

# What is Important to a Person in a Care Home?

## A report commissioned by Staffordshire County Council.

### Background

We were originally contacted by Victoria Cotton from Staffordshire County Council about collecting data on 'What is Important to a Person in a Care Home?' Victoria works in the Health and Care Directorate as the Commissioning Manager for Older People and Physical Disability.

The aim was to establish what good practice in a care home looked like by engaging with residents and their carers/families. The results could then be used to inform the current contract redesign. We were also looking to identify people who could get involved in the redesign, through a panel.

The initial engagement target was an ambitious 300 responses which we aimed to achieve through approximately 45 interviews and 255 questionnaires over a 3-month period. We were asked to cover a range of districts (excluding Stoke-on-Trent), ages, other demographics and disabilities/care needs.

The project was particularly interested in long-term care home residents who were at least partially funded by the Council. There are about 3000 people living in Staffordshire care homes who currently receive Council funding for their care.

### Initial Surveys – Part 1

Through interviews and paper copies returned to us we reached 52 residents and family members. Their views were analysed and broken down into 12 Themes. We did not generate any results through the online questionnaire.

The findings were written up in a report (this follows as Part 1) and submitted to the Council for comments. The Council were happy with the structure and content of the Report but concerned that we had only reached 52 people out of the 300 specified.

### Next Steps

Through discussion with Victoria, we decided to do a simpler follow-up survey to increase the numbers. This listed the twelve themes already and asked respondents whether each item was 'very', 'quite' or 'not so' important to them.

We felt that this would allow people to confirm the importance of each of the themes listed in the original findings, thus building on this report without repeating the project from scratch.

We also agreed to include staff in the follow-up survey and asked people to specify their interest in care homes – resident, family, friend or staff.

Participants also had the opportunity to mention anything else that we had not covered and to volunteer to be on the review board.

## Follow-up Survey – Part 2

The follow-up survey began in the Summer and is explained and written up here as 'Part 2' of the project, following on from 'Part 1'.

During Part 2, a further 354 surveys were completed. 281 further interviews were carried out, 68 paper surveys were returned and 5 surveys were completed online. The majority of surveys were completed by residents. These results were analysed separately to Part 1.

The work completed in the second phase of the project backed up the earlier findings and raised other pertinent matters. It also emphasized that the priorities of residents, family and friends and staff are not always the same.

## Overview of Findings from Part 1 and Part 2

This gave a total of 406 responses including 116 responses from Care Home staff. The combined findings are now summarised and then the full reports (Parts 1 & 2) follow.

The follow-up survey placed the 12 themes in the following order of importance. Any extra information identified in Part 2 is given under each theme, with additional insights following.

### 1. Caring & Friendly Staff

This was considered the most important factor across all groups. Residents valued staff highly and were grateful to them for providing friendliness, warmth, companionship, care, kindness, and compassion. Families appreciated how staff coped with challenging behaviours.

In the follow-up survey staff ratios were mentioned: people valued one-to-one care especially for those with mobility, sensory or cognitive difficulties. Continuity of staff was also raised, including for social workers as this builds rapport, trust and recognition. The need to properly reward and recognise staff was considered important for retention which in turn helps with continuity.

### 2. High Standard of Personal Care and Respect

This was consistently in the Top 4 across all groups. It was considered important to maintain a high standard of personal care (bathing, dressing and laundry) while maintaining dignity and privacy. Hairdressing and nail care was often required too. A fast buzzer response was required for toileting needs. The follow-up survey also mentioned the importance of

maintaining independence where possible and allowing residents to help and feel useful.

### **3. Welcoming Atmosphere, Comfortable and Clean Environment**

The home environment was in the Top 4 for all groups. People liked a clean and homely atmosphere. Residents and families preferred a location close to their home or served by public transport. Access to outside spaces was important to some. Some residents said they would like a tuck-shop or a pub on-site!

Those with special needs should be considered individually and good use made of technology where appropriate. Assessments for equipment took a very long time followed by a further wait for equipment to be provided. Where present, the RITA<sup>1</sup> (Reminiscence Interactivity Therapy Activity) helped to keep some residents occupied while freeing up staff time for others.

### **4. Good Variety of Food, including Hot Meals**

Residents and Staff both valued the importance of food and choices around food. Residents liked it when they got a say about food and there was a wide range of preferred dishes and appetite levels. Snacks and drinks between meals were usually supplied too.

Some residents needed help cutting up food (because of dental problems or swallowing difficulties), some needed a soft or pureed diet and in some nursing homes, residents might be tube fed. Special diets were also needed because of medical conditions like diabetes or for religious reasons.

### **5. Nice Room with Personal Possessions**

This was considered important by Residents and Staff. Personalisation ranged from a few photographs and ornaments to items of furniture or even decoration. Couples stressed the value of having a shared room in the same home.

The right temperature (whether warm or cool) and level of noise was also key. Privacy and personal possessions need to be respected by staff and other residents who sometimes wander in without knocking whether it is day or night.

### **6. Keeping in Touch with Family or Friends**

Residents liked to keep in touch with family and friends if possible. This could be by visits or by telephone or video calls. Some residents had their own mobile phones, and one had a private landline. Some homes had technology to enable video calls.

Families preferred flexible visiting arrangements and a location close to their home. Having an area to meet with visitors was also important; some homes only allowed visitors in residents' rooms.

## **7. Access to Health Care – G.P.s, Dentists, Medication, Opticians**

People mentioned access to specialist services/health professionals such as G.P.s, Nurses, Opticians, Dentists, Nutritionists, Podiatrists and Audiologists. Some homes had regular visits from such professionals. Families felt they were not always informed about these appointments taking place.

The follow-up survey raised the issue of the costs for these services and that not all residents could afford them even when they were available. The need for physiotherapy services was also raised and it was suggested that care staff could be offered training to do this in-house. A similar idea was mentioned regarding in-house wound care.

## **8. Good Communication with Residents and Family**

The homes we visited used a variety of ways to communicate with residents and staff. In some there were regular meetings for residents and different ones for family members. Some homes had feedback forms, touchscreens or suggestion boxes. Others had noticeboards or newsletters.

All three groups – residents, family and friends and staff said they wanted to be heard and involved. Good communication at the start of the stay (like an information pack) helped people know what they needed to provide for themselves or their family member when moving in and what the ongoing procedures are. However, family also needed updating with residents' ongoing needs.

## **9. A Good Moving-In Experience & Support While Settling**

There are two elements to this, the experience of the new resident and that of their families, where present. It is a difficult change for both parties.

If the potential resident is incapacitated, the family may have to make hard decisions at a time of crisis without full financial knowledge. This can be especially distressing for partners who wonder if they may have to sell their own home to fund the care. Better education and information is needed around the process for assessing care package needs as well as financial assessments. These can be lengthy processes which cause difficulties for the resident, the family and the home management and can prevent the timely discharge of patients from hospital.

In terms of the logistics of the move, it helped when the room was ready for the resident, when introductions were made to staff and other residents and when their first meal choice was made in advance. All these helped to make people feel welcome. As mentioned above, information packs for residents and/or families could also help to ease the move. Families were

happy when the home kept them updated on how the resident was settling in.

The follow-up survey suggested that trial days could be used to help residents be more involved in the decision-making process and that better information could be given about the financial side of things.

## **10. A Variety of Activities and Outings**

Most residents need activities to keep them busy and stimulated. This can be in groups in common areas or alone in their rooms or quieter areas.

Part 1 of the survey identified a lot of possibilities and Part 2 added a few more. Together these include: games, quizzes, crafts, cooking, gardening, exercise, meditation, music, animal visits, school visits, visiting entertainers (singers, musicians, dancers), reminiscing, sensory rooms, TV and films.

Such activities and any outings or celebrations can raise the mood in the home for everyone, giving residents something to look forward to and improving staff morale.

It is important that these activities are inclusive, holistic and person-centred so that people with mobility, sensory or cognitive difficulties can fully participate. Smaller groups may also be beneficial for these residents along with anybody who suffers with anxiety.

Other suggestions raised in the follow-up survey include: community involvement for residents to give something back and better funding of transport costs which can be restrictive. Also raised is that the need for risk assessments can be limiting too.

## **11. Socialising, Making Friends in the Home, and Pets**

Activities and mealtimes both provide opportunities for socialising with other residents. It is important to consider the mix of people in each home. Part 2 mentions there can be difficulties for those who are younger to fit in or where residents with early dementia are placed with those with advanced stages. Both surveys found that interaction with animals and pets is beneficial. One lady was delighted to be able to keep her dog with her in her room. Another gentleman worried what had happened to his pet – he had not been told. Others find comfort in plush toys.

## **12. Spiritual Needs Accommodated**

While this item appears last in the list, this seems to reflect that many residents do not have spiritual needs. Those we spoke to who did were mainly Christian and liked to visit Church or take Holy Communion in the home. Others were happy just to watch 'Songs of Praise' on a Sunday. This was confirmed by the follow-up survey.

### **13. Other Insights – Residents**

What was clear from the second survey was residents still want to feel part of a community and not feel they are just passing time.

Residents want to feel valued and more involved. They feel they have a lot more to give and would like their “Lived Experience” acknowledged, so that services and activities within the home are more person-centred where possible.

Residents wish to be more involved in all aspects of their lives, inclusive of decision-making, maintaining as much independence as possible & not having choices made for them.

### **14. Other Insights – Families**

The second survey highlighted that families like to be heard and involved. They are concerned about communication, resident’s personal allowances and having more support, especially around funding of places and the financial process. When they act on behalf of a loved one, they are put under a lot of time pressure, and it must be remembered that they also have a life of their own to fit around. Placements local to their address are popular with them. They would like more one-to-one time with staff to accommodate residents’ needs.

### **15. Other Insights – Staff**

Staff felt that they deserved better pay, recognition and work-life balance. The responsibility of their job is not reflected in their pay when compared to jobs in retail for example. Improvements in these areas could lead to better retention and improved continuity for residents. Other incentives and opportunities for training could also help with staff retention, for example the ideas about training in wound care or physiotherapy to better support residents.

They also need to be heard and feel they could be more involved once they get to know residents well. Having more background information on new residents could help to match them up with keyworkers better.

They think that the Personal Allowance does not cover private physiotherapy and dental care and see that some residents can only afford a certain level of care. Staff also think that residents would benefit from more one-to-one care.

## Review Board

During the course of the two surveys, we collected details of some people who would be interested in helping with the contract rewrite, either as a representative on the Partnership Board or as an expert by experience. We identified 3 residents, 4 family members and 4 staff. We also noted details of some people who would like to be contacted about their answers from Part 1 of the survey. Details will be sent to the Council separately.

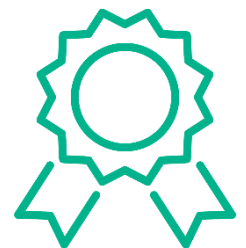
### Quotes from a satisfied resident at St. Joseph's (Stafford) and a pleased partner of a resident at Rowan Court (Newcastle)

#### "What is important to you about your accommodation?":



"It is a home-from-home, with the added security of regular medication (essential in my state of health). Regular visitor support helps. The place is spotless and the room service is without equal. Bed made and changed virtually every day, all in all like a first class hotel."

"It is a very warm and welcoming environment. The staff are very caring and professional in carrying out their responsibilities. Visiting arrangements are good and the medical care is very good. It is so important to have good access to GPs and dentists etc and knowing how well the lines of communication are. Nice room, warm and cosy."



# May 2023 – Part 1 Initial Surveys

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## Survey Design & Promotion

Victoria provided us with a list of questions which we used to devise an online survey using the SmartSurvey tool. One of our volunteers suggested it might be easier to analyse if we provided a list of responses with check boxes so we set up a second survey. These were discussed with Vicky and updated.

In the end we used the more general survey (see Appendix A) as the Council were looking for qualitative data and we thought that our list might not be exhaustive. We didn't want to miss any important items which we had not thought of.

Based on this online questionnaire, we also produced a shorter version to be used as a prompt during interviews (see Appendix B).

The online survey could be completed on a computer or smartphone and was accessed through a website link (URL) or a QR code. The survey was also saved as a printable pdf file which we could distribute to care homes by email or print out and hand out on paper during visits.



We promoted the project and the online survey through the monthly Healthwatch Staffordshire eBulletin, in the editions published in February and March, with an initial closing date of March 31<sup>st</sup>. This was later extended to April 30<sup>th</sup> to allow more time to collect responses.

We also designed a series of posters promoting the survey which were circulated to all care homes we visited, for them to display.

Additionally, we publicised our work on our social media channels (Twitter, Facebook and Instagram). We also used our internal Basecamp platform to inform Support Staffordshire staff about the project.

Despite all our efforts we did not receive a single online response which was very disheartening. We had hoped to reach family members, (residents' children and grandchildren) through this medium. A technical glitch corrected early on may have had some effect but we did have similar difficulties with another recent Healthwatch survey on Social Care.



### What is important to a person who lives in a care home?

Healthwatch Staffordshire is working with Staffordshire County Council to explore what is important to a person who lives in a care home. Please try to send your responses to us before the end of April.

We would like to invite you to take our survey. You may answer the survey anonymously, or you can give us your contact details at the end if you would like to discuss anything further or give the Council further feedback. We will not use your details for any other purposes.

The views collected by the survey will be reported back to the Council's Commissioning Team and may be used in our own statistics. Your name will not be attached to specific comments in our reporting, unless you ask us to do so.

