

Enter and View Activity

Stonehaven Care Home, Quadring, Spalding

Friday 1 March 2024

Contents

Section:	Page Number(s):
Healthwatch Lincolnshire	3
Acknowledgments	3
Disclaimer	3
What is Enter and View?	4
Background	5-6
Fees and Funding	6-7
Glossary and Abbreviations	8-10
Details of Visit	11
Methodology	12
Findings/Observations	13 - 17
• Residents Feedback	14 - 15
• Staff Feedback	16 – 17
Recommendations	18
Service Provider Response	19
Distribution	20
Additional Information	20
Appendices	21 – 30
• Appendix 1: Resident Survey	21 – 25
• Appendix 2: Staff Survey	26 - 30

Healthwatch Lincolnshire is your health and social care champion. We make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care. We are part of a national network of 152 local Healthwatch in England.

We have three main areas of work:



- **Listening to feedback** - we listen to people's experiences and we seek out views as part of larger research projects. Healthwatch has legal powers to undertake Enter and View visits to NHS services and care settings. This is to observe and hear how users are experiencing the services.



- **Influencing Providers and Commissioners of Health and Social Care** - we also spend a lot of time building relationships and attending meetings within the local health and care system so that the patient's voice can be heard in the right places, at the right time.



- **Advice and information** - we help people to navigate health and care services.

Your experiences matter, we strive to be a strong voice for local people to help shape how services are planned, organised and delivered.

Acknowledgements

Healthwatch Lincolnshire would like to thank Stonehaven Care Home Residents, Relatives and Staff Team for their co-operation and support in this Enter and View Activity.

Disclaimer

Please note that this report relates to the findings by the Healthwatch Lincolnshire Representatives during the visit to Stonehaven Care Home on Friday 1 March 2024. This report is not a representative portrayal of the experiences of all Residents.

What is Enter and View?

Healthwatch Lincolnshire has the statutory right under the Health and Social Care Act 2012 to carry out “**Enter and View**” visits to NHS health and social care services.



- The Local Government and Public Involvement in Health 2007 (amended via the Health and Social Care Act 2022) makes Enter and View possible.
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 makes sure service providers allow Healthwatch entry to observe services.

Healthwatch Lincolnshire staff and volunteers (known as Authorised Representatives) work together to carry out these visits. Authorised Representatives are recruited, trained and have a current DBS check.

Enter and View is important because:

- it can give seldom heard people a voice
- gather more detailed information
- help with joint working
- provide more evidence
- identify best practice.

The aim of the visit is to primarily listen to the feedback of the Residents, their families, carers and staff and observe service delivery and the facilities available for Residents. The feedback and observations are then collated into a report including any suggestions or recommendations. The care provider has the opportunity to comment on the report before it is published.

Enter and View is **NOT** an inspection. It is a standalone activity to engage with Resident and listen to their voice about the service that they are accessing.

A service can be visited for several different reasons such as:

- the public has provided feedback about the provision
- it is part of a rolling program of visits to similar services
- a service is running well and good practice could be implemented in other places.



Background

Stonehaven Care Home

The registered provider is Stonehaven Residential Home Limited.

“**Stonehaven** is a converted and extended Victorian property located in the small Lincolnshire village of Quadring near Spalding. It was originally owned and managed by Marie Penfold who sadly passed away in 2015. She had dedicated 25 years of her life into making Stonehaven the comfortable and caring home that it is today. It is now owned by her son Darren Stevens and the registered manager is Rebeka Sarowar. Here at Stonehaven, we believe that having quality care and comfortable accommodation that is clean, tidy and well-maintained enhances the quality of life for our residents.”

Stonehaven aims to provide a high standard of care to the elderly and to provide total commitment of care that caters for their personal, physical, mental, social and spiritual needs.

Stonehaven provides long-term residential care for up to 26 older people. The aim is to provide a warm and friendly atmosphere for the residents in which they feel it is their own home and are in control of their own lives. Our aim is to treat each resident as an individual and ensure that our committed and caring staff can provide sensitive care and support for our residents.

