + Most care homes understand the importance of keeping residents engaged mentally and physically in their lives. They provide group activities designed for different parts of their communities. Some also provide one-to-one interaction for those who are bed bound or who choose not to participate in group activities.
- + There are, however, still homes where insufficient staff, or insufficiently skilled staff inhibits their ability to give dignified care in all areas.
- + Several care homes in their response told us about the training staff had received, standard procedures within the home, what had been written in care plans, or activities which were possible. They unfortunately did not address the fact that we raised the recommendations because we did not see dignity in care in practice, or because we did not see the home flexibly responding to each individual.

“Mental wellbeing is about life satisfaction, optimism, self-esteem, feeling in control, having a purpose and a sense of belonging and support.” (NICE)

Treating People as Equals

“Staff treat you with dignity and respect. They spend time with you, develop trusting relationships and are concerned for your wellbeing.” (CQC)

Build Caring Relationships

In most of the places we visited, residents and their visitors were very positive about the staff and the care they receive. Many said that staff had time to talk with them or someone would check on them as they passed their bedroom.

“There’s always someone looking in to see I’m alright.”

“I’ve got nothing but praise for the staff.”

“(X) is unbelievably well looked after.”

“You literally can’t pay for the genuine care you find here.”

We also saw, in 16 homes, staff talking at eye level in a patient way, listening to the concerns of a resident, or ensuring the resident had understood what they had said. Most staff were friendly, cheerful and were quick to reassure using hugs as well as words. Many were very knowledgeable about people’s likes and dislikes. In one home, staff at a residents’ meeting discussed future outings and budgets, explaining the issues but also giving them decisions to make.

In over 65% of the homes visited, we reported there were a good number of staff present for residents to interact with.

“They treat me like a human being.”

“I get treated as a person not a patient.”

“Carers are wonderful; they go the extra mile.”

“If you have a problem, there is always someone you can talk to.”

Support Decision Making

In one supported living location, we saw staff encourage residents to make their own decisions, but step in where help was needed, or if the choice was overwhelming. Some residents were told to help themselves or asked to choose between cakes. However, with other residents, staff tailored the question, so the choice was simplified, and waited for an answer before asking another question:

“Would you like a cup cake? “Would you like some juice?”

In a care home where people live with a learning disability, staff prompted residents and helped them answer our questions. We also heard them ask and remind residents, in a respectful way, to do something. When residents asked who we were, staff encouraged them to ask us directly.

Give People Enough Time

However, there were still times when older residents felt staff didn’t respond quickly enough. For example:

- + In three care homes we were told call bells are not answered as people would expect, and in six we saw little interaction between staff and residents.
- + In seven of the homes, residents or visitors told us there was insufficient staff at times.
- + In three care homes, residents told us they are put to bed earlier than they would like or must wait longer than they would expect to be helped to get dressed in the morning.

“Sometimes we have to wait for carers.”

“You wait a long time.” (after pressing a call bell)

Respectful Communication

In four care homes, we heard staff being patronising calling people “sweetie” or “my ladies” and sometimes the language used was inappropriate.

“Thank you, madam.”

“You ain’t gonna throw a tizwoz with me mate.”

In five homes, we also heard staff talk over residents, not include them in the conversation, or talk as if the resident wasn’t present.

“We’ll put her at the table.”

“This was the one (person) I was talking about.”

This illustrates staff working in a task focused way, not thinking that there is a person at the centre of the care they are giving.

“They are forgetting that these are individuals.”

Sometimes residents will make their voice heard. However, some residents are not verbally able to tell people how they feel. Also, as we have found in previous years, many older people don’t want to make a fuss recognising that many staff are very busy.

“They’re doing their best in the circumstances.”

In two supported living locations, we did see staff prepare food for residents rather than try to get the individuals involved in the process. However, in general, staff in these homes did seem to undertake a more enabling role. We saw them encourage residents to empty the dishwasher and bring in washing. Residents were very positive about staff.