1. What is the name of your home/accommodation? \*

2. What is important to you about your (or your relative/friend's) accommodation? \*

You may wish to mention things about the room, indoor/outdoor shared areas, the staff, the food, any facilities, services or activities that are available, visiting arrangements, number of residents, communication, laundry services, freedom of choice, access to GPs, dentists, opticians etc. \*



The clip below from Twitter, our largest platform, shows that we did reach some people, but to no avail.

**Tweet activity** ×

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**Healthwatch Staffs @HWStaffordshire**  
Please help us understand 'What is Important to a Person in a Care Home?' in Staffordshire. Complete our Survey now, either for yourself, or for a friend or family member. Or share with others on Social Media.  
<https://www.smartsurvey.co.uk/s/HTV1Y6/>  
Call 0800 051 8371 for a paper copy.  
<pic.twitter.com/E8x6tPp2W1>

Impressions	1,021
Total engagements	18
Retweets	8
Detail expands	4
Media engagements	3
Likes	2
Link clicks	1

We did, however, receive 6 completed paper copies in the post and received a further 3 from a care home who we couldn't visit due to Covid.

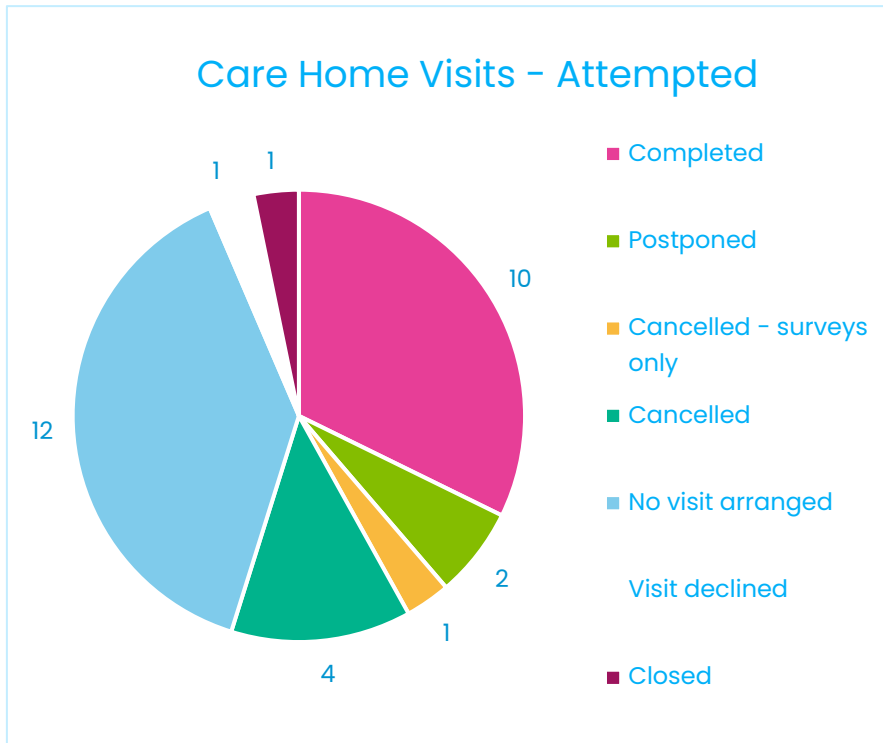
## Arranging Visits – Approach and Issues

We were given a list of care homes across Staffordshire (with a few exceptions highlighted) and selected which homes to visit from this list. We originally hoped to visit at least one nursing home and one residential home in each of the eight districts.

Our volunteers and staff initially selected several homes in Stafford, Newcastle under Lyme, Staffordshire Moorlands and Cannock Chase. The Council also put us in touch with several homes/providers and promoted the project in their newsletter, which resulted in some homes contacting us. This led to planned visits in Lichfield, Tamworth and South and East Staffordshire. We also looked at other care homes in different areas.

We called 30 homes to arrange visits; we spoke to staff and often followed up with emails. The managers were not always available when we called and unfortunately did not always have time to call or email back. We also planned to attend a craft event organised by a care home, but Covid prevented us.

One of the homes on the list closed before we got to contact them. We eventually visited 12 care homes and had paper surveys from one more.

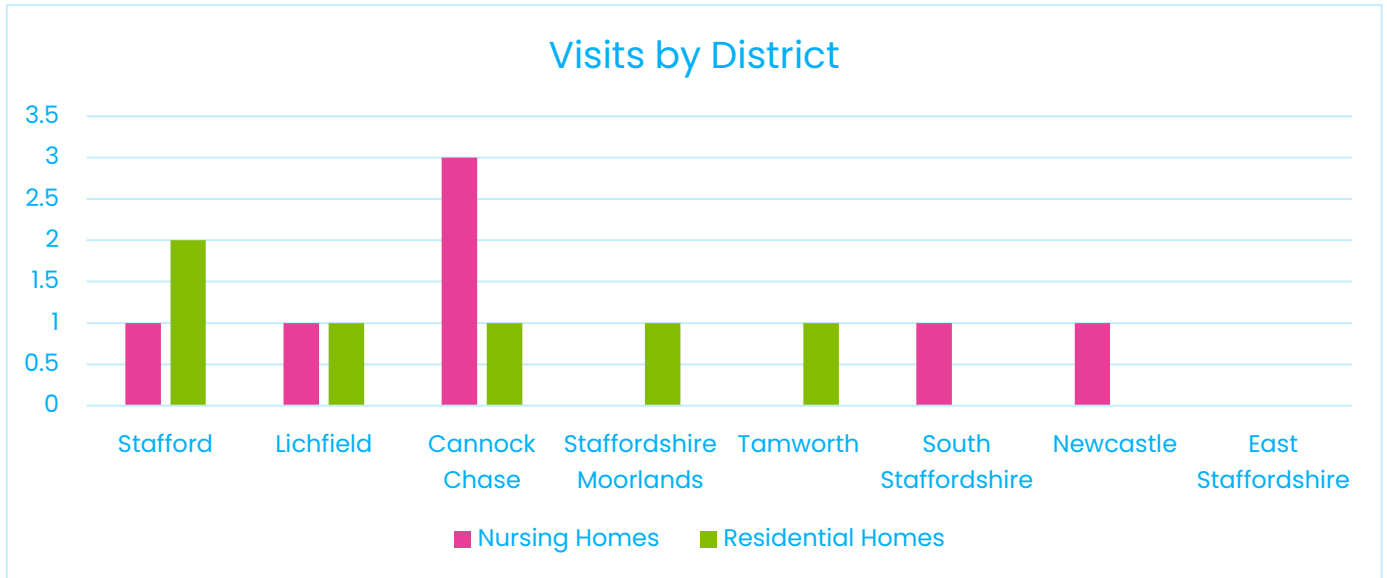


The hours needed to arrange, complete and report on the visits was more than anticipated and coordinating the diaries of 5 staff and 2 volunteers with care home availability proved challenging at times. We lost planned visits in March due to 3 staff having Covid and 1 staff member leaving us. During April, 3 staff took Annual Leave and a further 2 care homes cancelled visits. Unfortunately, not all those cancelled could be rescheduled due to time constraints.

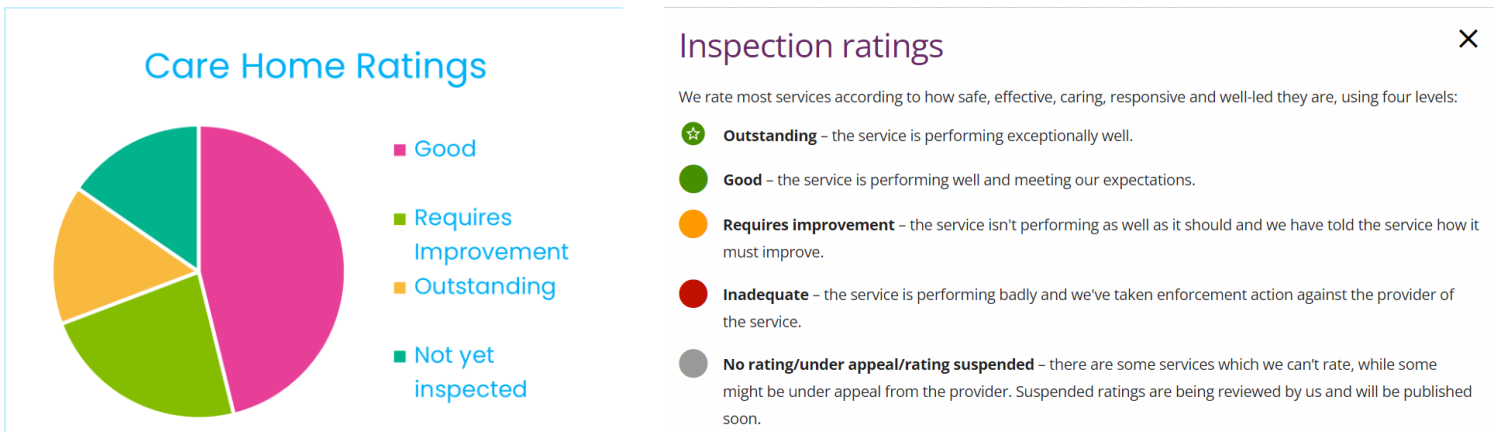
We wondered if some homes were put off participating due to the role Healthwatch takes for Enter and View visits. During our calls and visits we repeatedly stressed that these visits were not inspections.

## Breakdown of Visits

We visited 7 nursing homes and 6 residential homes across 7 of the 8 districts in Staffordshire. These ranged in capacity from 6 to 89 residents, with an average of 53 residents. A breakdown of visit outcomes is given in Appendix C.



The following chart shows the breakdown of the CQC ratings of the homes we visited in Part 1 along with a description of what these ratings mean.



## Considerations for Visits

It was really interesting to visit the different care homes, which each had their own atmosphere and characteristics. We are really grateful for the warm welcomes we received on our visits.



We tried to arrange morning visits after 10am and afternoon visits after 2pm, to avoid morning routines and mealtimes, this worked well. The Council provided us with a letter of authority for the visit, we provided posters for the care homes to display (with a link to the online survey) and paper copies were left in most homes for residents or families to complete at their leisure.

Care homes varied in their approach to the visits. At some homes, the managers first took us aside to discuss our needs and give us information. At others we had a tour and at others we went straight in to meet the residents. Some of these were conducted in common areas, some in a quieter side room and some in residents' own rooms. The interviews were sometimes conducted by 2 or more of us together and sometimes individually. Some homes had arranged for relatives to be present to assist with the interviews and this was very useful.





Many residents had some level of dementia, and this presented difficulties with the interviews. Some could not remember moving in, how long they had been there or were not aware of the reason why they had moved in. One lovely lady even denied living there at all and thought she was visiting/helping out!




These residents were often able to talk most about their families and the work they used to do. When reminded of recent activities at the home, they expressed what they had enjoyed. It sometimes helped if family or staff were present, but it was not always easy for them to disclose sensitive information to us in front of the resident. For example, if the resident was admitted due to dementia or was no longer able to cope at home alone after the death of a partner, even with carers.

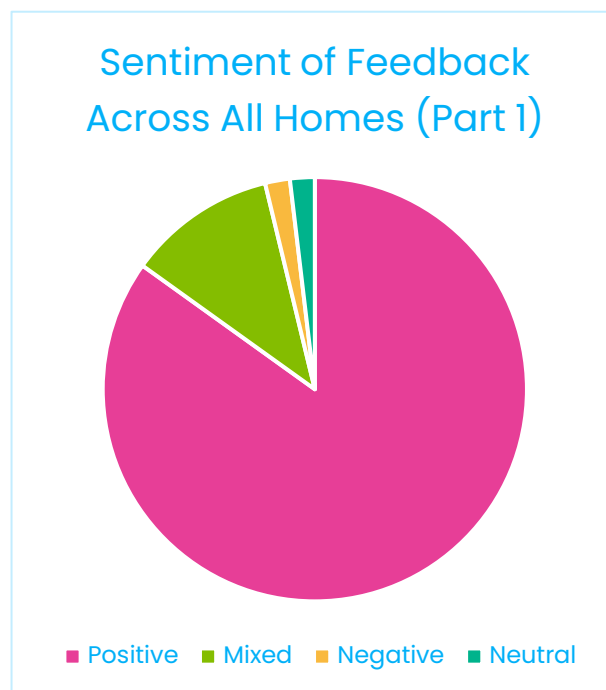
Similarly, it was also difficult to check how each resident's care was funded or what their condition/disability was, or even their ethnicity, although Nationality was often mentioned.

Other residents enjoyed our company, but conversation had to be gently steered back to our questions. Some residents were quieter and less forthcoming. We met a few residents who had been moved when a previous care home had closed. The differences highlighted between the old and new homes was quite eye-opening.