Stonehaven currently employs thirty five members of staff. Staff are appointed for their values, kindness and their understanding of person centred care for the elderly.

- 50% of our care staff are qualified to at least a level 2 NVQ in care and others are working towards this level. We have a strong emphasis on staff training.
- All staff attend mandatory training courses annually and have opportunities to attend additional courses in subjects that interest them. All new staff complete induction following the Common Induction Standards.
- All staff will complete the recently introduced ‘Care Certificate.’
- The Director of Stonehaven attends the home daily Monday to Friday and maintains contact with the staff team at weekends. A member of the management team is always available on call.

The types of care offered at Stonehaven includes accommodation for up to 26 older residents over two floors with fitted stair lifts to assist those that cannot manage the stairs. Aids and adaptations have been provided throughout the property and all areas are accessible to wheelchair users. There are

assisted bathrooms and a shower room for residents. Accommodation consists of single occupancy rooms (majority) with limited double rooms for couples. Four of the bedrooms (ground floor) are en-suite and all bedrooms on the first floor have en-suite facilities. Stonehaven Care Home does not provide nursing care but maintains a positive relationship with health and care professionals for their residents.

Extracted from website

<http://www.stonehavencarehome.co.uk/>

Fees and Funding

There are several different ways in which a placement with Stonehaven Residential Home Limited can be funded. This includes:

- **Local Authority Funding** This is where the Local Authority (typically the local Council) agrees an amount to fully fund a person's support, whether it is in a residential placement or as part of a supported living package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support.
- **Joint Funding between Local Authority and NHS** This is where an individual has a Continuing Healthcare (CHC) assessment. In this instance, funding will be split between the Local Authority and the NHS. The funding package is agreed following joint assessments of the person's needs and healthcare needs. The Local Authority element of the funding will cover both accommodation and support, the NHS assessment will cover the continuing healthcare needs.
- **NHS Funding** It is possible that an individual's health needs are such that the NHS will fully fund a person's support package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support.
- **Individual / Personal Budget** This is where the Local Authority allocates a specific amount of money for a person's support needs. The amount is determined by an assessment of the person's needs and means. The person will also need to agree a support plan to show how and where the money will be spent, whether they decide for the Local Authority to choose services for them or if preferred to have direct control of the budget themselves – e.g., a direct payment.

- **Direct Payments** This is where the person receives an amount directly from the Local Authority and can choose how to spend the money on their support. Choosing a direct payment gives them maximum flexibility with their support package but does mean they have to manage the money themselves. Fees are calculated based on the assessed needs of an individual. Each fee will include a staffing element, based on the hours of support assessed and required. In some instances, the staff support may be shared with other individuals, and in this situation the individual would only pay for their share of staff time.

Glossary and Abbreviations

Active Listening	To listen, to hear and discuss what has been said.
Adult Social Care	Adult Social Care aims to help people stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities or neurodiversity, mental health issues as well as the people who care for them.
Announced Visit	A visit planned by Healthwatch and the place being visited.
Anonymous	Not naming people.
Authorised Representative	An Authorised Representative is a trained volunteer who participates in Healthwatch Lincolnshire's 'Enter and View' activities, alongside other Healthwatch Lincolnshire volunteers and staff.
Best Interest Decision	Any act or decision made for, or, on behalf of a person who lacks capacity must be done or made in his or her best interest. A decision must be "right" for that person and consider what they would have decided if they could. their past and present values and wishes, including moral, political and religious views.
Care and Support Plan	Care and support plans are for anyone who needs care or cares for someone else. A care and support plan says: the type of support you need, how this support will be given, how much money your council will spend on your care. This means you can stay as independent as possible have as much control over your life as possible, do things you enjoy, know what type of care is right for you and understand your health condition and care needs better. It also helps the family and friends of the person understand how they can help you.
Care Certificate	The Care Certificate provides a framework to ensure that all support workers have the

