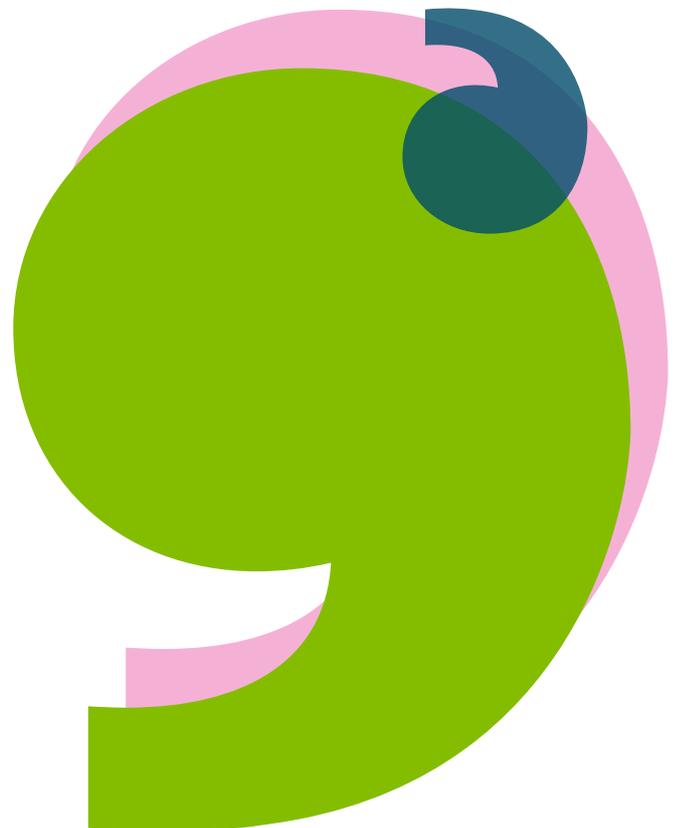




Enter and View Overview

Healthwatch Derby

May 2020



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1. Introduction

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch authorised representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential and nursing homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.1 Purpose of visit

These visits were part of Healthwatch Derby's work around residential and nursing homes in the city, looking at the experiences of the residents, their visitors and the staff.

1.2 Strategic drivers

Residential and nursing homes are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.

1.3 Methodology

Prior to the visit, the home is contacted in order to explain the purpose of Enter and View. Posters are then displayed advertising the visit and the opportunity for residents, staff and visitors to complete a survey. The information compiled in this report relates to twenty care homes visited in Derby City.

The visit consists of talking to the manager, tour of the facilities and resident interviews. Authorised representatives take advice from staff as to which residents should not be approached/are unable to give informed consent. They introduce Healthwatch Derby and Enter and View, gain their consent to take part and explain that they can withdraw at any time. They ask structured questions in an informal manner.

Visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft report and full anonymised survey results are sent to the home which then has 28 days to respond. The finalised report is sent to the CQC, Derby City Council, NHS Derby and Derbyshire Clinical Commissioning Group and published on the Healthwatch Derby website. This report is based on twenty care homes visited in Derby City Centre. The data gathered will be used only to inform the overall Local Authority and no individual care home will be identified.

1.4 Summary of findings

- The homes visited were generally well-run home with passionate, dedicated and genuinely caring teams.
- There is promotion of Privacy, Dignity, Respect and Independence within the homes.
- Overall where surveys were carried out, the experiences of the residents, their visitors and staff were positive.
- There was evidence of interaction between the service users and staff which was natural, respectful and appropriate as and where necessary.



1.5 Results of findings

The care homes visited were all of a high standard given that there was a mix of homes rated by the CQC as 'Requires Improvement' and 'Good'. None of them had declarations of interest. It is not always possible to provide recommendations in the Enter and View report, as has been the case for the most recent visits to supported living establishments with a 'Good' rating. However, where recommendations are made they are generally taken on board by the home. Recommendations that have been implemented include; clearer signage on the outside of the building, minor repairs, a deep clean, a more structured activities plan, and the introduction of an activity board. In some cases recommendations are made but the report is never responded to by the manager. A standard recommendation if the home is not doing so already is to apply for the Bronze Dignity Award.

Healthwatch representatives witnessed caring environments with positive interactions between staff and service users in all of the homes visited. Service users were addressed by their names in a natural and genuine way when engaging with care staff. Further proof of sound, natural relationships was evidenced during the serving of food and drink; preferences regarding food and drink choices were known to the staff at mealtimes and whilst serving drinks and snacks at the time of the visits.

Privacy, Dignity and Respect were seen to be advocated by the care homes in many different ways. The carers addressing the service users by name, asking individuals questions about preferences at mealtimes and whether they wanted to participate in activities, are behaviours that were witnessed when the Healthwatch representatives were conducting Enter and View visits.