## Who We Talked To – Demographics

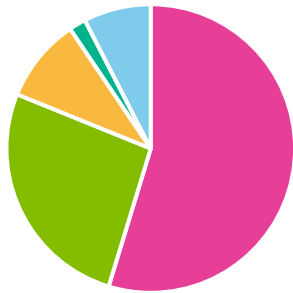
# People	<b>52</b>	
# Interviewed	<b>43</b>	
# Paper Survey	<b>9</b>	
# Online Survey	<b>0</b>	

# People	<b>52</b>	
# Representing Self	<b>43</b>	
# Represented by Relative	<b>9</b>	



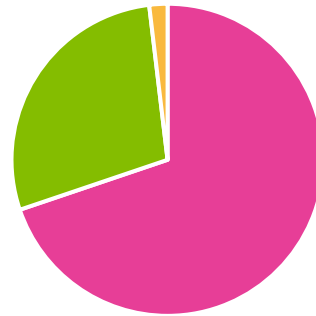
## Demographics of Residents

### Age of Resident



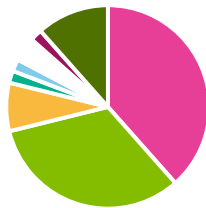
■ 80+ years   
 ■ 65 to 79 years   
 ■ 50 to 64 years  
■ 25 to 49 years   
 ■ Unknown

### Gender of Resident



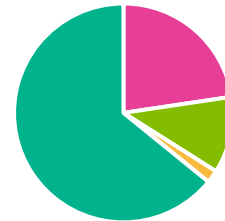
■ Female   
 ■ Male   
 ■ Unknown

### Religion - as described by participants



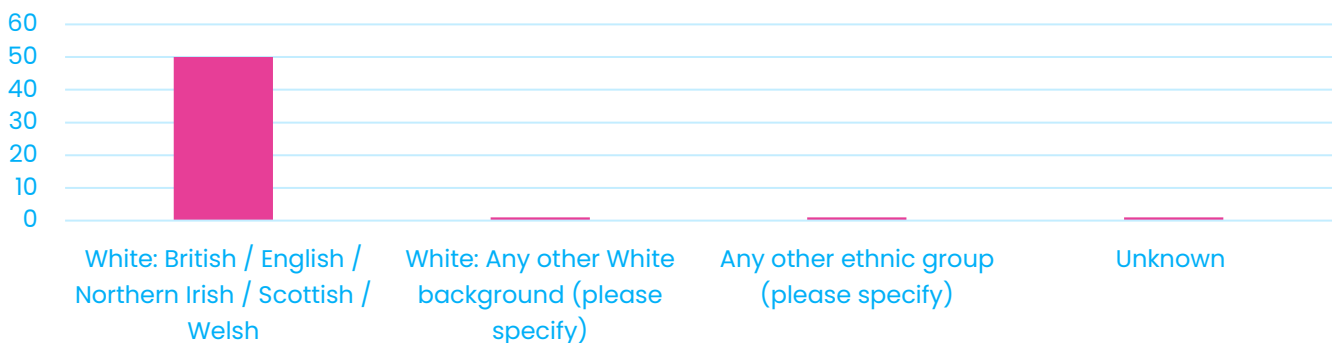
■ No religion   
 ■ Christian  
■ Church of England   
 ■ Methodist  
■ Catholic   
 ■ Roman Catholic  
■ Mormon   
 ■ Unknown

### Marital Status of Residents



■ Widowed  
■ Married  
■ Divorced / Dissolved civil partnership  
■ Unknown

### Ethnicity of Residents



## Disabilities, Conditions and Reasons for Admittance

The problems mentioned most often were old age (27), nursing needs (24) and dementia (21) which included 4 with advanced dementia and 2 with challenging behaviours.

Mobility was also cited as an issue (13) and among these there were 8 who used a walking frame, 6 who used a wheelchair and 3 who mentioned using a hoist. Falls or risk of falls was mentioned 11 times with 3 cases of broken bones quoted as "a fractured top of femur", "a broken hip" and "6 broken ribs". Another resident had suffered a nasty bump to the head.

Physical disabilities were listed and these included neuropathy after radiation, loss of mobility, speech and swallowing after a stroke, memory and mobility issues from an acquired brain injury and the loss of the use of the left-hand side in childhood.

Some people had managed at home with a partner to help them but had moved into a care home following a relationship breakdown (1) or the death of their partner (5).

Other issues included needing help with medication (4), impaired vision (4), difficulties swallowing/chewing food (3), illness (3) or receiving, waiting for, or recovering from treatment (3).

Specific ailments included Diabetes, Arthritis, Mental Health, Frailty, Restless Leg Syndrome, Atrial Fibrillation, Parkinsons, Dizzy Spells and Low weight. One person had a learning disability, and another had been admitted for palliative care and was still well four years on. Another resident received help with rehabilitation (walking and eating). A few people had received respite care in a home before later moving in permanently and one person was hoping to return home shortly.

## Common Themes with Supporting Quotes

### 1. Caring & Friendly Staff

Residents highly valued the caring and friendly staff and expressed gratitude to them. We observed staff create a supportive and relaxed atmosphere with personalised, holistic care that is really appreciated. They encourage independence where possible.

In one home the staff achievements are celebrated with displays, along with details of the values and ethos of the home.

The importance of the staff is best expressed by the residents:





## Friendliness and warmth, companionship

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*"I get on well with staff, we have a laugh and a joke. We've got the best staff" -- "Staff are very friendly" -- "we get along well with the staff. They are great!" -- "Attitude of staff – always friendly with residents and each other – no bickering!" -- "We are like a big family and the staff are great. They help us all to do the things we want to do" -- "staff are very welcoming and Mum does seem happy there"; "Friendly staff, very personal" -- "the friendliness of the staff, cheerfulness of staff, their warmth" -- "We get along well with each other and with the staff", "I like the staff talking to me" – "Kitchen staff are so friendly"*

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## Caring, kind and compassionate

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*"Nothing is too much trouble for them"-- "I receive all the support that I need from the care home staff" -- "when I am in my room, they pop in to check and make sure I am alright, or they invite me to the lounge", "I can ring them when I need them" -- "I am glad I came here as they look after me well" -- "we get respect from staff and it is mutual" -- "They can see your needs even before you realise what these needs are. They meet your needs with kindness" -- "can't do enough for you" -- "the staff are great at helping them, according to their needs" -- "they do everything they can to keep us satisfied and happy" -- "the staff always do their best" -- "Staff are so kind and so busy, working hard looking after people ... I cannot fault them" -- "They look after her very well. We are extremely fortunate. This is a very good place." -- "The carers and nurses are ever vigilant and comforting when needed to be. The place is spotless, the cleaning team and the laundry staff are without exception wonderful" -- "professional in carrying out their responsibilities" -- "background knowledge of the residents"*

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## Coping with Dementia

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*"Staff seem very tolerant of his needs" (severe dementia); "They cope well with his challenging behaviour"; "the home has been very patient with settling her in and deals well with her challenging behaviours"*

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## Family Comments



It is important for family to be able to identify the staff and their roles. Name badges and a display of photos of staff and their status helps with this.

The only issues mentioned with staff were the number of agency staff, the quick turnover of staff and limited resources: "They seem understaffed – take a very long time to answer buzzers".

## 2. Welcoming Atmosphere, Comfortable and Clean Environment

Many residents commented on the atmosphere and ethos of the home as being important, as well as the building's comfort and cleanliness.

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*"nice and welcoming" -- "like a home from home" -- " he likes the facilities and location" -- "it is out in the countryside which does not have a lot of traffic" -- "I feel safe here" -- "it is a great home" -- "It's lovely in the garden and inside the home" -- "I like it here, everyone is happy" -- "nice, friendly, easy living, comfortable and peaceful" -- She "wouldn't like to live anywhere else" -- "she is well looked after and has everything she needs" -- "It is absolutely wonderful! I am with my husband, which is fantastic. We are both very happy and content here, and especially being together, and well looked after by staff" -- "Happy atmosphere" -- "My father is well looked after here" - Hopes that "My Mum is treated as if she were living at home and feels part of the community" -- "It's a home from home, with the added security of regular medication support – essential in my state of health" – "It is a very warm and welcoming environment. I can find no fault in any of the facilities." -- "I have lived here for nine years, and I am happy. I have my own room, get on well with the other residents and the staff" -- "I like how friendly everyone is" -- "I like it's peace and quiet" -- "I am pleased with the service I get in here and I am really grateful for it" -- "everything seems to be covered with the exception of a tuck shop"*

*"Cleanliness is of a very high standard" -- "Nice clean and tidy home" -- "since last inspection, the home has been decorated and new flooring and now doesn't smell as before" -- "It's clean. Tidy and pleasant. It's a lovely place."*

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On our visits we also made our own observations about the care home environment. Most homes we visited had some sort of entry system with buzzers and a signing-in book, sometimes there was a staffed reception.

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*The house has got a homely feel, the moment you step in. -- The corridors are light and airy, it smells of clean and fresh linen -- Relaxed atmosphere and staff had good rapport with residents. -- There are several lounges, some are quieter sitting areas. Each lounge has a wall-mounted TV and music system -- Modern and spacious -- Nicely decorated in pastel colours -- Other smaller cosy places -- Sitting area in reception -- Pleasant atmosphere -- Staff were very attentive -- quiet areas, lovely garden, reception and welcome area – Purpose built – Background music/radio in some homes helped the atmosphere as did having a music channel on the TV*

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Various displays and noticeboards help to make the corridors and common areas more personal and welcoming. In one home that was being refurbished, the walls felt bare without any pictures up. In some homes the doors to residents' room were personalised with names or painted in different colours. In another, frames/cubby holes by the door held personal photographs and memories. In other homes we saw:

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*Thoughtful mobile and colourful displays of the residents' life at the home -- Decorated with artwork made by the residents: wooden spoons, marine collage with shells.*

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## **Special Considerations and Technology for Dementia Patients**

One home that catered for residents with dementia and/or challenging behaviours had been very well thought out with a similar layout and décor across all floors and even in the lift. In rooms, furniture was fixed to the walls. Sensors were used to tell if someone got out of bed at night, and a light was then switched on by the bathroom. A special listening-in facility alerted nurses to noises that were unusual for the resident. There were long corridors with plenty of chairs for those who liked to wander and spare sitting rooms with temperature control, so people could 'cool off' and calm down if they got upset.

In another home, the layout was again replicated on each of three floors to help provide familiarity for patients with dementia if they change floors as illness progresses. Another had a special projector which projected moving images onto a table to stimulate residents.

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*"I know he is kept safe here and that they also have the advantage of very advanced technologies they are using within the rooms, to ensure safety of patients or residents at all times"*

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## Special Equipment

Some residents needed mobility equipment, we saw hoisting equipment, wheelchairs (manual and electrical) and walking frames. One home had special dominoes for blind people. Another home used to have a show and tell room, that had since been repurposed.

## Outdoor Spaces

Most homes had some sort of garden or outdoor space and the residents really appreciated these. They also provided a place for residents to smoke if they wished. One had a summer house, and another had a conservatory, sometimes used for gardening activities. One home struggled with the upkeep of the garden and had started a friends and family club to get some help.

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*"I like the garden and we go outside when it's warm. We sit on the benches" -- "the garden is ours to enjoy" -- she would like to be outdoors more, but can only go for a walk with a carer and they are currently short of staff -- "... is a lover of going outside, but he's not good on his feet" -- "The 40 acre grounds, ideal to walk in complete security" -- "The grounds are wonderfully maintained by a gardener" -- "She likes to go out in the garden; sometimes goes out to have a cigarette" -- "I like bird watching in the garden. I even fed birds as they had food off my hand. They trusted me." -- "they organise Easter picnics, barbecues, Summer Fete, Bonfire night and Christmas celebrations" -- one resident had enjoyed dipping their feet in a paddling pool in warmer weather -- "the outdoor space should be an area that should be safe and give the residents freedom to sit in the fresh air in comfort.."*

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## 3. High Standard of Personal Care

This covers washing and bathing, dealing with other hygiene needs, laundry and dressing. Maintaining the residents' dignity and privacy is key with some residents preferring same sex carers. Looking after residents' clothes and belongings is also very important as is access to services such as hairdressing and nailcare. Frequency and thoroughness of washing was also mentioned. People like to have choices rather than regimented routines.

All residents will have a personal care plan which includes medical, personal, dietary needs, likes/dislikes, religious preferences and family suggestions. Staff are able to promote independence.

In many homes we saw ensuite shower rooms with toilets and walk-in showers. In other homes there were shared facilities for toilets and bathing including baths with hoists for those with mobility problems. Prompt response to buzzer calls is especially important when a resident needs to use the commode. Families like it when staff pay attention to personal dress, ensuring that socks match and clothes are not inside out. Unfortunately, we did hear reports that items do get lost in the laundry on occasion, even when these are well labelled.

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*"I can shower every day here" -- "sometimes it takes a while for warm water to come down, when in the bathroom or shower" -- "She is kept clean, they help her have a bath" -- "I like getting properly dressed by them (staff)" -- He can still look after himself and likes to be independent where possible. He likes that there are staff on-hand to help if he needs it -- she can "have her hair and nails done, but they each have to wait their turn" -- "the girls do the laundry and look after my clothes, and staff help me to dress up, when I need help" -- "very well cared for with respect to personal care and laundry" -- "Laundry done daily but items go missing" -- "Clothes are clean on every day" -- "only one person has washed behind my ears" -- "sometimes they just use baby wipes" -- "There is a carer who can cut hair."*

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One relative suggests: "Have a washing bag for each resident labelled up so this may help with missing clothing?" -- "It's not nice to see my mum wearing other residents' clothes". Another complains of "multi-layers of clothes, tissues falling out of slacks at the feet!".

#### **4. Access to Health Care – G.P.s, Dentists, Medication, Opticians**

Many of the homes provide good access to healthcare through local GPs, Nurses and Opticians and some have special arrangements with these. Some healthcare visits are regular, some are arranged as needed. There are still some GPs who are not seeing people face-to-face.

We heard about GPs, opticians and chiropodists visiting homes and someone had seen a nutritionist about their diabetes. Very few people mentioned dentists or audiologists. We didn't ask the question but on reflection wondered whether Occupational Therapists ever visited the care homes after admission if residents' health or mobility needs changed during their stay and who was responsible for providing equipment to meet their needs.