	same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care, in their workplace settings.
Care Home	Provide accommodation and personal care for people who need extra support in their daily lives.
Confidentiality	Respecting private information.
Common Induction Standards	The Common Induction Standards (CIS), which have been developed by Skills for Care, set down minimum expectations as to the learning outcomes that need to be met so that new workers know all they need to know to work safely and effectively. They also support continuing professional development, including helping prepare workers for entry onto the appropriate Health and Social Care National Vocational Qualification (NVQ).
Communal Area	An area that everyone uses, such as dining rooms or lounges.
E+V	Enter and View
LCC	Lincolnshire County Council
NVQ	<p>The National Vocational Qualification is a work-based qualification that recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path.</p> <p>Candidates need to demonstrate that they have the suitable skills, knowledge and understanding to carry out the tasks associated with their job role.</p>
Person Centred Care	Person-centred care is health care that is respectful of and responsive to, the preferences, needs and values of patients and service users. Clinical care standards

	support the key principles of person-centred care, namely: treating patients or service users with dignity and respect and encouraging patient or service users' participation in decision making.
Resident	A resident is the term given to a person who lives in a residential care home who is supported by professional carers with day to day tasks such as washing, dressing, showering and taking their medication. This will be their main residence.
Residential Home	A home with social-work supervision for people who need more than just housing accommodation, such as elderly people, children in care, or adults with learning difficulties.
Seldom Heard	The term 'seldom-heard groups' refers to under-represented people who use or might potentially use health and social services and who are less likely to be heard by health and social care service professionals and decision-makers.
Service User	'Service User' describes anyone who has accessed (or is eligible to access) health or social care services. Carers are people who look after or support those with health or social care needs and can include partners and family members.

Details of Visit

Details of Visit	
Service Address	<p>Stonehaven Care Home</p> <p>117 main Road Quadring Spalding Lincolnshire PE11 4PJ</p>
Service Provider	<p>Registered Owner: Darren Stevens</p> <p>Registered Manager: Rebeka Sarowa</p> <p>General enquiries: 01775 820 885 Mobile 07950 851 768</p>
Dates and Timings	<p>Friday 1 March 2024 10.30 am to 3 pm</p>
Healthwatch Representatives	<p>Oonagh Quinn Healthwatch Involvement Officer</p> <p>HWLincs Volunteers / Authorised Representatives:</p> <p>Maria Bright Louise Southgate</p>

Methodology

- Healthwatch Lincolnshire, as part of their Engagement Programme, wanted to include the voice of Residents of Care Homes in gathering their views on health and care services. This was part of the Enter and View Visits to registered Care Homes known to the Local Authority (LA) and Adult Social Care Services at Lincolnshire County Council (LCC).
- A Resident and Staff Survey, designed by our Research and Insight Officer was used to collate feedback.
- The Involvement Officer and two Authorised Representatives were invited to the Care Home to talk to as many Residents as possible on an announced visit.
- Staff were given the survey to complete independently and Residents were invited to talk to the three Healthwatch Representatives in a designated area within communal areas such as the lounge and dining room.
- Staff introduced the Authorised Representative to the individual Resident and all Residents were made aware that they had a choice in whether they participated in this activity.
- Each Resident then spoke to one of the Healthwatch Representatives who recorded their discussion on the Resident Survey. No personal details were recorded and a limited range of demographics was recorded.
- Ten Residents took part in the interviews: six females, three males and one who did not want to say.
- Two relatives completed the survey on behalf of their loved one.
- Seven members of staff completed a survey on the day.

Findings / Observations

On the day of the visit, the three Healthwatch Authorised Representatives were made to feel welcome by the Staff and Residents.



- ten Residents and two relatives volunteered to be interviewed. Seven members of staff completed the staff survey. Safe and familiar areas within the Home were made available to the Authorised Representatives to interview the Residents, such as the communal lounge and dining area. Each Resident took part voluntarily to be interviewed. Each Resident was actively listened to during the interview, notes were recorded on the survey and some basic demographic information recorded.
- On arrival, Healthwatch Authorised Representatives had their photo ID checked, hand sanitisation offered and were asked to sign in and were offered a drink.