Dignity is protected and respected with the use of signs that instruct, 'Knock before entering' on Bedroom doors, Ladybird pins that highlight Dignity Champions in a subtle but effective way on staff boards and aprons placed on laps at mealtimes. The implementation of a tailor-made Makaton system provides a fail-safe communication platform in which everyone is included whilst clear staff boards that include pictures of staff makes it easy for residents and visitors to recognise care staff which is likely to encourage communication widely across the home. Displaying the 'dignity do's' in each bedroom benefits the resident and visitors and acts as a reminder to members of staff. This sets an expectation to all and is reassuring that dignity is respected and taken seriously.

The relationships between service users and staff at all levels appeared to be sound and legitimate with a good rapport between everyone. There appeared to be reasonable interaction between staff and residents and all staff came across as being friendly, kind, sensitive and caring. Facilities suited the needs of the service



users in all establishments and residents appeared to be clean and comfortable. On only two visits the Healthwatch Representatives felt the need to raise concerns before bringing the visits to a close and these concerns were dealt with by senior staff members promptly at the time.

1.6 Survey results

Prior to March 2019, Enter and View representatives handed out staff and visitor surveys to the manager of the host care home for them to distribute and to encourage their completion. It was trialled by the representatives to distribute the surveys with the posters ahead of the visit after the pre-visit. This method gives extra time for the surveys to be handed out to potentially receive more feedback regarding the service.

Where visitor surveys were completed and returned the results showed that friends and family of the service users were satisfied with the provision of care provided. They feel that their loved ones are appropriately cared for, can raise any issues as and when they arise and are confident that the home is a good choice.

Staff surveys also confirmed that staff were happy with their workplace, manager and teams that they work within. The staff generally feel valued, can approach their manager and have all round job satisfaction.

It is not always possible to obtain surveys from residents due to communication issues and capabilities, and the representatives will always be guided by care staff and managers as to who to ask on the visit itself. The residents that were able to provide feedback across the establishments were positive and happy about their experience. They felt treated as individuals, cared for, respected and able to approach the manager as and where necessary.

In the most recent visits carried out, representatives have not been able to obtain any feedback from the service users. The homes visited cater for special needs and so, provide person-centred care in supported living environments. Engaging with the residents has not been possible or appropriate in most cases with our surveys. For most of the service users in these homes, the use of a written survey and/or being asked multiple questions could have been unsettling, uncomfortable and distressing.

1.7 Evidence of best practice

Best practices have been evidenced in many different forms amongst the visited homes. They are usually policies and processes devised by the home to suit the needs of their service users. They become part of the footprint of the individual



home and as the practices are tailor made and usually just evolve, they may not necessarily suit another establishment if transferred.

Current best practices include notes on the main doors for visitors advising that if staff are busy there will be a short wait to enter the building, signs on the doors of residents to denote their drinks preference, resident grab file care plans and access to an in-house library. In other homes staff and residents eat together, there are keypad operated doors for security reasons, a current activities board and elsewhere, no uniform is worn to maintain an informal feel although badges are worn for identification reasons.

More practices documented include the most recent CQC report being accessible to visitors in the main reception area, memory boxes being placed outside the residents' rooms and a traffic light system on doors to indicate which residents need extra assistance in the event of evacuation; (red for extra assistance needed, yellow for some assistance required and green-capable of independently leaving the building). There is also use of pictorial menus to include everyone with making menu choices, a tailor made Makaton system to ensure inclusion and adapted items like cutlery are taken out into the community when residents are taken out to socialise.

In more than one of the homes, the use of plug in sensor mats; used to detect a resident attempting to get up out of bed and is likely to prevent falls, a staff board in the entrance, resident involvement when deciding on redecoration and refurbishment and a constant availability of fruit and snacks.

1.8 Enter and View Recommendations

Based on the observations made by Healthwatch Derby Representatives on the day of the visit, sometimes there are no recommendations to be made that are likely to improve the quality of the service. Representatives endeavour to provide the care homes with recommendations in order for the home to improve, but it is not always possible based on findings on the day of the visit. Where recommendations have been made, they have been acted upon in part and have been clear to see on repeat visits. Over half of the reports were never responded to.

2 Staff Retention

The care homes visited most recently were contacted regarding their staff retention. Whilst staffing is covered in the Manager's survey on the day of the visit, retention specifically is not. Generally, the staff retention at the visited care homes is good. When carers are trained they generally stay at the establishment with some homes boasting individuals' service of 6-7 years and a couple celebrating 18 and 20 years. One care home has gained staff from an agency, one has not had to use an agency for almost three years due to being fully staffed and is receiving a high volume of application forms. Others have implemented over-staffing to allow for sickness and one has only three employees yet to complete a full induction. One home has incorporated flexibility within their shift patterns and shift swapping to allow employees to organise their own childcare.