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*"Health appointments are always taken care of"; "GP is good" -- "the home arranges regular GP visits" -- "The GP comes here to see me, to see the residents as and when needed" -- "medical attention is always good" -- "values weekly visit with GP -- difficulties with access to primary care when at home" -- "very happy with weekly GP visits by same GP" -- "The home has excellent links with local health services with a call from the GP surgery weekly to sort out any medical issues and prescriptions" -- "Access to NHS is spot-on" -- "Local GP practice serves home and practice nurse visits home weekly" -- "The medical care is very good. It is so important to have good access to GPs and dentists." -- "I think doctors should come out now to the residents" -- "there is ongoing care from staff as well as opticians, chiropodists, any other specialists needed."*

*"the next day she had an appointment with the Optician arranged for eye tests" -- "she had new glasses. The optician came and offered free eye tests, as per usual"*

*regular checks .. then had an appointment for glasses at Specsavers, as she is short-sighted" -- opticians coming in as and when needed (they use Vision Call)*

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Families have mentioned that they would like to be advised when appointments have been made, and to know who their relative has seen and about what.

One lady was very grateful for the encouragement and support of the staff: "on admission was very ill, confined to bed and unable to feed herself ... staff never failed to encourage and cajole her and over three months is now able to eat pureed food and walk with help".

Residents can become worried about medication, for example, when they think there are changes to the brand or packaging of their medication or when the timings of doses are different to usual. It is helpful to address residents' concerns about this. They are generally reassured that medicines are kept locked-up and managed by staff.

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*"The nursing needs for many is excellent – it is very reassuring to know all medicines and records are logged keeping residents safe and as well as possible." – "I do get some medication ... It is kept in a locked cabinet" -- "I have two insulin injections each day" -- "I have some tablets to keep my blood pressure under control" -- "I take some medication for my arthritis and for dizziness" -- "special cream applied on lower right leg, to help healing process and prevent area getting infected" -- "eye drops to put in at night, nurse/carer helps her with that" -- "I take medication for Parkinson's"*

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## **5. Good Communication with Residents and Family**

Some homes have quite formal arrangements for communication with regular meetings between residents and staff, and between families and staff. Other examples of good practice are noticeboards and newsletters to keep everyone informed, suggestions boxes and feedback forms (with easy-read versions) or touchscreens. Some communication is more informal and personal with staff being attentive to resident's needs. Keyworkers or link workers were another useful way for residents to communicate.

It is important to residents that they have a voice and to their families that they are kept updated about the residents needs whether this is around health, money, personal items, medical or other appointments.

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*"there are regular resident meetings within the care home" -- residents have a link to staff via a resident link or a link worker -- "proper agenda items are actioned in a timely manner" -- "Communication is good" -- "we get monthly meetings with the staff. So, we get to say what we need, and if we have any requests, management are trying to satisfy these" – "If there was a problem, she (the old manager) would listen to both sides and put things right" – "Display archway over fireplace, highlighting upcoming*

*events” – “Monthly newsletter with overview of activities for month on a pictorial timetable broken down into weeks and days” -- If he thought of any improvements he said he would suggest it to the office.*

In one particularly good example we found: Residents get to have their opinions and voices heard, when they have a monthly meeting with the Care Home Staff – there are typed up agendas and minutes for these. There are also quarterly meetings for visitors/family of residents to share their ideas and a suggestion box and touchscreen for feedback.

Communication with families was more variable. Relatives said:

*“Communication is good with the care home. The Home Manager is very approachable, so I usually talk to her about dad’s care plan” -- “I speak to the manager and staff on a regular basis, to ensure he is all right. Sometimes it can be a bit more problematic to get straight through at the weekend” -- “If there have been any trips or falls, the care home has informed us immediately, even if these were rather mild falls” -- “Communication between staff/seniors/manager needs addressing/improving so visitors are aware of any updates” -- Should “keep me informed about things she may need” -- “Communicate better with relatives about Mums needs” -- “One of the main things for me was that mum had a severe water infection that made her aggressive and do things out of character. I was informed by a manager that a member of staff had given mum verbal abuse and threatening behaviour. I have not heard back as to whether that member of staff is still working in the home so some feedback and updates would have been helpful, as this has been stressful for myself and something I needed to keep from my dad.” -- “To have more feedback from the home about mums needs and requirements. Who has visited her or is coming to see her such as doctor, dentist etc.”*

## 6. A Variety of Activities and Outings

### Activity-Coordination & Schedules

Most homes had at least one Activity Co-ordinator who was responsible for arranging a variety of activities and this person usually knew the residents well and what their interests and hobbies were. Residents enjoyed a range of activities across the different homes we visited. In some homes there is a schedule for the month broken down by week and day and this was displayed on a noticeboard or in a resident newsletter.



### Solitary Activities



Some preferred solitary activities in their room or a quiet area, such as reading books or newspapers, doing crosswords, listening to music, or watching movies, cross-stitch or knitting.

## Group Activities

Others liked group activities in the lounge, dining room or tearoom. Typical group activities were dominoes, card games, Scrabble, skittles, Bingo, sing-songs (pub songs, old-time or nursery rhymes), quizzes, arts and craft activities, painting, colouring, knit and natter groups and exercise classes. Some homes have an organ or piano and others even have a cinema room or library of books.



More therapeutic activities included soft background music, animals visiting for pet therapy (dogs, Shetland ponies, Alpacas), potting up plants and gardening (one home had an allotment), cooking/baking or helping to prepare vegetables.

## Visiting Acts

Sometimes musicians, singers or dancers visit the homes. It is good when they can include everyone, like giving out a tambourine to shake, or a drum to bang. Primary school children may be invited to visit. Some of these visits are yet to start up again after Covid.



## Special Events



Staff also organise celebrations for special occasions – we heard about Golden and Diamond wedding anniversaries and a Sixtieth birthday party. There may also be themed activities or food, for example, for Valentine's Day or St. Patricks Day or religious events.

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*Residents/family said "lots of activities, entertainment and aerobics" -- "freedom to join in or stay in room" -- "I join in with what's going on in the home" -- "don't interrupt the Bingo" -- "the nursing home has an incredible library" -- "Lots of activities to keep residents amused" -- "likes to read on a Kindle" -- "I've got my own routines: I like to read the newspapers in my room and keep aware of current political affairs" -- "activities for the residents ... will help with stimulation"*

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## Problems with Activities

Some residents find it difficult to leave their room for activities because of mobility issues, although staff do encourage everyone to join in. Others may need extra direction or one-to-one attention to participate, particularly if they suffer with dementia.

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*"He cannot do activities because of his disability" -- "when I was more mobile, I used to make more use of the lounge area and mix with the other residents. Now I need to keep my feet raised on a stool" -- "Apparently activities are available but are kept in a locked cupboard upstairs so not accessible!" -- "it's a lot of bother being hoisted".*

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## Outings



Residents appreciated trips out of the home as well as outdoor activities. This ranged from a short, accompanied walk; a visit to a pub, restaurant, or a café (with staff or family), a barbeque and garden games in the grounds in warmer months or even a visit to Church.

Occasionally some homes have a mini-bus and can offer trips out to garden centres, shopping centres (especially M&S), a pantomime (Jack and the Beanstalk) or other tourist attractions.




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*"I have my own care plan and am able to do the things I enjoy like seeing my family, going shopping for clothes, eating out, going to church and going on holidays. I have a computer and enjoy writing" -- "My family also take me out to music concerts as they ... perform in many shows" - "If I could have someone to take me out more, a member of staff, I would like that" - "I like going to Trentham Gardens and to Starbucks where one of my relatives works" -- "I have been on outings to the cliff railway at Bridgenorth and to the riverside at Rugeley. I can be taken out in a wheelchair" -- "interesting set of events like canal trips and trips into town"*

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## Problems with outings

The costs of hiring transport can be very restrictive and even with a minibus, the numbers can be limited (and must include any accompanying staff). Space is also needed for mobility aids, and some don't give a very smooth ride for those who are frail!

## 7. Keeping in Touch with Family or Friends

Those residents who have local family or friends enjoy regular visits from them. Where family lives further away, or even abroad, residents appreciate receiving phone or video calls to keep in touch. Sometimes residents use their own mobile phones and sometimes care homes provide devices they can use, like an iPad. The family members that we spoke to, really valued finding a care home placement local to where they lived.

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*"I like it that my granddaughter can come and visit regularly as this place is only 10 minutes from where she lives" -- "able to have and use own phone for contact with family" -- "every Friday she has a Facetime videocall with their son who is abroad on a project" -- "She has a son who lives locally and visits her .. a daughter who lives in Yorkshire who she speaks to on the phone and sometimes watches television with" -- "I just wish it was closer to my family" -- "my son lives very far away. New York, USA" -- "has a sister .. they speak from time to time over the phone" -- "I call my father every other day" -- "Not being too far away for visiting" -- "just four miles from home" - "I*

*chose ... primarily for its great reviews and secondly for its proximity to my home as I visit my mother every morning*

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Most homes have flexible visiting arrangements, which is preferable to making an appointment. It is also good when the visiting policies are clear, and staff are consistent in applying them. Residents like it when there is an area where they can sit with visitors, away from their rooms, inside or out. In some homes visitors are not allowed in common areas – this is sometimes a policy left in place from Covid, and sometimes it is because residents with dementia can be upset by unfamiliar faces. Residents also enjoy it when visitors take them out for a drink or a meal or to see a relative in a different home.

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*“visiting arrangements are good” -- “A visitors area would be most welcome” -- “we can go out for a meal together, or we go shopping” -- “we also go to the other home where dad used to be; my mother is still there, so we visit her also and we bring her here to see dad. They love to see each other” -- “Seating areas are needed for visiting times as not all residents are comfy in their rooms, my mom is a perfect example” -- “a friend came to visit me here. I have three nieces. The niece that lives in ... comes to visit me regularly” -- “unrestricted visiting times” -- “Her family visit her and visitors can pop in anytime” -- “Visiting rules change daily depending on what the member of staff thinks is correct” -- “his ex-wife sometimes comes to visit and his step-son” -- “We come and visit regularly when we are in England, UK” (they live in France)*

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Some homes were particularly accommodating and the spouse of one resident spent most afternoons there, regularly eating a meal in the home with his wife.

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*“he spends a considerable amount of time there with his wife, keeping her company daily, doing things together”*

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## **8. Socialising, Making Friends in the Home, and Pets**

It is important that residents can socialise with other residents and staff if they wish, and mealtimes and activities give a good opportunity for this. It can be more difficult for those who are less mobile and find it difficult to leave their rooms.

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*“I have made friends here at the care home, we get along well” -- “It’s good to meet with the other residents in the dining area/lounge” -- “Mealtimes are a good social opportunity for me and the other residents” -- “She likes to be around people and has a room close to the entrance where she leaves her door open, so that people walking along the corridor can say hello as they pass” -- “they are all my friends” pointing to the other residents -- “they all look after each other” -- “we mix in well, we do different*

*things together, we talk to each other. staff and residents. I am very friendly with the other residents" -- "I do like the company of staff I talk to, and my mates too (I have friends among the residents" -- "We are a nice crowd here. We get along well and help each other" (residents and staff)*

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Although some people prefer to spend time alone in their rooms by choice.

*"prefers to stay in own room" -- "more inclined to be a loner" -- "does not socialise very much with other residents, although the offer is there" -- "he does like to talk to his keyworker and to some other staff"*

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Residents may need support when they lose friends from the home and it can be unsettling when there are many respite visits, with people not staying permanently. One resident found it difficult to socialise in a previous home as there were many people with severe dementia.

*"Sometimes people come here for a respite period, then they leave" -- "she has lost several friends in the home recently, which made her feel sad" -- "most residents had severe dementia and their condition was deteriorating rapidly"*

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Pets and animal visits can also help residents, as can soft toys. It can be concerning when a resident had a pet at home and doesn't know what happened to their pet after they moved into the home. One resident without family felt very comforted to find accommodation where her dog could live with her, in her room.

*Her dog now lives with her daughter but is allowed to visit her and "she is popular with the other residents and staff" -- "Niece allowed to visit with dog" -- "He loves to hold a plush dog; at times he thinks the dog is real and keeps him on his lap and attempts at feeding him, or pretends he is doing so. We don't mind as long as he's happy and content. He used to love animals" -- "Can take dogs in" -- She had a dog called Brandy and had photos up in her room -- "I like having my dog with me, Goldilocks" (this is a big plush dog) -- "I like it when they visit with the dogs - pet therapy. I had three dogs. One was called Spot. I'm not sure where they are now" -- "I can have my own pet to keep me company ... in many other homes, they were not allowing me to come with a pet. Here they understood and accommodated me and my dog too."*

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## **9. Nice Room with Personal Possessions**

Across the various care homes we visited, we saw a huge range of rooms. Some were cosy and others spacious, some were simple and basic, and some were

furnished to a high standard, looking more like hotels. Some had ensuite facilities. The temperature was important: most liked a warm room, but one lady liked to sit by an open window with a fan going to “keep her room nice and cool”. A nice view was appreciated.

Residents liked to have their own belongings in their room. This varied from a few photographs and ornaments to their own furniture and choice of décor. We did notice that where residents had mobility aids (like walking frames and wheelchairs), that these could take up a lot of space in the room.