A very warm welcome was offered to the Authorised Representatives with an invitation to join the Residents for a three course meal in the dining area to celebrate St David's Day. The Healthwatch Involvement Officer joined the Residents for dinner in the dining room which was nicely decorated with appropriate Welsh items such as daffodils, flags and leeks. The menu reflected food from Wales with a Welsh Amber Cake for dessert that had been especially made for the celebration.

The home was warm, inviting and reflected the personalities of their Residents. Walls displayed black and white photographs of seaside trips to Skegness in 2018 and 2019 and the Family Tree reflected on the "whole" family with a dedicated section of the tree to all Residents (past and present).

Each individual room door was personalised to the Resident to include a photograph of the individual, their preferred name and personal items important to that individual.

During the afternoon, we observed that the residents were given an opportunity to take part in bulb planting. Due to the very wet, windy and cold weather outside this was completed indoors on this occasion.

"Staff are very caring and professional and put the interests of the person at the centre of everything they do - very happy with the support they give mum."

Residents Feedback

General

- Ten Residents completed a voluntary interview on the day of the visit. When asked how long they had lived in the Home their responses were: 5 had lived there for 2 years or more, *1 said 9 months, *4 said between 3 and 6 months. *Staff confirmed that some of these Residents had lived at the Home much longer than the Resident believed that they had lived there. Many Residents were living with different stages of dementia and the Authorised Representatives recorded what the Resident had said.
- All Residents expressed that they felt safe and secure at the Home knowing that they were being supported and looked after by the staff team.
- All ten residents rated the Care Home as very good. They felt that the staff looked after them very well and were respected and treated as adults that could make their own decisions.
- All residents felt that they could speak to any member of the staff team if they were concerned and felt that they would be listened to. None of the Residents had needed to raise any concerns.
- Relatives felt that the staff at the Home looked after their loved one, kept them informed about their loved one and were supportive when they needed additional help and assistance. They were encouraged to join in with their relative in the Home and were part of the family.
- All Residents said that visitors were able to come to the Home at anytime and could join them at mealtimes. Many of the Residents found it difficult to use the telephone to keep in touch with family and friends but staff would take messages and pass them on their behalf. Not all the Residents know when their visitors are coming in but the staff remind them.
- The Residents were able to have an appointment with the hairdresser who came in every week and staff would remind them of their appointment. The men sometimes went out to a local barber and staff or a family member would go with them.
- The chiropodist came into the Home every 6 to 8 weeks and Residents would enjoy the "pampering".
- All the Residents said that they have been able to be seen by the GP or Nurse when needed. The Staff will get them booked in and some of the Residents are seen at the Home.
- Relatives expressed that when the circumstances change in mobility for their loved one, this is when sometimes there are challenges accessing services such as dental treatment. This can result in long

waits from the dental service to visit the person in the Home but both relatives said that the staff team have been very supportive in helping them get access for the Resident for continuity in the care of their loved one.

- All Residents said that they enjoyed the food and that there was a good choice on the menu. Many expressed their favourites such as steak, steam puddings and a range of meats and vegetables. They were also able to get snacks at any time if they wanted something between meals. Five of the Residents said that they do not eat in between meals as the meals are very filling. The Home adapts the meals that are served to meet the individual needs of the Resident if required. Relatives and visitors are encouraged to eat with the Resident at mealtimes.
- Five of the Residents said that they take part in the activities that are arranged in the Home. The other five Residents expressed that they might choose on the day what they wanted to do or just watch and chat. Two were not able to participate in the activities due to being bed bound. There were a variety of activities on offer with outings being the favourite. Going to the seaside was a particular favourite and there are some lovely photographs in the main corridor of trips to Skegness beach (2018 and 2019) – ice creams and fish and chips enjoyed by one and all! To include all the Residents the staff also have indoor themed days such as “beach days” within the Home itself. When the weather is favourable, activities will take place outside in the garden areas. The Home also hosts event days for special occasions such as National Saints Days, special birthdays and community days.
- The Residents said that they enjoyed the activities that were put on and their favourites were: outings to the seaside, shopping trips and going to the garden centre for cake.
- Residents expressed that their favourite things about living at Stonehaven were having people around them for company, staff that kept them safe and knowing that they are not alone.
- When asked what they (the Residents) would like to change overwhelmingly, they said “to be young and independent again and to live in their own property”. However, eight out of the ten Residents said that they were not able to look after themselves as well as they used to and knew that they needed people such as the staff around them.