“They try to make you as included as possible.”

In one home, we saw an easy read version of the complaints process pinned on the noticeboard, accessible to all.

How our visits have changed how people are treated

Six service providers have told us about changes they have made following our recommendations.

- Two have reminded staff to use the name residents would like to be called and reminded them not to use terms of endearment
- Two have reminded staff not to talk over residents, or talk about them in front of them

- One staff member has been reminded not to use their personal mobile and interact with residents instead
- Two locations have run more person-centred care training for staff
- One is encouraging staff to sit and chat more with residents
- One has reported an improvement in the time taken by staff to answer call bells
- One has increased the support staff available at breakfast time.

Creating a better dining experience

“You are regularly asked for your views about the quality and choice of the food ... and your feedback is consistently good.” (CQC)

“Provide any support needed to make choices and decisions.” (NICE)

Create a Positive Experience

Meals in a care home are often a focus of any day. So, the ambiance, the quality of the food and allowing people a choice of what they eat is very important. In 18 homes, most people we spoke to were very happy with the quality and range of food available. Several visitors were also pleased that their older relatives had put on weight since moving into their care home.

“The food is excellent. They’ve got a very good chef.”

“The omelettes are always fresh from the pan.”

However, in five locations, residents would like the quality of the meals improved. Some, in these locations, were unaware that there was a choice of food at any mealtime.

“It won’t win a Michelin star but it’s better than hospital food.”

“Ok; but not much choice.”

“(It’s) tasteless.”

Support People to Make a Choice

In many care homes we saw a range of cups, beakers and other utensils being provided to help residents more easily help themselves.

Over 80% of the homes allowed residents to eat where they liked; that might be in a lounge chair, their bedroom or at a dining table. We also saw that many staff talked with residents as they helped them eat. Occasionally though, we were present when meals were eaten in silence. In two locations where residents needed assistance to eat, there were insufficient staff to help everyone. We saw some staff having to move, mid-meal, around a table or across a room to help people simultaneously. In two homes, we also saw staff touch food with their unprotected fingers before giving it to a resident.

Most care homes had a written menu available on a noticeboard or on dining tables so residents could check what their options were or remind themselves what was for lunch. Some homes also

delivered written menus and activity schedules to residents' rooms each week. This gives residents control over when they choose to access this information. In six homes, we also saw pictorial menus. These give those who cannot read, or can no longer recognise the written word, a method of expressing their choice. Without this they depend on staff verbally telling them the options and then remembering what they have chosen.

“(They) don't always ask what food you want.”

Access to Food and Drink

In many locations, biscuits and/or cake were served with a morning and afternoon drink. In one care home we saw a carer bring a cup of tea unprompted to a visitor who, daily, helps their loved one eat lunch. In many homes, we also saw jugs of juice or water dispensers in communal areas. This enables residents, who can, help themselves whenever they are thirsty. However, only eight of these homes also had snacks available for residents at any time. In one care home we found that although drinks had been served to those who prefer to stay in their rooms, snacks had only been served to those in the lounges.

How our visits have changed the dining experience

Eleven service providers have told us about changes they have made following our recommendations.

- Six introduced pictorial menus for those who may no longer be able to read a written menu
- One has put out snacks and / or water in communal areas so residents may help themselves rather than needing to ring a bell or wait for staff to appear
- One has reminded staff to offer a variety of drinks during the day
- One has improved the décor in the dining room
- One is now providing drinking beakers / cups suitable to each individual's needs
- One more has made a written menu available to residents so they can remind themselves what they have chosen for each meal
- One has reminded staff not to touch snacks with their fingers but offer a plate to a resident so they may pick something themselves
- One is reviewing the quality of the food provided.