Low noise levels were also important, one person was disturbed by building work going on across the road from her room. Most rooms have a ‘nurse call’ facility of some sort, which can be reassuring. What residents said about their rooms:

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*“it’s nice, cosy and warm” -- “he likes his room, he can decorate or arrange the way he wishes” -- “ his room is his haven, which he feels safe in” -- “I have all the things I need in my room” -- “now I am on the upper floor and I get a better view from my window” - - “sometimes there are problems with the radiators ... it can be cold in the room” -- “My room is spacious with all facilities self-contained” -- “Has a TV set.” -- “It is quiet at night and I get better rest” -- “wall of family photos in her room” -- “I have a TV and books, magazines in my room” -- “My room is comfortable and warm. I have got my wheelchair and walking frame here too. I have a nurse call bell (device) for assistance” -- “Good room, clean and view of garden” -- “room decorated/accessorised as much as possible to reflect own home tastes. I did this to my mum’s room” -- “the room should feel welcoming, and her belongings looked after for her” -- “Good rooms with own bathroom” -- “She is confined to bed and has recently been provided with a new mattress. She sleeps well.” -- “I like the privacy of my room and to spend time in here. I don’t go out much” -- “He likes his room and has a lot of his own things in it (most things except for the bed and the wardrobe). He has a TV, a radio and a stereo” -- “The place is spotless, and the room service is without equal. Bed made and changed virtually every day, all in all like a first-class hotel”*

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We spoke to some couples who both lived in a care home together. They reported that:

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*“we have a room together” (with husband) “which is open plan, so we share a spacious room” -- “able to have double room with wife who is also resident”*

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One lady had been upset that a member of staff entered her room without knocking. Another had concerns about her belongings, she said that some people with dementia tend to wander and may go into others’ rooms and mess with their belongings – residents can’t usually lock their rooms. She had also been upset one night when a gentleman with dementia came into her room at

3am without his trousers – this has since been addressed. It seems it can be difficult to get the balance between privacy and ease of staff access right.

## 10. Spiritual Needs Accommodated

Many of those we spoke with either had no religion or no longer practised their faith. The majority of those who practised a religion followed a Christian religion. One home is lucky enough to have its own chapel and it is sometimes possible for residents to attend a local church service.

One lady who is Church of England said she was not able to take Holy Communion at the home. The home had tried to get somebody to come in for this, but so far, they have not managed to find a priest or a minister able to visit regularly to support with this.

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*“I pray in my room” – “the nearby Methodist church has closed”, but somebody comes in to give her bread and wine about once a month” – “we sometimes watch Songs of Praise on TV together. I like hymns” -- “Catholic faith but happy with Methodist chaplain, able to see priest if wished” -- “Has always been CofE and no wish to change but happy with Methodist chaplain. Enjoys weekly service and singing” -- “I was surprised to discover that there was an RC church in the middle of it (functional)” – “There is a chapel on upper floor where residents who wish to go for reflection and prayer”*

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One lady preferred to have a drink of milk instead of tea or coffee – she did not drink these due to her religion. The home easily accommodated this.

## 11. Good Variety of Food, including Hot Meals



Food was important and residents’ needs seemed to be met in most cases. There was often a choice from a menu and people especially enjoyed having a home cooked, hot meal during the day. Drinks and snacks were usually available during the day. Residents were consulted about what food they liked, either in formal meetings or by chatting with the chef. One lady would have liked more regional food – she came from another European country. Meals can usually be taken in a dining room or the residents’ own room if they wish.

Some residents have difficulties swallowing and some needed food cutting up or pureed. Some foods needed to be avoided (nuts) as they could be a choking hazard. Somebody else needed food cutting up as they had problems chewing after having teeth removed. Others had small appetites, and some needed special fortified drinks to help build them up. In one of the nursing homes there were patients who needed tube feeding. This can be done using a tube through the nose or directly into the stomach, through the skin (PEG).

We spoke to a couple of people with Diabetes and the care homes tried to accommodate them. In one they made “a special coconut custard” – but “not

every day”, others seemed to take responsibility for making their own choices like avoiding desserts.

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*“I like the food. It is good” -- “the staff cook his favourite dish once a week” -- “there are meal alternatives” -- residents make the menu plan “we meet with the cook and discuss and make suggestions” -- “Food is lovely and it’s served hot ... we get a choice ... we get tea and biscuits several times a day” -- “There is a choice of meals and we do get snacks and drinks offered in between main meals” -- “I eat what I want, I leave what I don’t want or cannot eat, and that’s fine” -- “Chef goes round each day to ask for preferences” -- “variety and choice” -- “we can select from a menu sheet” -- “The food should have some healthy options available and meet certain dietary needs” -- “I like the food. It’s tasty” -- A daily menu is displayed, and they use seasonal apples and plums from their own orchard. -- “feedback to kitchen manager” -- “he is getting fed through a tube” -- “Sometimes we have takeaways – Chippy, Chinese or Indian” -- “we get a three-course main meal” -- “The meals are hot which is lovely in this cold weather”*

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We had a lot of comments on the dishes people preferred and these are as varied as you would expect:

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*“I like eggs, sausages and beans and mash” -- “Mashed potatoes, meat, cauliflower, peas” -- “I love soups” -- “I do not like sweets” -- “I like vegetables, meat and soups” -- “I like soups” -- “she is happy with the food and especially likes the porridge” -- “she doesn’t like milk or gravy” -- “there is a variety of meals including Spaghetti Bolognese and baked potatoes with cheese. We get a cooked breakfast everyday” -- “the Chef is great and found her some elderflower cordial” -- “she prefers to drink bottled water” -- “I also like porridge and fruit. Cranberry juice” -- “I like beef, but not all the time. It is on the menu in casseroles and pies” -- “My favourite is pasta, I like macaroni and cheese, I also like Patatas al Forno” (Layered potatoes, onion, meat and gravy)” -- “She likes toast and marmalade for breakfast” -- “Breakfast. Weetabix, milkshake, soft drink” -- “I like choosing what toasties to have” -- “I like my roast dinners and Fish and Chips”*

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## **12. A Good Moving-In Experience & Support While Settling**

There was a wide range of experiences for people moving into a care home, some moves were planned and others not. Some people had decided to do this on their own initiative and chose the home for themselves. Some came for respite and decided to stay. Others looked around first with family members and participated in the decision. Often if it was an unplanned move, family members would organise things; this could be after a hospital admission/discharge, the loss of a partner or the closure of a previous care home.

One of the care home managers talked to us about how it can be difficult to get assessments in place and care packages secured, in a timely manner. She also mentioned potential issues for residents around a change in care needs or financial situation. For example, if a resident now needed nursing care or had a change in finances, how this could best be managed to minimise disruption to the person affected.

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*came from long hospital stays for rehabilitation/physio following a stroke, staff "helped our son to settle in well" -- "I needed extra support as it was hard on my own and I couldn't cope"; "When discharged from hospital, I could no longer manage on my own"; -- "She had to move into a care home as she could no longer look after herself"*

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Most admitted that the change was a difficult one, both for residents and for their families. Family members felt guilt, especially if they had initiated the move, and even if they knew it was necessary and, in their relative's best interests. One gentleman told us about moving his wife with dementia into a home. She didn't fully comprehend the move and he was sent home after a while, to help her settle. It sounded heart-breaking for him.

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*"changing routine was difficult ...I did talk to staff about my feelings and emotions, and they were supportive" - initially the transition was difficult and made her anxious -- "transition/routine was a challenge at first, the loss of independence was scary; it took weeks to feel happy again" -- "she found the change very difficult and cried a lot at first. Gradually she got used to the care home environment and made some friends. -- "She is finally getting settled. For weeks after moving in, she packed up every day and her suitcase then had to be unpacked again. Staff kept us updated" (dementia patient who previously attended a non-specialist day care centre). -- "she is very happy here now. She accepted that she has to live in a care home, as the best place for her" -- "The first day was difficult for both of us. Mom came into the care home directly from being in hospital for 7 weeks. The staff made us feel very welcome and made a lovely fuss of my mother. It took a while for Mom and myself to get used to this new way of life. There were lots of tears, but now it has all worked out for the best"*

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A variety of things helped with the move, often this was to do with the welcome, the room being ready for them, being shown around the building and facilities and introduced to staff and other residents. Being asked in advance for their menu choice on the first day was also a nice touch.

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*"For me, it worked well, because I've been here before, on respite care for ten days, so I knew the home. I knew the staff. I realised it was the right place for me to be looked after" -- "She visited with her son before moving in, everyone was very friendly" - He does not remember coming in as he had been in hospital and on strong drugs at the time; he woke up in his new room the next morning. - "kept pet dog, personalised room,*

*bed clean with duvet cover on" -- "the friendliness of staff ... meeting the other residents" -- "staff quickly set up room, including own TV whilst having welcome meal"*  
*-- Admitted from hospital so limited input into choice of home but daughter was welcomed. Manager of home visited her in hospital and even took meal request for her first meals after move. Felt she had been looked after very well" -- "I was in another place for a year being assessed for possible supported living but it was decided that I should go into a care home. My family looked at other places and I visited them and didn't like them which was upsetting. Then I came to ... and I was able to settle in with help from staff. I have been here so long now I see it as my home" --- "I didn't even know this room was here" -- "I've never been to the roof garden" (relative) -- "It is still in my area which I am so thankful for. Social Services helped me" -- -- "Nothing made us welcome on the first day - I left mom there with so much guilt and tears. It would have helped if staff introduced themselves as we walked in 'blind' to a new chapter. No welcome or hello, just shown to the room which looked like a store room, so cold and sad" -- "family supported her transition from hospital" -- "Staff made the transition smooth for me" -- "she was given a choice of three care homes"*

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Where the resident's needs had changed, the move could be a positive one. One lady moved into a home where her husband was already a resident. Some people with dementia had challenging behaviour and needed a place which could deal with this. Purpose built homes with wide corridors and ensuite shower rooms suited those whose mobility was deteriorating.

---

*"I came here first on respite, visiting my husband ... who was already a resident. I liked it so much here, that I wanted to live here too and be with ... all the time"*

*"He had to move into a better suited care home (for severe dementia) - staff helped with settling in. The transition went quite smooth. He has a key-worker which helps him with a variety of things. It is personalised care"*

*he moved here from hospital - "the family looked at a few homes. The manager seemed more interested in him as a person at this one and that made the difference. The home called the family regularly while he was settling in."*

*"I used to be in a different care home which was a converted house. I was delighted to come here, as this is a purposeful care home building ... this helped me to settle in, as the layout at the other care home was difficult to manoeuvre, due to staircases"*

*"After chemotherapy at Stoke City Cancer Hospital, it was on the face of it, essential that any ongoing treatment was covered and at ... I was surprised on arrival that I was walked around part of 40 acre ground, which helped me feel at home. This was facilitated by ... (Nurse). All the staff seemed to know my name which was very friendly and subsequent chats with the chefs made sure that dietary needs are completely pureed. Has all helped in climatizing very quickly. Moving to a nursing home and being*



*very independent was initially very concerning but I realised quickly that in order to get better it was essential that I had to take my medicine when told"*

*"the move took place over multi-discipline i.e. NHS staff, Social Workers, re Safeguarding, previous home, also a police officer"*

*initially she came for respite ... soon after she became widowed, she became a permanent resident*

*"I came in when I was very poorly and given 3 weeks to live – that was 4 years ago". His daughter sorted out the care home. He is pretty settled now.*

---

Families do not always know what is expected of them, especially in regard to managing their relative's money for small expenses at the home and what a typical resident needs to bring in with them. It was suggested that a leaflet or induction pack would have been helpful to explain these practicalities. Other people did not seem to be fully informed about how the care would be funded and worried that they might have to sell their house now their partner was in a care home. If residents are not council-funded, then the financial side can be a big concern for families.

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*"When mum first went into care we had little to no idea what to expect and what mum needed. A leaflet would have been good to help us understand how things work, such as mum's personal money, what she needs and that clothes need to be labelled" --*  
*"To be honest it was rather a rushed experience as mum initially went in to give dad some respite. However, we were not informed what mum needed and staff were asking mum has not got this and that etc. It was because we not informed and had to find out as the days went by. However, staff were nice and helpful in other ways making me feel mum was going to be cared for" --* *"having a better understanding such as a to do list for relatives to help with the needs of mum rather than be surprised that there is a need for a personal account to pay for hairdresser etc as I was told mums account was empty but I had no idea I had to set one up. Simple instructions would have made things easier for myself and in turn this could have helped the staff" --* *"relative to be informed of costs and liability regarding the joint house ownership"*

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## Appendix A – Online Survey



### What is important to a person who lives in a care home?

Healthwatch Staffordshire is working with Staffordshire County Council to explore what is important to a person who lives in a care home. Please try to send your responses to us before the end of April.

We would like to invite you to take our survey. You may answer the survey anonymously, or you can give us your contact details at the end if you would like to discuss anything further or give the Council further feedback. We will not use your details for any other purposes.

The views collected by the survey will be reported back to the Council's Commissioning Team and may be used in our own statistics. Your name will not be attached to specific comments in our reporting, unless you ask us to do so.

**1. What is the name of your home/accommodation? \***

**2. What is important to you about your (or your relative/friend's) accommodation?**

You may wish to mention things about the room, indoor/outdoor shared areas, the staff, the food, any facilities, services or activities that are available, visiting arrangements, number of residents, communication, laundry services, freedom of choice, access to GPs, dentists, opticians etc. \*

**3. What do you love about your care home?**

**4. Is there anything that could improve the care home?**

**5. What made the move into a care home a good experience?**

**Think about what helped you to choose it, what made you feel welcome on the first day, what helped you to settle in ...**

**6. Is there anything else that would have made the experience easier?**

**7. What would you need from a home to ensure it met and considered your preferred beliefs and wishes? This could include religion, culture, dietary requirements or anything else that is important to you.**

---

Questions 8 to 13 are about the resident and are optional. If you answer them it will help us check that we have reached a range of ages, disability needs, gender, race, ethnicity and religions. We would like to make sure that everyone has their say. You can give us any further information in Question 14.