“I am not alone and I have people taking care of me but I do miss my own home”

“I like being here as I am safe and looked after. My family know that I am being looked after.”

“... would like to be in my own home but know that I cannot look after myself properly anymore so need to be here so that I am safe.”

Staff Feedback



General

- Throughout the visit, the Healthwatch Team observed very positive and support interactions between the staff and residents and staff to staff. There was a very calm atmosphere in the Home and respect and dignity of the Residents was always observed.
- Seven members of staff took part in the Staff Survey on the day. 4 had worked for the Home for more than 2 years, 1 staff member for up to 2 years and 2 staff members between 3 to 6 months.
- Visitors are encouraged to visit at anytime and to join the Resident at mealtimes.
- The Home has regular visits from the hairdresser and the male Residents sometimes prefer to go to a barber and staff will support them to access this outside service. There are also regular visits from health and care professionals such as GP, District Nurses and Audiologists for hearing tests as well as a chiropodist. If a Resident needs to be seen by a Dentist in the Home, then the GP does a referral and the Resident is put on a waiting list.
- The Home has a good relationship with the Swineshead Medical Centre and rarely have issues arranging appointments for their Residents. There can be delays of more than 6 months to obtain appointments with the dental service especially for Residents with mobility issues.
- Food and Drink is provided fresh daily to all Residents with a good choice on the menu including special occasion events such as Celebration Days (National Saints' Days, Birthdays, Christmas, Easter to name but a few). Residents are involved as much as possible in the planning of the menu and best interest decisions are followed for Residents who can make decisions. Snacks are always available including fruit and biscuits.
- Residents are encouraged to participate in the activities programme coordinated by the Activities Coordinator who have varied programme of activities to stimulate the Residents. There is also a range of outings (depending on season and weather) and Residents are encouraged to take part in visits to garden centres, seaside excursions, shopping trips and local events. Where mobility is limited, the Home will have "events" at the home such as picnics and beach days. There is a display of photographs capturing the joy of being beside the sea along the main corridor.
- Recruitment of staff is key to all support and care in the Home. In the last 12 months, the Home has recruited 8 members of staff to join the team and all are currently still working within the Home in a wide range of positions. High standards are expected of all staff who join the team

here at the Home and all staff are encouraged to complete continuous professional development (CPD) to increase their knowledge, understanding and experience related to their role in supporting the Resident.

- The Home has identified three main reasons for staff leaving employment at the Home:
 - Salary
 - Mental health issues
 - Unable to keep up the high standards expected of them whilst employed at the Home.
- On reflection, the staff expressed very similar thoughts on what they would like to change within the Care Sector. The three main ones mentioned were: staff attitudes to the work, external attitude towards the elderly including health and care professionals and the perception of the general population to the role that care workers undertake and their lack of understanding of their skill levels and professionalism.
- A discussion around Hospital Discharge highlighted the following themes.
 - Lack of communication between the Hospital and Care Home / Relatives including carers. No consistency across the Trust – some wards / clinical teams are better than others. The Home does not have the support of a Home Help Team.
 - Short notice of a pending discharge. The Care Home needs to ensure that they have sufficient staff on duty when a Resident is coming home especially if there is a change in mobility and will impact on support that they can put into place.
 - Most of the time equipment is returned with the Resident but can cause disruption for the Resident if equipment needs to be replaced.
 - There are times when issues arise if a Resident who needs an air mattress is discharged and the hospital have not ordered the mattress.
 - If medication is changed by the Consultant, there can be delays in getting this processed by the GP and Care Home.
 - Some residents who were mobile before their admission, return to the Home with less mobility and this is not always communicated to the Home so that they can have any adaptations and support in place when they return.

“You need good levels of staffing to meet the needs of the residents and skill mix for positive outcomes for the residents.”

“Residents are happy that staff have time to spend with them.”

“We work as a team when we have any shortfalls management step in to support.”