Maximising Independent Living

“You feel safe and protected by staff, but you also have as much freedom as possible to do the things you want to do - regardless of your disability or other needs.” (CQC)

“Each person should feel valued and be offered opportunities and support to express themselves. They should be able to continue to develop a sense of who they are and what they want.” (NICE)

Promote Positive Risk Taking

It is important that everyone receives care personalised to the way they would like to live, whilst supporting them to live as independently as they can.

In many homes, people told us that staff work with residents to achieve this. In one care home, we were told how a resident felt encouraged to do more with his life. When moving in, the manager had asked what he would like to achieve in the home, and this had pushed him to set more ambitious targets for himself than he had expected. He felt staff had enabled him to strive for these ambitions rather than think his life was over.

“Staff recognise that I want to remain as independent as I can for as long as possible.”

“(I’m) able to do what I would do at home.... like shopping and going to town.”

“I feel so much better here (than the previous care home) as I don’t feel like a prisoner.”

In six homes, people were able to make their own appointments or take themselves to the shops in an electric wheelchair. We saw that residents were encouraged to move around, and most gardens were accessible from the communal areas. All but three care homes were clean and tidy.

“I can do what I like.”

“We can go to bed when we want to; there’s always someone to help.”

“It’s what they want to do.” (staff member talking about a resident)

Most care homes where people live with dementia, also had good signage including pictorial signage to help people find their way around. In one home, we saw pictures of nurses on the office door where they were based and of a bath on the bathroom door just around the corner. Many also have memory boxes, or pictures next to bedroom doors, for the same reason.

“It’s home from home.”

However, sometimes residents had to wait, or were not able to do what they would like to do. This may mean they have to spend longer in bed, or in a wheelchair, or sit somewhere other than where they would like to. Again, low numbers of staff may mean a resident cannot go outside in the garden, or to the shops, because they need assistance to do so.

“(A resident gets up) whenever I can get someone to help me.”

(if a resident didn’t choose to move immediately after lunch) “we’ll have to leave you for a couple of hours.” (before the option was available again)

In three care homes, we saw hoists and / or wheelchairs stored in corridors and bathrooms. This is not beneficial for those trying to be independent and move around without help.

In one care home there was no activity schedule at all and in seven there were no pictorial activity schedules. Their absence can mean that there are either no activities occurring, or only some occasional activities. In addition, residents who can no longer read, depend totally on a busy workforce to tell them what might be happening. We talked to lots of residents in many

homes who were not aware of an activity happening, at that very moment, elsewhere in the home.

Enable Independent Living

We did see staff encourage residents, living with a learning disability, to vacuum and to unload a trolley of clean cups and saucers. Getting involved can reinforce life skills and help people become more independent. However, sometimes, staff pushed for time or because it was easier, did things for the residents instead of getting them to help, or do it themselves.

“(I) help with security.”

In one home, staff made a packed lunch rather than getting the residents to help, which we had been told they could do. In addition, whilst some residents could tell us about baking cakes, either at a day care centre or in the home itself, we saw no one involved in preparing a healthy meal. We were also told about older people, in residential homes, interviewing potential staff or getting involved as a general assistant. These roles enable some residents to feel valued because they can contribute to the running of their home. However, staff occupied in other tasks, or not feeling they ought to ask residents to help, contributed to residents not getting involved in six care homes where older people live.

Listen and Act

In most locations, we saw evidence that people are encouraged to share their views with the manager or staff directly or at residents and / or relatives’ meetings.

“If I don’t like something I’ll say.”

“I have a voice and I use it.”

How our visits have improved independent living

Nine service providers have told us about changes they have made following our recommendations.

- Four have increased the amount of signage, including pictorial signage, in corridors to help people orientate themselves
- Two have amended or introduced a pictorial activity schedule to help those make a choice when they may no longer be able to read a written activity schedule
- Two have created better storage for wheelchairs etc
- One has reminded staff to involve residents more in everyday tasks, rather than doing it themselves because it might be easier or quicker
- One says some residents now help lay tables, fold napkins and make table decorations
- One has increased the font size on written menus enabling residents to read these without help
- One has ensured that residents who want memory picture frames/boxes, to help them identify which is their bedroom in a corridor, have them
- One has reminded staff to keep day & date signs up to date to avoid confusion for any resident
- One has housekeepers who now encourage residents to help tidy their rooms alongside them.