3.0 Coronavirus

At such an unprecedented time and in challenging circumstances, it was decided to approach the care home managers most recently dealt with to discuss Coronavirus and how it has affected their working lives. The managers agreed that this was appropriate and as they had forged relations and a rapport with Healthwatch Derby were willing to do so. Those involved responded professionally with integrity and honesty. Two care homes passed our request to their legal team to seek advice as to whether they should be involved in contributing information to this report. After initial contact with a member of the legal team, no further correspondence was ever received.

Staffing has been affected only by those following government guidelines when having to self-isolate. One home is checking the temperatures of their carers before the start of their shift with a laser thermometer and they arrive in their own clothes, get changed on the premises and leave their uniforms to be laundered by the night shift before going home.

Managers have reported that they have been regularly contacted by Derby City Council and Infection Control teams in order to help them manage the lockdown situation. Care staff are wearing hospital gowns over uniforms along with masks and visors and other provided PPE especially whilst barrier nursing residents that have tested positive for Covid-19. One manager has sourced their own PPE and has had face shields donated by a relative of an ex-resident who has been making them



at a local school. Managers that manage more than one home over two or more premises have been able to utilise PPE by swapping equipment between sites. Where homes are managed by a company, PPE has been appropriate and readily available. Support from Senior Managers is daily via Skype meetings. Managers say that these virtual meetings provide updates on any new documentation, paperwork and policies that need to be implemented and changes in government guidelines and legislation is communicated.

Managers are proud that their staff were competent in infection control before the Coronavirus outbreak and are confident that extra measures are being dealt with as part of new routines.

As a gesture of thanks, the manager is arranging a meal to say thank you to her staff after lockdown.

4.0 Obstacles

The biggest obstacles presented to the Healthwatch Derby Representatives in carrying out the Enter and View visits, is contacting the Managers of the Care Homes. More often than not the manager is unavailable and messages to return calls are left but are not responded to. There is sometimes a language barrier when staff inform representatives of email addresses over the phone. This creates an issue from the outset with communication and attempting to make initial contact becomes tedious and laborious.

When contact has been initiated, pre-visits carried out and Enter and View visits completed, managers have commented on some of the most recent visits being helpful in identifying areas in which to improve and useful to gain feedback on the services that they manage. One manager provided feedback about Healthwatch stating that the name of the organisation suggests a 'Panorama' type organisation. She admitted she was reluctant to welcome us initially due to her perception of the nature of our work, expecting an invasive visit with secret cameras.

The Healthwatch Representatives have worked hard to build relationships and reassure managers that the Enter and View visits are designed to be helpful and to provide constructive feedback, as and where necessary in order to potentially improve services.

5.0 Conclusion

The care provided by care homes in Derby City is as expected according to staff, residents and visitors to the twenty care homes involved in compiling this report. Healthwatch Derby, when welcomed, has a positive impact on services they come into contact with and the team have received complimentary emails following visits to reiterate this. One Manager wrote as part of a response to their report, “The Team at Healthwatch Derby were very professional and knowledgeable during their visit. They were very supportive and respectful of the service being active and busy during their visit and were pleasant and approachable with any questions that the team had”.

6.0 Recommendations

- Work with Derby City Council brokers to strengthen the Healthwatch brand. If Care Homes knew more about Healthwatch and our aims and objectives, contact is likely to be easier and more visits could be carried out. This may also mean the representatives spend less time trying to justify their cause.
- Review resident questionnaires to be user friendly for all service users including non-verbal as vital feedback from vulnerable adults is being missed. Alternatively, consider alternative ways to engage with isolated residents in assisted living homes where care is person centred. This feedback could be valuable also to Derby City Council and the CCG in monitoring person centred care.
- Review format of Manager’s survey to include staff retention and to incorporate subjects that may be beneficial to the work of fellow Healthwatch Derby colleagues. This feedback may also be of value to the governing bodies.
- Encourage Managers to commit to implementing two or three best practices supplied by Healthwatch Derby from a list, devised from previous visits in the city. Adopting a range of these practices would ensure that all care homes are attempting to attain a uniform standard. Revisits by Healthwatch Derby could be further carried out and the improvements communicated to Derby City Council and the CCG. They could be seen as ‘Progress Checks’ between formal visits.



7.0 Acknowledgements

Healthwatch Derby would like to thank the following care home residents, staff and managers for their time and feedback in compiling this report.

24 St Marks Road

26 St Marks Road

Abbey Court

Andrin House

Castle Park Care Home

Elvaston Lodge Residential Home

Heathcotes (Derby)

Ivy House (Mickleover)

Lavender Lodge

Littleover Nursing Home

Perth House

Raynesway View

Royal Manor Nursing Home

Shelton Lock Care Home

Sherwood Forest Care Home

South Avenue

St Werburghs House

The Birches

The Florence Nightingale

The Yews

Westside Nursing Home