**8. What care need is the primary reason for being supported in a care home (if nursing care is required you may choose more than one)?**

- Old Age
- Dementia
- Nursing needs
- Physical disability
- Mental Health
- Learning Disability/Neurodiversity
- Learning Disability/Autistic Spectrum Disorder
- Sensory impairment
- Autism

**9. Which of the following applies to you?**

- I live in a residential home
- I am a family member or friend of someone who lives in a residential home
- I need nursing care
- My relative/friend needs nursing care
- The placement is funded by Staffordshire County Council
- The placement is Privately funded
- The placement is funded by a mixture of Council and Private money
- NHS Continuing Healthcare Funding is used for the placement

**10. Please tell us the resident's age**

- 18 - 24 years

- 25 - 49 years
- 50 - 64 years
- 65 to 79 years
- 80+ years
- Prefer not to say
- Not known

**11. Please tell us the resident's gender**

- Woman
- Man
- Prefer not to say
- Prefer to self describe:

**12. Please select the resident's ethnicity**

- Arab
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Chinese
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Any other Asian/Asian British background
- Black/Black British: African
- Black/Black British: Caribbean
- Black/Black British: Any other Black/Black British background
- Mixed/multiple ethnic groups: Asian and White
- Mixed/multiple ethnic groups: Black African and White
- Mixed/multiple ethnic groups: Black Caribbean and White
- Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- White: British/English/Northern Irish/Scottish/Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background

Prefer not to say

Other (please specify):

**13. What is the resident's religion or belief?**

Christian

Muslim

Hindu

Sikh

Jewish

Buddhist

No religion

Prefer not to say

Other (please specify):

**14. Anything else you/they would like to mention?**

**15. The County Council is looking for people who are interested in being**  
**\* a representative on a partnership board or**  
**\* an expert by experience**  
**for our contract redesign working with commissioners**  
**Would you like to find out more?**

Yes

No

**16. Would you like us to contact you about your responses ?**

Yes

No

**17.** If you have answered Yes to questions 15 or 16 then please leave us your name and either a phone number or email address which we or the Council can use to contact you.

You can contact Healthwatch independently of this survey if you would like to give us any feedback on your experience of Health and Social Care Services in Staffordshire. Our freephone number is 0800 051 8371 and our email address is [enquiries@healthwatchstaffordshire.co.uk](mailto:enquiries@healthwatchstaffordshire.co.uk).

If you are completing a paper questionnaire you can return it to the staff at your care home or by post to Healthwatch Staffordshire, c/o Support Staffordshire, Floor 3, Civic Centre, Riverside, Stafford ST16 3AQ

Thank you for your help.

## Appendix B – Prompt sheet for Interviews



- **What is important to a person living in a care home?**  
Ideas – room, indoor spaces, outdoor spaces, facilities, number of residents, staff friendliness, food choices/times, activities/trips out, laundry services, cleanliness, noise levels, freedom of choice, communication to residents and/or family/friends, visiting arrangements, access to e.g. GP/Dentist/Optician/Chiropodist ...
- **What do you love about your care home?**
- **Is there anything that could improve it?**
- **What made the move into a care home a good experience?** Think about what helped you choose it, what made you feel welcome, what helped you settle in ...



- **Is there anything that would have improved the change?**
  
- **Can you think of any way that the care home can better meet any special needs you have, for example, religion, culture, dietary requirements.**
  
- **Please choose the main reason for being supported in a care home:**  
Old age, Dementia, Nursing Needs, Physical Disability, Learning Disability, Autistic Spectrum Disorder, Sensory Impairment
  
- **If you feel comfortable doing so, can you tell us your Age, Gender, Ethnicity, Religion ?**  
(This helps us know that everyone has had a say).

## Appendix C – Care Homes Visited/Approached

Care Homes Participating in Project	Date	Reason for Any Changes	Interviews	Surveys
Care Home 1	<b>14/02/2023</b>		3	3
Care Home 2	<b>28/02/2023</b>		4	1
Care Home 3	<b>01/03/2023</b>		2	1
Care Home 4	<b>07/03/2023</b>		4	
Care Home 5	<b>08/03/2023</b>		5	
Care Home 6	<b>14/03/2023</b>		3	
Care Home 7	<b>15/03/2023</b>		6	1
Care Home 8	<b>17/03/2023</b>		3	
Care Home 9	21/03/2023	Postponed by us - Covid		
Care Home 10	22/03/2023	Cancelled by us, Covid		
Care Home 11	23/03/2023	Did not attend, Covid		
Care Home 12	24/03/2023	Postponed by us, Covid		
Care Home 13	28/03/2023	Cancelled by us, Covid		
Care Home 14	<b>29/03/2023</b>		1	
Care Home 9	17/04/2023	Postponed by them Covid		
Care Home 15	18/04/2023	Cancelled by them Covid - <b>paper surveys</b>		3
Care Home 16	19/04/2023	Cancelled by them, staff availability - <i>paper surveys</i>		
Care Home 12	<b>21/04/2023</b>		5	
Care Home 9	<b>24/04/2023</b>		4	
Care Home 17	<b>26/04/2023</b>		3	
			43	9

**Other Care Homes Approached for a Visit**

<b>Care Home Name</b>	<b>Rating</b>	<b>Outcome</b>
Care Home 18	RI	Failed to secure an appointment after calling and/or emailing
Care Home 19	RI	Failed to secure an appointment after calling and/or emailing
Care Home 20	NYI	Failed to secure an appointment after calling and/or emailing
Care Home 21	G	Failed to secure an appointment after calling and/or emailing
Care Home 22	RI	Failed to secure an appointment after calling and/or emailing
Care Home 23	RI	Failed to secure an appointment after calling and/or emailing
Care Home 24	G	Failed to secure an appointment after calling and/or emailing
Care Home 25	G	Failed to secure an appointment after calling and/or emailing
Care Home 26	G	Failed to secure an appointment after calling and/or emailing
Care Home 27	G	Failed to secure an appointment after calling and/or emailing
Care Home 28	G	Visit Declined due to Residents' Severe Dementia
Care Home 29	RI	Closed Down

**Care Homes who Approached Us for a Visit**

Care Home 30	NYI	We replied too late for a visit
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# October 2023 – Part 2: Follow-up Survey Results & Evaluation

## Contents

Background

Survey Design and Promotion

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Who We Talked To – Demographics

Reminder of 12 Themes

Key Points

Other Issues/Themes Raised

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Family, Friends & Others

Staff

Summary of Comments Made

Conclusions from Comments

Reference

Appendix A – Follow-up Survey

Appendix B – Care Homes Giving Feedback

## Background

In August 2023, Healthwatch Staffordshire was asked by the Staffordshire County Council to attend care home settings to complete a follow-up survey on 'What is important to a Person in a Care Home?'

Staff attended 19 different settings across the county, speaking to 281 people. This included residential care and nursing homes, specialised settings for learning disabilities, mental health, and dementia. We travelled to numerous areas including East Staffordshire, Lichfield, Staffordshire, Burntwood, Cannock, Tamworth, and Fradley. Three other settings also participated in the survey, which was completed in-house and collected for our study.

## Survey Design & Promotion

The survey questions were based on the themes identified in Part 1. We also added an open question to check if we had previously missed anything and we also opened the survey up to staff as well as residents. We included a lot of care homes in East Staffordshire as this area had been lacking data previously. A copy of the survey is included as Appendix A.

We promoted the project and the online survey through the monthly Healthwatch Staffordshire e-Bulletin, in the edition published for May/June. The survey remained open online until the end of September 2023. We also updated the main poster promoting the survey.

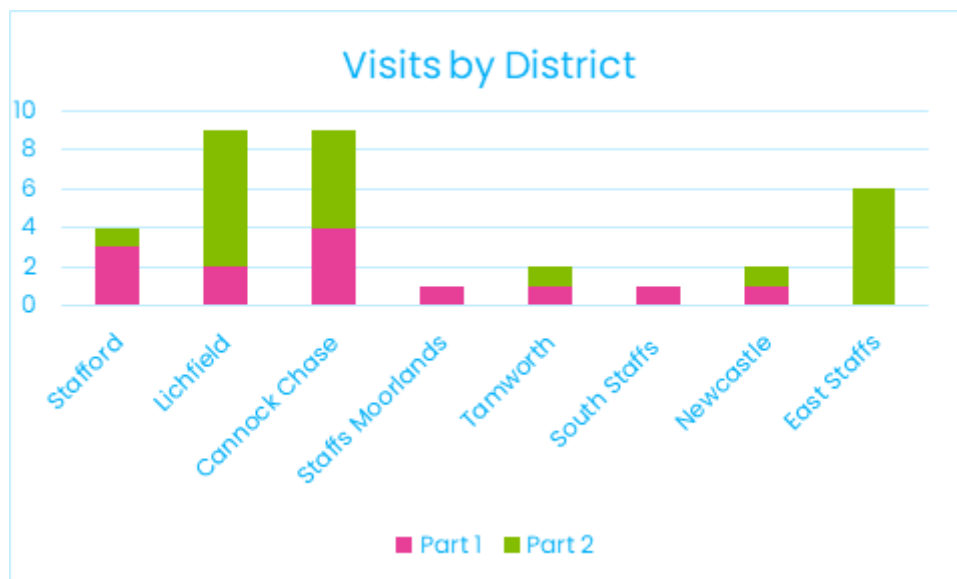
Additionally, we publicised our work on our social media channels (Twitter, Facebook and Instagram). We also used our internal Basecamp platform to inform Support Staffordshire staff about the project.

The majority of responses were obtained with face-to-face interviews at the care homes. For a few we left paper copies and collected the completed forms later.













## Breakdown of Visits

We visited an additional 19 care homes and had paper surveys from 3 more. A breakdown of results is given in Appendix B. In total we have now visited 30 care homes and received paper surveys from 4 more.



## Who We Talked To – Demographics

	Part 1	Part 2	Combined	
<b># People</b>	<b>52</b>	<b>354</b>	<b>406</b>	
<b># Interviewed</b>	<b>43</b>	<b>281</b>	<b>324</b>	
<b># Paper Survey</b>	<b>9</b>	<b>68</b>	<b>77</b>	
<b># Online Survey</b>	<b>0</b>	<b>5</b>	<b>5</b>	

	Part 1	Part 2	Combined	
<b># People</b>	<b>52</b>	<b>354</b>	<b>406</b>	
<b># Resident</b>	<b>43</b>	<b>200</b>	<b>243</b>	
<b># Family</b>	<b>9</b>	<b>25</b>	<b>34</b>	
<b># Friends</b>	<b>0</b>	<b>8</b>	<b>8</b>	
<b># Staff</b>	<b>0</b>	<b>116</b>	<b>116</b>	
<b># Unspecified</b>	<b>0</b>	<b>5</b>	<b>5</b>	

## A Reminder of The Twelve Themes

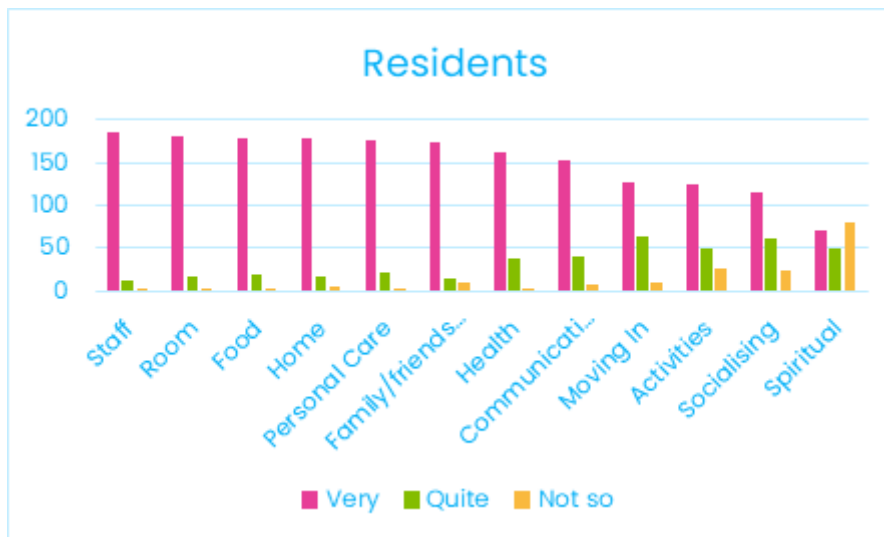
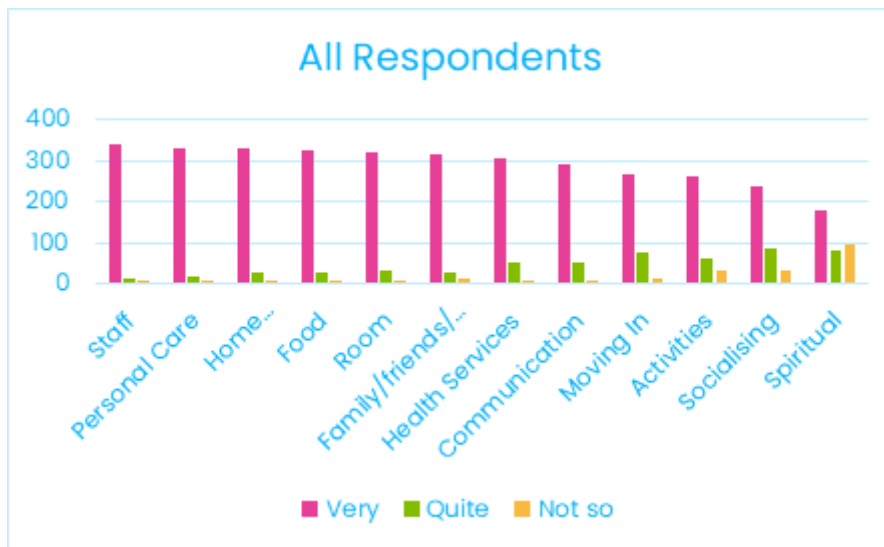
These are the twelve themes previously identified.