Improving privacy

“You have enough privacy” (CQC)

“Give people privacy, especially when delivering personal care” (NICE)

Keep Things Personal

This year, we did not witness any care plans or personal files left where anyone could read them. In two homes staff noticeably dropped their voices when talking about something confidential to an individual. However, in another home, we did hear a staff member ask, in a loud voice, whether the residents in a lounge would like to go the toilet. For the most part, we saw staff close doors when personal care was given, and in four homes, we saw staff adjust the clothing of a resident to protect their modesty. In one home, staff asked us to leave a lounge when they wanted to hoist a resident from a wheelchair to a lounge seat to protect their privacy. We also were present when a resident, living with a learning disability, was gently reminded to change in their bedroom, rather than on the landing. A good explanation about why this was appropriate was given.

“(Staff) absolutely respect privacy.”

“(Staff) manage my dignity as much as possible.”

“No one disturbs you.”

In one home, a resident told us that even when the staff had their hands full e.g. with a tray

“they shout ‘knock, knock’ instead.”

Respect People’s Space

However, we have also been told in five homes that staff do not always knock on doors before entering, or knock and immediately enter without waiting for a response. In two, we were told the door was not always closed when personal care was given. In many homes, residents, who spent a lot of time in their bedrooms, were happy to have their door left open. However, in two, we were told

“Staff ask for the doors to be left open.”

In a location where people are supported to live where they do, one resident told us they found the property too overlooked. Because it is next to the main road, they felt people could easily look in through the windows.

In three homes, there was an issue where people, often living with dementia, are left to shout for some time, in a lounge or a bedroom, so disturbing the tranquillity of other residents.

“One of these days I’m going to hit X.” “I like quiet.”

How our visits have improved resident’s privacy

Four service providers have told us about changes they have made following our recommendations.

- Two have reminded staff to wait for an answer before entering a person’s bedroom
- One has reminded staff to close bedroom doors before personal care is given
- One has reminded staff to close curtains in communal areas when it goes dark to protect the privacy of those living in the home
- One has requested the landlord plants additional trees to make the home more private.

Improving Physical and Mental Wellbeing

“Always giving people a choice of activities that motivate them, and that offer the chance to learn new skills and increase independence, can help people to stay well and feel satisfied with life.” (NICE)

Respond Flexibly

In all the care homes, staff could demonstrate that the activities taking place were in line with those the residents of that home might like to do. Several also told us about people who had chosen to stop an activity that they had previously done. Their decision was respected.

People, with a learning disability, told us about trips to the theatre and cinema as well as to shops and cafes. Many residents also enjoy going to the Aylesbury Gateway Club for a dance and to meet friends on a Monday night. Thrift Farm and/or Aylesbury Opportunities Centre are also popular daytime locations. There, they might act, help in the shop or on the farm. In one home, most of the residents enthused about visits to car boot sales.

In homes where older people live, we were told about, or saw, small groups participating in word games, hoopla and craft. We were also told about singers, Pets as Therapy dogs and artists visiting. In two care homes we were told about clubs, one jazz and one poetry, run by residents.

“The social activities are brilliant.”

“There’s something on all the time.”

Meaningful Activity for Each Individual

Many houses, where people live with dementia, were decorated with reminiscence or tactile items such as racks of ties or hats. They also had twiddle muffs and boards, and dementia activities designed to encourage those residents to take part. Two care homes told us about residents who help deliver newspapers and books with a library trolley. Another likes to help in the residential kitchen area. One care home has invested in one-button radios for each bedroom. These can be personalised with individual playlists of music and are easy to operate. However, one home said their décor was the same throughout the home because of a head office design protocol.