Recommendations

General

- Overall, the Care Home is nicely presented and is very clean and tidy. However, there were some areas such as outside of one of the smaller, quieter lounges where the corridor had several additional items stored to one side such as additional chairs and equipment (walking frames or hoists). In all homes, there is limited space for storage, but we recommend that this area be cleared for easier reach into the room for residents to avoid trips or falls for your more vulnerable Residents. Some of this equipment may need to be accessible for use to support a Resident so a compromise solution should be sought.
- Throughout the home, there is a lot of background noise such as TVs on and music playing. With many of your Residents living with different stages of Alzheimer's / Dementia we would recommend that some of that background noise is removed. E.g., radios and TVs turned off when not in use or at certain times of the day.
- As a staff team to promote the Good Practice that is clear in all that you do: showcasing the person centred care that is provided for all your residents and the high standards of expectations from your staff team.

Service Provider Response

The Home Care Manager has acknowledged the findings in this report and has not sent Healthwatch Lincolnshire a formal response to be included in this report. However, she said "I have read the Final Report and happy for you to publish it." (Rebeka Sarowar, Registered Manager)

Distribution

The report is for distribution to the following:

- Care Home Management Team
- Lincolnshire County Council – Adult Social Care Contract Team
- Lincolnshire Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- NHS England
- Healthwatch England and the local Healthwatch Network

Published on www.healthwatchlincolnshire.co.uk

Additional Information

Latest Care Quality Commissioners (CQC) Report February 2020

<https://www.cqc.org.uk/location/1-143344379?referer=widget3>

Lincolnshire County Council

<https://www.lincolnshire.gov.uk/adult-social-care>

Appendices

- **Appendix 1: Resident / Service User Survey**
- **Appendix 2: Staff Survey**

Appendix 1: Resident / Service User Survey

Enter and View Survey – Care Homes

Healthwatch have a legal power to visit health and social care services to see them in action. This power to ‘Enter and View’ services is a statutory function of Healthwatch and allows us to collect service user and staff feedback on services. This feedback allows us to highlight good practice and make recommendations to services on how they can improve.

All feedback provided is anonymous. The feedback will be used to identify areas where the Care Home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

Phone: 01205 820892 or Email: info@healthwatchlincolnshire.co.uk



Firstly, who is completing this survey:

- I am a resident, and these are my own views
- I am a friend/relative of a resident and these are their views
- I am a friend/relative of a resident and these are my views




1. How long have you lived in the care home?

- Less than a month
- 1 – 3 months
- 4 - 6 months
- 7 – 9 months
- 10 – 12 months
- 1 – 2 years
- 2 years+
- Prefer not to say

2. How would you rate your care? Please circle the face which best represents your feelings.

			
Very good	Good	Poor	Very poor

Please briefly give the reason(s) for your rating:

Your Care				Comments
	Yes	No	Don't know	
3. Do your carers treat you with respect and dignity?				
4. If you were unhappy with your care, could you tell someone?				
5. Who would you tell?				
6. Have you raised any concerns about your care previously?				
7. Do you feel your concerns were taken seriously?				
8. Are you asked for your feedback about the care home?				

9. A) Do you have any concerns around staffing levels?

B) Is there a reason(s) for your concern around staffing levels? *(For example, have you seen or experienced any impact(s) as a result of staffing levels?)*

Visitors

10. Are you able to stay in contact with family and friends over the phone?

Yes

Not sure

No

Prefer not to say/ N/A

11. When can visitors come to see you?

12. Do people come into the home e.g., to do your hair?

Yes

No

Not sure




Prefer not to say




Access to services

13. When you need to, are you able to access the following? (please tick)

	Always	Sometimes	Never	Not sure	Prefer not to say / N/A
A GP or Nurse					
A Dentist					
A hearing check					
An Optician					
A Chiropodist					

Tell us more if you wish below:

Food and Drinks				Comments
	Yes	No	Don't know	
14. Do you enjoy the meals and drinks you have?				
15. Are you involved in deciding what food and drinks you have?				
16. Are you able to get snacks and drinks when you want them?				
17. Is there anything else you would like to tell us? (in relation to food and drink)				

Activities				Comments
	Yes	No	Don't know	
18. Are you asked about the different hobbies or activities you would like to do?				
19. Are the activities in the home fun and interesting?				
20. Are there ever any days out e.g., to the seaside?				
21. Is there anything else you would like to tell us about? (in relation to activities)				

22. What is your favourite thing about living here?

23. If you could change one thing, what would it be?

Tell us a bit about you!