1. Caring & Friendly Staff
2. Welcoming Atmosphere, Comfortable and Clean Environment
3. High Standard of Personal Care
4. Access to Health Care – G.P.s, Dentists, Medication, Opticians
5. Good Communication with Residents and Family
6. A Variety of Activities and Outings
7. Keeping in Touch with Family or Friends
8. Socialising, Making Friends in the Home, and Pets
9. Nice Room with Personal Possessions
10. Spiritual Needs Accommodated
11. Good Variety of Food, including Hot Meals
12. A Good Moving-In Experience & Support While Settling

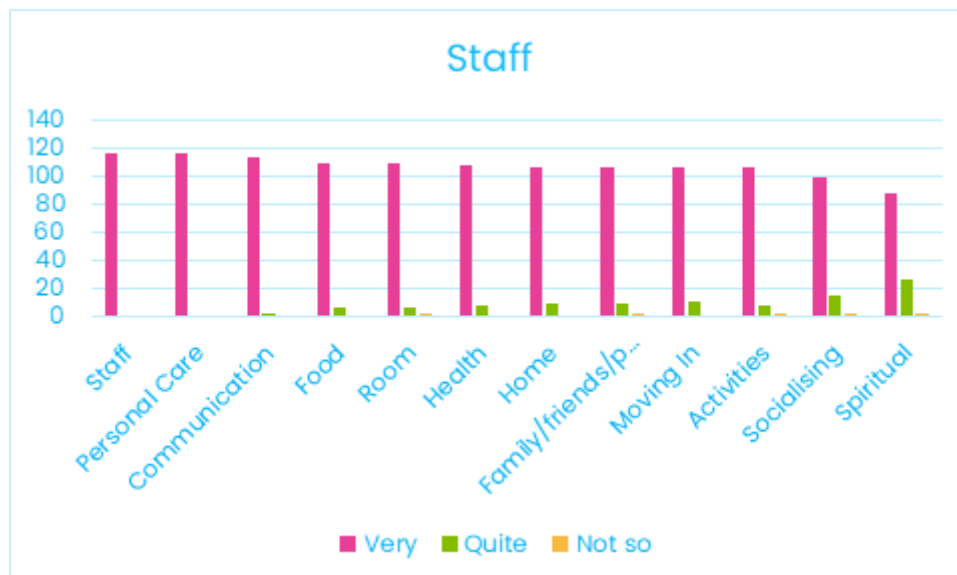
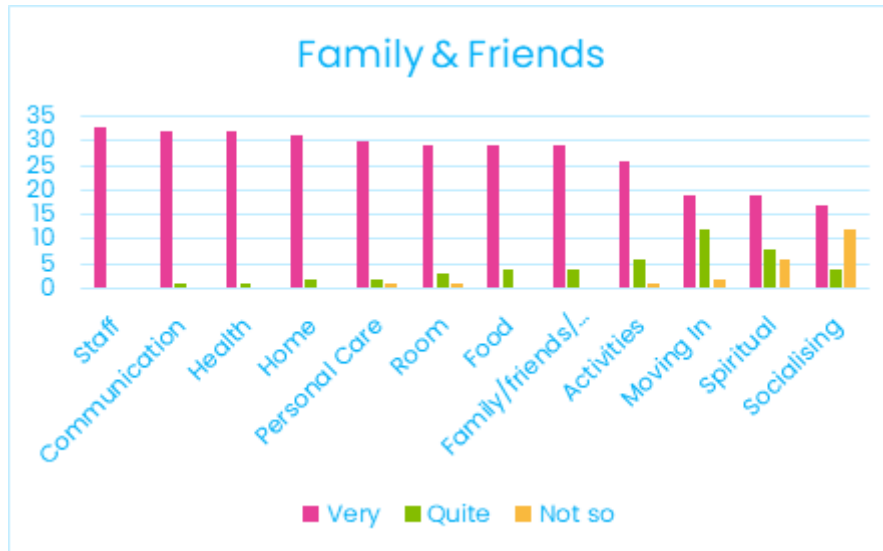
The survey asked residents, family, friends and staff to say how important each theme was to them from:

- Very important
- Quite important
- Not so important

The results are shown on these graphs. The first graph shows the overall results, the second graph reflects just residents, the third graph represents family and friends, and the fourth graph contains staff views. The “very important” themes that were most popular are shown at the left-hand side.







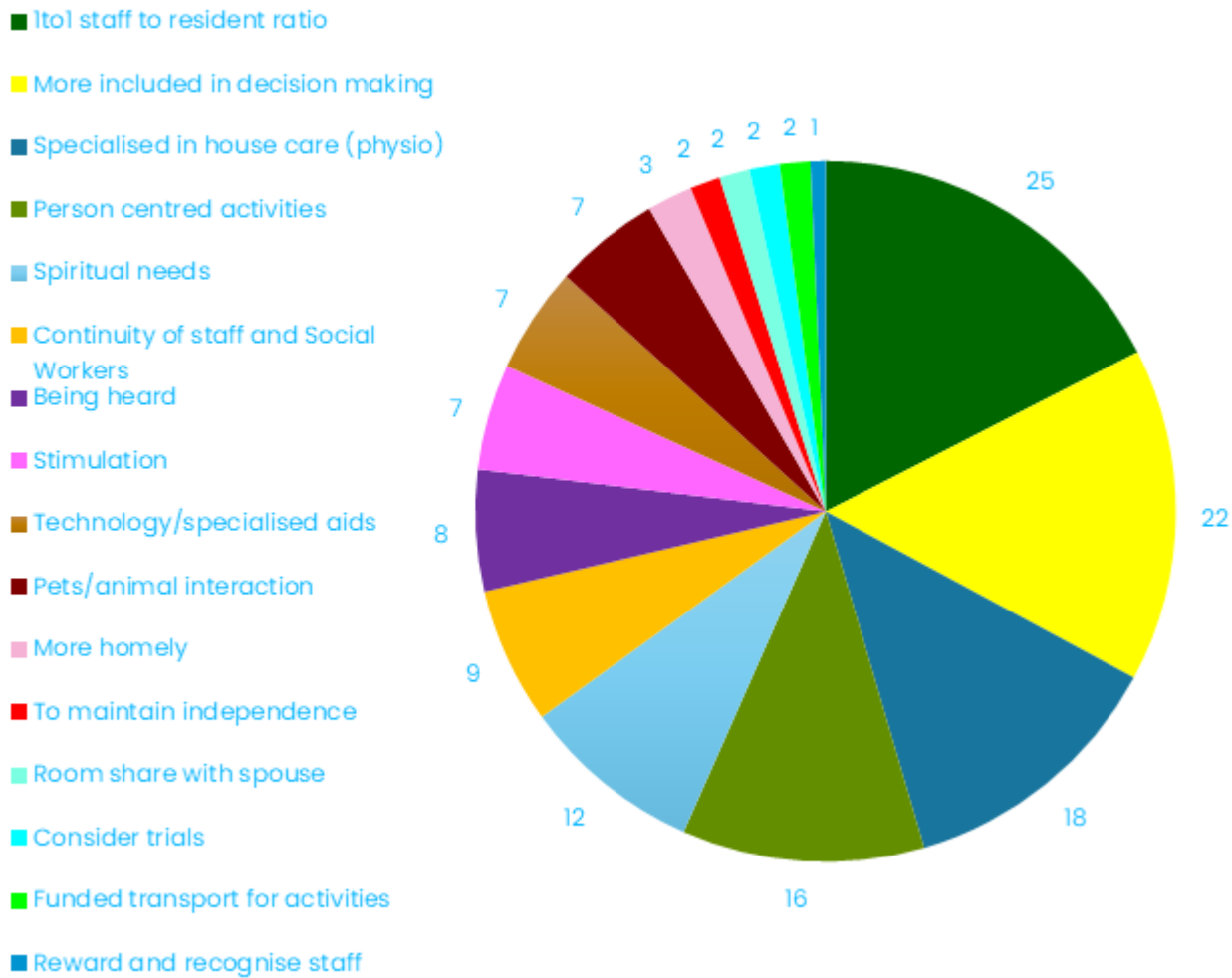
## Key Points:

- In every graph/group 'Caring and Friendly Staff' is the most important item.
- The Home Environment is consistently in the Top 4, apart from under Staff.
- Personal care is consistently in the Top 5 but residents rated their Room, the Food and the Home Environment more important to them.
- Food and their Room are consistently in the Top 5, except for Family & Friends.
- Good communication with them is second most important for Family and Friends.
- Socialising within the Home was not so important.
- Spirituality did not show up as important, but this is skewed by the fact that not everybody is spiritual. For those we spoke to with spiritual needs these were very important.

### Other Issues/Themes Raised:

Participants of the survey had the opportunity to add any additional comments on what they felt was important to them. The following charts show the common themes raised by residents, staff, family and friends.

#### Residents



124 residents chose to leave comments on question 13 – ‘Please add anything you think we have missed or that is particularly important to you’. From the comments, the above categories were created, based on the answers and what people feel is most important to them in their setting. Some people commented on more than one category.

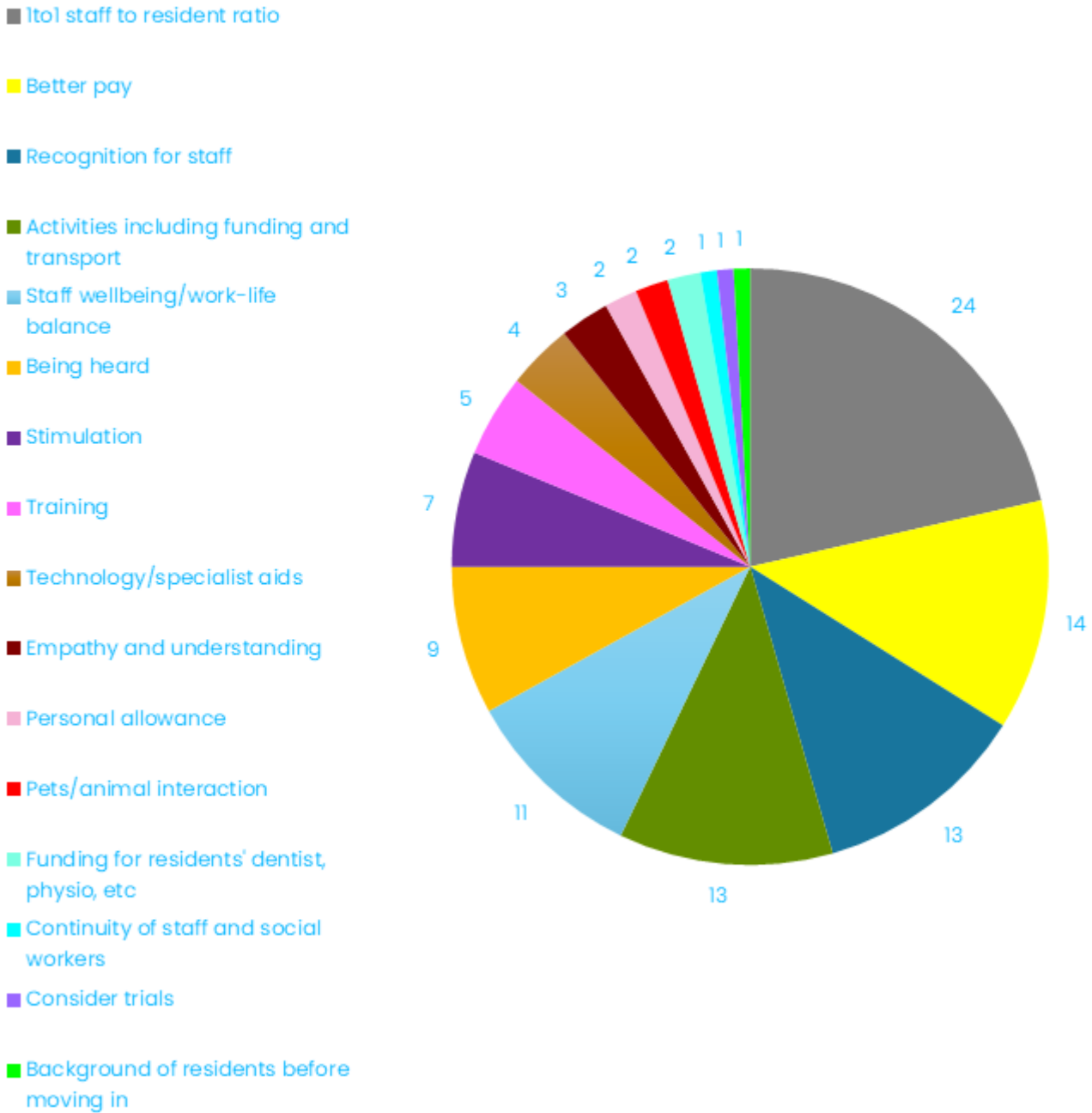
## Family, Friends or Others

- 1to1 staff to resident ratio
- Continuity of staff and Social Workers
- Person centred activities
- Personal allowances
- Technology/specialised aids
- Not enough support for families
- Families voices being heard
- Pets/animal interation
- Referrals to professionals (GP, OT, etc)
- Spiritual needs
- Specialised in house care (physio)
- More homely
- Quicker financial process
- Limited public transport links



20 Family members, 5 Friends and 2 Others chose to leave comments on question 13 – ‘Please add anything you think we have missed or that is particularly important to you’. From the comments, the above categories were created, based on the answers and what people feel is most important to them and their loved ones. Some people commented on more than one category.