There were no one-to-one activities in some homes whilst others excelled in tailoring time spent with an individual around their preferred past times. We saw visually impaired residents planting pots in their bedrooms. In another home, an activity coordinator used an iPad to talk about cars with a resident who used to race them.

In one home, we attended a regular residents’ meeting so heard residents actively talk with staff about what they liked and what they would like more of. In others, we saw suggestion

boxes and were told about questionnaires sent to residents and relatives. Nine care homes also ensure regular trips out e.g. to the shops or garden centre.

“The mental stimulation is as important as the environment.”

“(There’s) an excellent exercise class.”

“I can’t fault it; it’s our home.”

In some homes, however, the activity underway was not the same as the one on the activity schedule. In eight homes, there was not a wide range of activities. In some homes, relatives told us that activities often didn’t take place and / or residents were not reminded just before they were about to take place.

Getting Physical and Being Outside

In seven homes, there was no, or only one, physical activity scheduled that week. This activity might be chair based exercises, carpet skittles or joining in with singing. Several care homes seemed not to understand the important link between the mental and physical health of their residents.

“(all the activities happen on a Thursday morning) “Nothing on the other days.”

“(There’s) less activities than there used to be.”

Yet again this year, we have seen few examples of positive risk taking and making the most of the outdoors. Many residents do not go outside for most of the year, often because of insufficient staff to be able to cover both indoor and outdoor areas. Residents in many homes are still dependant on relatives or visitors to take them out if they want to leave the grounds of the home. Alternatively, they may have to pay for a taxi. Less than half of the care homes we visited had their own, or access to joint, transport such as a minibus or wheelchair adapted car.

“We don’t do a lot.”

Engaging with Others

About half of the homes we visited actively involved their residents in the community. One home hosted parish council meetings to encourage residents to get involved. Many told us about regular church services, community groups, or visiting entertainers in the home. This year, more homes, where older people live, have had young children visit. In one home, we saw these two generations sing nursery rhymes and eat pancakes together. In another, we were told that some residents listen to children from the next-door school as they read.

In all the care homes we visited this year, visitors told us they were free to come and go whenever they please. Staff find out about family and friends by reviewing individual care plans and seem to actively help residents to maintain existing relationships. Many staff knew regular visitors by name and many family members we spoke to felt very comfortable in the home.

“I am always made to feel very welcome here.”

Several care homes are pooling resources by carrying out activities jointly. Every few months residents visit other care homes to participate in these activities with other like-minded residents. For example, we were told about older people visiting each other’s homes for afternoon tea. Some, living with a learning disability, told us how they enjoyed a joint 60s/70s themed party with an entertainer.

For those who are supported to live where they do, many could walk or easily take a short bus ride into town. However, for some, they would only go if there were staff available to accompany them. Many spent their one-to-one time at the shops. Some said they didn't have anything to do all day. However, in some of these homes, small groups of friends told us they went out together. We saw how these friendship groups interacted positively with each other as we sat with them. However, several care homes, where older people live, were not so good at encouraging residents to make new friends. We understand that for many, at the end of life or those who have serious nursing needs, this may not be appropriate. However, we spoke to several older residents who felt isolated in their bedrooms, which is where they chose to spend most of their time because they didn't know anyone in the lounges.

Good Relationships with the NHS

In most locations, staff said they had no problems accessing hospital care and waiting times for GP appointments, although often long, were no longer than for any other member of the public. One home reported a problem with the GP's time to answer a call. We passed this back to the Clinical Commissioning Group. Opticians, chiropodists and hairdressers regularly visit the homes. Getting residents registered with a dentist was again not a problem. However, we were told that the waiting time for the Buckinghamshire Priority Dental Service (Brookside) seems to be getting longer.

“I've been kept out of hospital for (X) years because of the support they've (staff) given me.”

