Summary Report

Care Home Visits

Healthwatch Doncaster

July to December 2016

1 Introduction

1.1 Details of visit

This report provides a summary of the 19 care home visits undertaken by Healthwatch Doncaster volunteers and staff in the period 28 July to 20 December 2016. The findings are based on a conversational approach, talking informally to residents, visitors and staff. The report is made available to Doncaster Council monitoring staff as part of their annual monitoring programme but is based wholly on the findings of Healthwatch Doncaster at the time of their visit.

1.2 Acknowledgements

Healthwatch Doncaster would like to thank the service providers, residents, visitors and staff for their contribution to the project.

Thank you to all volunteers who have given their time to this project by undertaking visits and contributing to the compilation of reports.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates the individual visits took place and is not a representative portrayal of the experiences of all residents, visitors and staff. It is only an account of what was observed by Healthwatch representatives and contributed at the time of the visit.

What is the purpose of the care home visits?

1.4 Purpose of the Visits

The rationale for the visits was to add an independent and more anecdotal perspective to Doncaster Council's programme of annual care home monitoring, whilst giving people who live in the care homes and their families a voice and opportunity to express their thoughts, feelings and opinions about the care and service that they receive from the care provider.

1.5 Methodology

The Healthwatch Doncaster visits to local care homes take place, in most cases, 4 to 6 weeks prior to the Doncaster Council monitoring visit.

A visit will usually be 1.5 - 2 hours in duration depending on the number of people willing to participate and engage in conversation.

A minimum of 2 people undertake a visit with a member of the Healthwatch Doncaster staff team present at all visits in order to ensure consistency in execution of the visit and reporting.

There are no formal interviews or structured questions. Interaction takes the form of informal conversations with people who live in the care home, visitors and staff.

No-one is obliged to speak to the Healthwatch Doncaster representatives and care is always taken to check with the Care Home Manager to see if there are any residents that may become distressed if approached by a stranger.

After the visit has taken place a report is produced, this is broken down as follows: Introduction, access, feedback from residents, feedback from friends/relatives, feedback from staff, Healthwatch observations and provider response.

Once the provider has had an opportunity to respond to the findings and this response has been included in the report this is then forwarded to the

relevant Monitoring Officer at Doncaster Council. The response from the Monitoring Team has been very positive.

1.6 Results of the visits

During the period 28th July- 20th December 2016 Healthwatch Doncaster visited 19 care homes which offered a mixture of residential, nursing and EMI care. Overall findings were generally good across the homes. Monitoring Officers at Doncaster Council find the reports useful as they feel that people will speak more openly to an independent organisation, time is also a factor for the officers when conducting a visit. Reports are shared at multi agency risk meetings hosted by Doncaster Council.

The general report findings are summarised here:

Access

In all the homes we visited we had access to the communal areas. In some homes we were given a guided tour of the whole facility by the Manager or a senior member of staff. We did not enter the residents personal living space unless invited to do so by the resident and at such times did so in pairs.

Food

Overall food provision was good, with the provision of snacks and drinks between meals better in some homes than others. For example, some homes having snacks placed around the home and drinks available on request. With others having well equipped café areas for residents and to use to make drinks and have snacks. It is worth noting that this provision was in line with the needs of the residents and took into account their safety and mental capacity.

Feedback from Residents

Gaining feedback from residents was not always possible in large numbers due to communication issues which included physical difficulties, for example when the resident had suffered a stroke, or when a person had dementia. The residents engaged in conversations provided some important feedback that could only be captured by taking the time to listen to their stories and experiences.

Feedback from Visitors

Feedback was not available from visitors on all visits. However, where it was available, the feedback was mainly positive, with a small number of specific negative issues being raised. Actions in relation to these issues were generally addressed in the provider response.

Healthwatch Doncaster Observations

Feedback from residents indicated that they generally felt more content in homes where staff retention was good. The staff were happier and the residents benefitted from this. Having staff that were longer term meant that the residents could build up a better rapport and a more trusting relationship with them, which residents told us was important to them. In many cases staff retention was linked to good leadership from the home Manager.

Feedback has been welcomed by the homes and there is a recent example of a home taking on board feedback and making a change to working practices within days of the visit as a result. The home did not have a designated Activity Co-ordinator and following comments from residents and visitors they now have one member of staff per shift that undertakes this role.

1.7 Conclusion

Working alongside Doncaster Council's Monitoring Team enabled Healthwatch Doncaster to gain valuable insight into the experiences of individuals in residential care in Doncaster and enabled us to speak directly to service users, giving them a voice.

There is an opportunity to take the learning from this project and gather patient and service user experiences in other health and social care services using a conversation-based approach.