*By telling us a bit about yourself we can see if all residents are treated the same or if some groups of people have different experiences. **This information is strictly confidential and you will not be able to be identified from your answers.***

If you are a friend/relative of a resident, please answer the following questions in relation to the resident.

24. What is your gender?

- Woman
- Man
- Prefer not to say

25. Can you tell me how old are you? Alternatively, do you know how old you will be next birthday?

If you would prefer not to say, please leave blank.

Thank you for sharing your thoughts 😊

Appendix 2: Staff Survey

Enter and View Survey – Care Homes – Staff Survey

Healthwatch have a legal power to visit health and social care services to see them in action. This power to ‘Enter and View’ services is a statutory function of Healthwatch and allows us to collect service user and staff feedback on services. This feedback allows us to highlight good practice and make recommendations to services on how they can improve.

All feedback provided is anonymous. The feedback will be used to identify areas where the Care Home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

Phone: 01205 820892

Email: info@healthwatchlincolnshire.co.uk

1. How long have you worked at this care home?

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than a month | <input type="checkbox"/> 7 – 9 months | <input type="checkbox"/> 2 years+ |
| <input type="checkbox"/> 1 – 3 months | <input type="checkbox"/> 10 – 12 months | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 4 - 6 months | <input type="checkbox"/> 1 – 2 years | |

Visitors

2. Are residents able to stay in contact with family and friends over the phone?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

3. When can visitors come to see residents?

Do people come into the home to do e.g. resident’s hair?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer Not to Say |

Access to services

4. When you need to, are you able to access the following for residents? (please tick)

	Always	Sometimes	Never	Not sure	Prefer not to say
A GP or Nurse					
A Dentist					
A hearing check					
An Optician					
A Chiropodist					

Tell us more if you wish below:

Food and Drinks

5. Are residents involved in deciding what food and drinks they have?

6. Are residents able to get snacks and drinks outside of mealtimes?

Activities

7. Are residents asked about the different hobbies or activities they would like to do?

8. Do you think the activities in the home are fun and interesting?

9. Are there ever any days out e.g., to the seaside?

Recruitment

10. How often is the Care Home recruiting for frontline care staff?

- | | |
|---|---|
| <input type="checkbox"/> Continuous | <input type="checkbox"/> Every 10-12 months |
| <input type="checkbox"/> Every Month | <input type="checkbox"/> Every 1-2 years |
| <input type="checkbox"/> Every 2-3 months | <input type="checkbox"/> Every 2 years+ |
| <input type="checkbox"/> Every 4-6 months | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Every 7 – 9 months | <input type="checkbox"/> Prefer not to say |

11. In your opinion, what impact does current staffing levels have on service delivery and the quality of care provided?

12. In your opinion, what impact do you feel current staffing levels have on Service Users/Residents?

Questions for Managers

13. In the past 12 months, how many frontline care staff have been recruited?

14. How many of these recruits are still employed by the home today?

15. From your understanding, what are the top reasons for leaving?

16. Have you noticed any improvement in the care and services provided in the last 6 months?

17. If you could change one thing, what would it be?

Thank you for sharing your thoughts 😊



healthwatch
Lincolnshire

Healthwatch Lincolnshire
Rooms 33-35
St Georges Road
Boston
Lincs
PE21 8YB

Website: www.healthwatchlincolnshire.co.uk

Phone: 01205 820892

Email: info@healthwatchlincolnshire.co.uk

Twitter: [@HealthwatchLinc](https://twitter.com/HealthwatchLinc)

Facebook: [Facebook.com/healthwatchlincolnshire](https://www.facebook.com/healthwatchlincolnshire)