Utilise Technology

Although the increased use of technology in care homes is slow, most homes have Wi-Fi for resident's use. Whilst more care homes this year are using tablets to update care files for example, few use it more creatively to provide stimulation and improve wellbeing for residents. Early adopters seem to be influenced by visitors to the home. For example, in one home, a resident had been bought an Alexa by a family member. Yet the home had not thought how they might encourage others to use similar technology. We suggested that this would be of benefit to those in the home with, for example, sight loss.

How our visits have improved physical and mental wellbeing

Ten service providers have told us about changes they have made following our recommendations.

- Two have increased the number of activities available each week to residents
- Three have increased the frequency of physical activities on offer
- Two have increased the range of activities available to residents including ones run by residents e.g. a book club, trips out
- One has employed an activity coordinator to help increase activities taking place
- One now reminds and encourages residents to participate in activities just before they are to start
- One has created fiddle boards for individuals living with dementia
- One has added more pictures in corridors to make the building more homely
- One has introduced more reminiscence materiel in areas where people live with dementia
- Three have bought new garden furniture to encourage residents to go into the garden more.

- One has encouraged residents to get involved in gardening by buying an extendable hose
- One is looking to increase the number of volunteers involved in the home to maximise activities / trips out
- One is checking on the temperature of a home more than before
- One has introduced a new lighting system in the bathrooms to make them more inviting and encourage residents to take more baths.

What else has been said/done?

Care homes

Of the 24 care homes to whom we made recommendations, 18 have already made changes. Each care home was given its own set of recommendations based on what we observed and / or heard.

“Thank you for your visit today. My team and I found your feedback constructive. Also, I do believe that our residents feel further reassured that organisations like the “Healthwatch” exist and review our operations on their behalf.”

“Visits are always beneficial to the homes so please thank your colleagues for their time in supporting I hope they enjoyed the visit to Lent Rise.”

Care Home Managers of Fremantle Court and Lent Rise

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

“On a personal note thank you for the kind feedback it has really made our day. There have been a lot of high fives between staff, residents and visitors alike... for the team here, who put in such hard work, to have something like this to show for it and acknowledge means so much to them. The feedback from different sets of eyes when it is completely honest, and objective, is very helpful too. But thank you - you have put an extra skip in our step today. What we’ve done.”

“Always welcome external visitors’ feedback. Any feedback ,even a negative one, is a way to learn something new and improve the quality of our service. Thank you.”

Care Home Managers of St Leonards and Ivy Cottage

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

- making three referrals to Buckinghamshire County Council (BCC) and requesting a follow up to some of the more significant issues we found. Bucks County Council Adult Social Care staff have subsequently visited these homes. An immediate visit by BCC was made as a result of one of our reports and a 6-week improvement plan agreed with the provider. Action was monitored by BCC and the CQC, visiting at the end of this period and gave the location a “Good” rating
- publishing quarterly reports “What Care homes Did Next?”. These illustrate what changes care homes have made as a result of our recommendations 4-6 months after our visit

- providing training sessions for our volunteers on Compassionate Care and Dementia and The Arts to supplement their learning and give them more knowledge when visiting care homes.

What others have said

“The Dignity in Care reports produced by Healthwatch Bucks are a really useful source of information for CQC inspectors. These independent reports provide important insight into the quality of care provided in care homes and therefore support our inspection scheduling and planning processes”.

Paula Eaton, Care Quality Commission Inspection Manager, Buckinghamshire, Slough, Windsor & Maidenhead Adult Social Care Team

“I just wanted to say thank you for sending to me the reports on St Leonards Care Home. These are of great value in helping us to find somewhere for Mum where we know she will be safe and secure.”

Member of the public (e-mail Jan. 2020)

“Well done Healthwatch Bucks for your Dignity in Care project and for producing recommendations for local Care Homes...”