### Staff



71 members of Staff chose to leave comments on question 13 – ‘Please add anything you think we have missed or that is particularly important to you’. From the comments, the above categories were created, based on the answers and what they feel is most important to them and the residents. Some people commented on more than one category.

## Summary of the comments made:

### 1 to 1 Staff-to-Resident Ratio

- There are not enough staff to be able to sit and talk and have quality conversations.
- Staff become surrogate families, not only providing for physical needs but also emotional needs.
- “Time to go out on a 1 to 1 to shops, for walks, befriending.”
- Staff felt they needed more time to support changing mental/emotional health needs.
- Family feel that more time is needed to accommodate individual needs.

### Be More Included in Decision-Making

- A lot of residents felt that the decision to be put into care tended to be made by their family members or professionals; that their voice wasn't always heard.
- That social care didn't consult enough, residents felt they should have.
- “My Mental Health at the time was too bad, so a decision was made for me”.
- Staff felt that they should be included in some decision-making when they have got to know an individual well.
- Family members feel that they know their relatives the best, so professionals should be more considerate of their knowledge and views.

### Specialised In-House Care/Physiotherapy

- Confidence-building sessions after falls to continue to improve mobility /independence.
- Not to have to travel to a hospital to have dressings changed. Train some staff to be able to do these tasks on-site.
- More physiotherapy to improve the life of bed-bound patients to allow them to become more independent again (has a massive impact on emotional wellbeing - causes segregation)
- Some residents have stated that poor mobility isolates them and stops them from going out or joining in activities.
- Staff felt that physiotherapy and dentistry should be free for residents, as it is only available for those who can fund it privately.

## **Person Centred Activities**

- More wheelchair-friendly activities/venues. Staff trained to take out immobile residents.
- Exercise classes, gardening, cooking, reminiscing. Residents have nothing to look forward to if no activities, so life can be miserable.
- Smaller activity groups for more anxious residents or those who have a sensory impairment.
- Staff felt activities improve the mood, not only of residents, as it gives them a nice environment to work in.

## **Spiritual Needs**

Needs to be individualised and more accommodating of people's needs. Need to think about cultures and accessibility.

## **Continuity of Staff and Social Workers**

- Continuity of staff from the start of the process to the finish.
- Not good to keep changing social workers and staff as it can cause distress and a lack of confidence and involvement.
- Continuity makes it a more personable experience and builds rapport, trust, and recognition.
- Staff feel that it helps the key worker understand the resident more.

## **Being Heard**

- Dignity, honouring knowledge, and ideas.
- Feeling valued.
- Staff feel it's nice to know opinions are being acted on.
- Families often feel ignored by professionals.

## **Stimulation**

- Sensory rooms, holistic approaches, individual-based. Meditation, mindfulness, music, being part of a community.
- Giving something back to the community, like knowledge to younger people.

## Technology and Specialist Aids

- More technology, so that residents can be more included. Think about people isolated in rooms or bed-bound, this would allow them to still feel connected and part of the community.
- RITA (Reminiscence Interactive Therapy Activity<sup>1</sup>) system in all homes.
- Think about technology to support sensory impairments. It is already isolating and has its anxieties, so homes need to think more about ways of including people and overcoming this.
- Assessments for specialist equipment, including wheelchairs and bucket seats are taking too long. Once assessed, it is another waiting game to have a product made.

## Pets and Animal Interaction

Pets/animal interaction was mentioned by several residents, family, and staff. They feel that it can help lift moods, improve emotional well-being, and stimulate memories.

## Maintain Independence

- Still feel part of a community.
- Able to help within the home.
- Sense of worth.
- Not being written off.

## Shared Rooms

Having a big enough room to share with a spouse and being able to still be together.

## Funded Transport for Activities

- Should be free at a Care/Residential home to allow them to do more activities.
- Not enough staff to do fundraising.
- Can't put a price on the impact of going out just for a trip/ride has on residents/staff.

### **Staff – Pay, Reward, Recognition and Training**

- The residents felt staff should be recognised more for what they do.
- Staff felt that if pay was better, then more people would stay in the profession. It would reduce the cost of retraining and re-employment of people. It would improve continuity and boost staff morale, and this would have a positive impact on residents and families.
- Give staff incentives and training to progress and specialise in certain areas, for example wound dressing and physiotherapy.
- Staff feel undervalued by others in the profession.
- Not listened to. Key workers get to know a resident very well but never get included in meetings.

### **Staff Well-Being and Work-Life Balance**

Most staff struggle with long hours, but they need to do them to cope with the rising costs of living. This adds stress to themselves, causing exhaustion which then has a negative impact on themselves and their family commitments/relationships. This can lead to consequences of medication errors, rushing from one resident to the next, mistakes, lack of observations and low morale for both staff and residents.

Staff feel you get paid more to work in retail and if you make a mistake the consequences are not as detrimental as dealing with a person's loved one.

### **Empathy and Understanding**

- Compassion goes a long way.
- Feeling valued and not a burden.

### **Trial Days**

- Potential residents can get a feel for a place before moving in.
- Can ask questions about funding/selling the home and get to know the staff.
- Families would be able to see how a loved one adapts and not feel they have made a choice.

### **Understand Resident's Background Before Moving In**

Staff feel they would then be able to tailor the activities and care package to suit the individual and get to know their likes and dislikes. A key worker with similar interests could be allocated for continuity/streamlining. This would take some of the stresses off the family.



### **Personal Allowance**

- This is no longer enough to pay for clothing, toiletries, trips, activities, hair, etc. Families are having to subsidize it, but this is only if they can afford it.
- Staff feel it limits a person when it comes to doing activities or going out and feel it is unfair if some residents cannot do the same as others due to financial constraints.

### **Not Enough Support for Families**

- Too much pressure is put on children to decide in a time of crisis: they tend to have to make a decision quickly, leading up to a hospital discharge.
- Not enough understanding of the process/financial implications of moving a loved one into a care home.
- Not enough consideration was given to the stresses of this and the personal situation of the family member.
- Homes need to be near the supporting family or transport links need to be thought of and the availability of public transport, especially in remote areas.
- Staff feel that some families feel pushed into decision-making.

### **Referrals to Professionals Take too Long**

- Needs a quicker process for financial support and Power of Attorney or deputyship.
- Access to professionals/assessment takes too long.

### **Other Comments**

- Would like an on-site pub.
- Promote a more positive image of care homes.
- Look at levels of Dementia: if you are in the early stages, it's daunting to be in a home with people at the end stages. If a high volume of residents have end-stage dementia, you have limited people to talk to or make friends with.
- Care homes for younger individuals: When in your 50's and having a life-changing event that leads to care, you don't want to be surrounded by people who are a lot older and in the end stages of life. Not good for your emotional well-being.
- Patients feel there can be communication breakdowns during Hospital discharge, arrangements can be last minute, funding not being discussed, and families feeling not consulted in good time.

- How Care is funded: some people are not happy that you work all your life and buy your home for it to be taken off you. For people who rent or have limited working lives the care is given for free and they receive the same quality of care.
- Too much unnecessary paperwork in homes and some of the Risk Assessments isolate/restrict people from going out.

## Conclusions from Comments

From all the comments made, residents, family, friends, and staff felt that what was most important for them was the 1 to 1 staff-to-resident ratio.

For residents, 2<sup>nd</sup> on their list was being more included in decision making.

For family and friends, continuity of staff/social workers was the 2<sup>nd</sup> most commented.

This was 6<sup>th</sup> for residents and 13<sup>th</sup> for staff.

For staff, their 2<sup>nd</sup> most commented was better pay.

3<sup>rd</sup> for residents was specialised in house care (physio). This came in at 11<sup>th</sup> for family and friends and 12<sup>th</sup> for staff.

The 3<sup>rd</sup> most commented on for family and friends was person-centred activity. This was 4<sup>th</sup> for residents.

For staff, their 3<sup>rd</sup> most commented was recognition of staff. This was the 15<sup>th</sup> by residents.

4<sup>th</sup> for family and friends was personal allowance. Staff recognised this at 10<sup>th</sup> in their comments.

For staff, their 4<sup>th</sup> comment was funded transport for activities. Residents put this at 14<sup>th</sup>.

5<sup>th</sup> was spiritual needs for residents. This was 10<sup>th</sup> for family and friends.

5<sup>th</sup> most commented on for staff was work-life balance and wellbeing.

For family and friends, the 5<sup>th</sup> most commented on was technology/specialist aids. This was 9<sup>th</sup> for both residents and staff.

## Reference

- Residents are getting to know RITA in care homes across Wrexham – Wrexham Council News 17/9/2021 <https://news.wrexham.gov.uk/residents-are-getting-to-know-rita-in-care-homes-across-wrexham/>

## Appendix A – Follow-Up Survey

### What is Important to a Person in a Care Home?

At the start of the year, Staffordshire County Council commissioned Healthwatch Staffordshire to complete a survey looking at what is important to a person in a care home. We created an online survey and interviewed residents and/or their families. We had feedback from 52 people and the 12 themes identified are listed below. We now need more views on these themes. Please indicate below the importance of each theme to you or your friend/relative.

No.	Theme	Very Important	Quite Important	Not so Important
1	<b>Caring &amp; Friendly Staff</b> (compassionate, kind staff who get to know residents; name badges and photos to help families identify staff and roles)			
2	<b>Welcoming Atmosphere, Comfortable and Clean Environment</b> (with special equipment where needed and outdoor space)			
3	<b>High Standard of Personal Care</b> (this covers washing and bathing, dealing with other hygiene needs, medication, laundry and dressing)			
4	<b>Access to Health Care</b> (face to face important) from: G.P.s/Nurses, Opticians, Chiropodists, Dentists, Audiologists, Nutritionists, Occupational Therapists with feedback/updates for families			
5	<b>Good Communication with Residents and Family</b> – this may be formal (key workers, meetings, newsletters, suggestion boxes) or informal (chatting, noticeboards, phone calls between staff and family)			
6	<b>A Variety of Activities and Outings</b> – these may be group (games, exercise, craft, singing, acts, animal visitors, gardening, cooking) or solitary (reading, music) activities. Inclusion for those with mobility or cognitive issues.			

- 7 **Keeping in Touch with Family or Friends** (flexible visiting arrangements, visitor's lounges, technology for phone or video calls)
- 8 **Socialising, Making Friends in the Home, and Pets** (opportunities to socialise and leave room if desired and for pets to stay or visit)
- 9 **Nice Room with Personal Possessions** (own belongings, temperature adjustments, noise levels and privacy came up)
- 10 **Spiritual Needs Accommodated** (options to see a priest, take Holy Communion or go to Church or similar, have special dietary requirements catered for).
- 11 **Good Variety of Food, including Hot Meals** (choices and variety, cooked meals, lighter meals, puddings, special diets e.g. diabetes or soft diet, snacks/drinks during the day, tube feeding if needed)
- 12 **A Good Moving-In Experience & Support While Settling** (visits/choices for planned moves, timely assessments, room ready, tours/introductions to staff/residents, communication and practical and emotional support for families/residents, induction packs, funding information)

Please add anything you think we have missed or that is particularly important to you:

If you would be interested in helping the County Council with their contract redesign, either as an 'expert by experience' or by being a representative on a partnership board, then please give your name and/or phone number or email below.

Please circle below to show your interest in care homes. Are you?

a care home resident – a friend of a resident – a family member of a resident  
a member of staff at a care home

## Appendix B – Care Homes Giving Feedback – Part 2

Date	Home Name	Area	Type	Res	F & F	Staff	Total
15/8/23	Care Home 30	Lichfield	Nursing home/Dementia care	7	2	3	12
29/8/23	Care Home 13	Newcastle under Lyme	Nursing Home	7		6	13
30/8/23	Care Home 31	Tamworth	Nursing Home/Mental Health	6		7	13
31/08/23	Care Home 16	East Staffs	Nursing/Dementia care	7	2	4	13
1/9/23	Care Home 32	Lichfield	Enduring Mental Health	11		5	16
4/9/23	Care Home 33	East Staffs	Nursing including Dementia	6	2	4	12
4/9/23	Care Home 34	Lichfield	Nursing including Mental Health	7		3	10
6/9/23	Care Home 26	Cannock Chase	Residential	5	2	6	13
6/9/23	Care Home 25	Cannock Chase	Nursing including Dementia	7	5	2	14
7/9/23	Care Home 35 (Paper copies)	East Staffs	Nursing including Dementia	9	4	9	23
7/9/23	Care Home 36	Lichfield	Residential including Dementia	14		8	22
8/9/23	Care Home 37	East Staffs	Residential, Nursing and Dementia	7	5	3	15
8/9/23	Care Home 20	Cannock Chase	Residential, Nursing and Dementia	8	1	4	13
12/9/23	Care Home 28	Cannock Chase	Residential with Nursing, Mental Health and Dementia	9		8	17
14/9/23	Care Home 21	Cannock Chase	Residential including Dementia	16	1	3	20
15/9/23	Care Home 11	East Staffs	Residential and Nursing				14
18/9/23	Care Home 38	Lichfield	Residential and Nursing	10	1	4	15
19/9/23	Care Home 39	Stafford	Residential and Nursing	11		6	17
20/9/23	Care Home 40 (Paper Copies)	Lichfield	Nursing home	20		4	24
20/9/23	Care Home 41 (Paper Copies)	Lichfield	Retirement Home	13		6	19
27/9/23	Care Home 42	East Staffs	Residential including LD	7		4	11
28/9/23	Care Home 43	Lichfield	Care Home	6	2	13	21

### Get in touch

## Healthwatch Staffordshire

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