Member of the Public (comment on website Feb. 2020)

“I volunteer for this project because it so important to give people quality of life. During my father’s protracted terminal illness, he told me “competence and kindness are both important, but if you can only have one then it is kindness that matters most”. People who are vulnerable, and who need to be cared for, deserve to be treated with dignity. As a volunteer, I am able to contribute to gaining an insight into what those on the receiving end of “care” feel about it. We affirm good practice where we encounter it and have made some creative recommendations to enhance the dignity where we’re told that it is falling short.”

Healthwatch Bucks volunteer

“The visits are important as they provide additional scrutiny of care homes and allow Healthwatch Bucks staff/volunteers to pass on good practice/ideas from one care home to others. The reports contain information, which is useful, in a very general way, to those seeking residential care. I have suggested to a variety of friends, contacts etc. that the Healthwatch Bucks care home reports are a useful starting point when looking for care i.e. the reports focus on what is really important to residents.”

Healthwatch Bucks volunteer

Our recommendations

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

We recommend that:

All care homes

- continue to maximise the opportunities offered by technology to people living and working in care homes and supported living locations. Residents can derive entertainment and meaningful activity from computer tablets and virtual personal assistants such as Alexa / Echo etc. Care staff can use technology not only to monitor falls, create meaningful group and one-to-one activities with portable devices, but also to update care plans online more quickly so everyone has access to the same information in real time
- remember to regularly review (not just in care plans) with residents and relatives how they are feeling about all aspects of their lives in the home. People must feel that staff are genuinely interested and will act upon any feedback
- continue to encourage staff to get residents involved in the running of the home and giving them as much independence as possible
- incorporate different levels of physical activity into daily life to maintain resident's physical strength as well as their mental wellbeing.

Buckinghamshire Council

- continues to work with its Integrated Care Partners to ensure staff and residents can access GPs and hospital expertise quickly, including more virtual consultations where appropriate. This should lead to quicker diagnosis and treatment for some without having to necessarily move residents needlessly to GP surgeries and hospitals
- continues to work with care home providers and managers to enable them to implement the recommendations made to all care homes in our 2019-20 annual report.

What are we doing to ensure our recommendations are delivered?

- In previous years, we have followed up with all care homes by 30th June, to see what further changes have been made. However, in the light of the COVID-19 outbreak, we recognise that care homes have other priorities. We will therefore not be following up with those care homes visited between November 2019-March 2020 until November 2020.
- We will send our recommendations to Buckinghamshire 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 15 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 - Locations visited

Name	Visit	Rating	Type	Link to report
228 Wendover Rd	02/10/19	★★★★★	Supported	https://www.healthwatchbucks.co.uk/services/228-wendover-road/
Burnham Lodge	20/08/19	★★★	Nursing	https://www.healthwatchbucks.co.uk/services/burnham-lodge/
Carey Lodge	03/09/19	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/carey-lodge/
Chilton House	11/07/19	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/chilton-house/
Denham Manor	28/01/20	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/denham-manor/
Fremantle Court	30/05/19	★★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/fremantle-court/
Hillside	24/04/19	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/hillside/
Hulcott	02/07/19	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/hulcott-nursing-home/
Ivy Cottage	10/06/19	★★★★★	Residential	https://www.healthwatchbucks.co.uk/services/reach-ivy-cottage/
Keep Hill	16/05/19	★★★	Residential	https://www.healthwatchbucks.co.uk/services/keep-hill-residential-home/
Lent Rise	08/05/19	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/lent-rise-house/
Lewin House	25/02/20	★★★	Nursing	https://www.healthwatchbucks.co.uk/services/lewin-house/
Old School House	04/12/19	★★★	Residential	https://www.healthwatchbucks.co.uk/services/old-school-house/
Primrose Lodge	06/11/19	★★★★	Supported	https://www.healthwatchbucks.co.uk/services/primrose-lodge/
Ryevew Manor	18/10/19	★★★★	Residential	https://www.healthwatchbucks.co.uk/services/ryevew-manor-care-home/

Name	Visit	Rating	Type	Link to report
Southernwood	08/08/19	★★	Residential	https://www.healthwatchbucks.co.uk/services/southernwood/
St Leonards	25/09/19	★★★★★	Residential	https://www.healthwatchbucks.co.uk/services/st-leonards-care-home/
Swan House	26/06/19	★★★	Residential	https://www.healthwatchbucks.co.uk/services/swan-house/
Swarthmore	08/01/20	★★★★★	Residential	https://www.healthwatchbucks.co.uk/services/swarthmore-housing-society-limited/
The Leonard Pulham	30/03/19	★★★	Nursing	https://www.healthwatchbucks.co.uk/services/the-leonard-pulham-nursing-home/
Trinity Court	12/02/20	★★★★★	Residential	https://www.healthwatchbucks.co.uk/services/4-trinity-court/
Waterside House	20/11/19	★★★★★	Supported	https://www.healthwatchbucks.co.uk/services/waterside-lodge/
Woodland Manor	29/07/19	★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/woodland-manor-care-home/
Woodlands Park	30/04/19	★★★★★	Nursing	https://www.healthwatchbucks.co.uk/services/woodlands-park-care-centre/

Appendix 2 - More details about the project

We visited 24 care or supported living homes across the county. Three of these provide care for individuals with learning disabilities and three are locations supporting people with a variety of needs. Six provide residential care and twelve nursing care for older people including those living with dementia. Over the year we spoke to 155 residents, 34 visitors and 82 staff. We also observed a further 237 residents, 29 visitors and 95 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 was 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 2019, we also asked for further feedback to highlight any changes that have been made since our report.

Of the 24 locations visited, we found:

Category	2 stars		3 stars		4 stars		5 stars	
How People are Treated	3	12%	1	4%	10	42%	10	42%
Personal Choice	1	4%	5	21%	14	58%	4	17%
Just Like Home	2	8%	6	25%	10	42%	6	25%
Privacy			3	12%	11	46%	10	42%
Quality of Life	1	4%	5	21%	7	29%	11	46%

- More homes received five-star ratings in all categories than those visited last year. However, more also received 2 stars than in any previous year
- The differences in care were particularly pronounced in the three care homes we visited where residents live with learning disabilities.

“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)

Of the three care homes where people live with a learning disability, we found:

Category	2 stars		3 stars		4 stars		5 stars	
How People are Treated	1	33%					2	67%
Personal Choice	1	33%			1	33%	1	33%
Just Like Home	1	33%			1	33%	1	33%
Privacy			1	33%			2	67%
Quality of Life	1	33%					2	67%

- One care home was given mainly 2-star ratings whilst the other two received mainly 5-star ratings

Of the six care homes providing residential care, predominately to older people, we found:

Category	2 stars		3 stars		4 stars		5 stars	
How People are Treated					3	50%	3	50%
Personal Choice			2	33%	3	50%	1	17%
Just Like Home			2	33%	2	33%	2	33%
Privacy					4	67%	2	33%
Quality of Life			3	50%			3	50%

- The best performing categories were How People are Treated and Quality of Life.

However, there are opportunities for improvement in Personal Choice.

Of the 12 care homes which provide nursing care, we found:

Category	2 stars		3 stars		4 stars		5 stars	
How People are Treated	2	17%	1	8%	6	50%	3	25%
Personal Choice			3	25%	9	75%		
Just Like Home			4	34%	7	58%	1	8%
Privacy			1	8%	6	50%	5	42%
Quality of Life			1	8%	7	58%	4	34%

- The poorest performing categories are Personal Choice and Just Like Home

Of the 3 locations supporting people to live where they do, we found consistently good dignity in care:

Category	2 stars		3 stars		4 stars		5 stars	
How People are Treated					1	33%	2	67%
Personal Choice					1	33%	2	67%
Just Like Home			1	33%			2	67%
Privacy					1	33%	2	67%
Quality of Life					1	33%	2	67%

- All 3 locations were rated 4 or 5 star in all categories except one

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