

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**20 March 2020**

**CARE HOME LIFE – WHAT IT’S REALLY LIKE UPDATE**

**Report of Healthwatch Sunderland**

**1.0 Purpose of the Report**

- 1.1 To provide the Board with an update on findings in Healthwatch Sunderland’s visits to care homes across the five localities.

**2.0 Background**

- 2.1 Healthwatch Sunderland is the independent local champion for people who use health and social care services. By speaking to local residents we aim to understand their needs, experiences and concerns in relation to accessing and using local services, and speak out on their behalf to service providers and commissioners.
- 2.2 In 2017, Healthwatch Sunderland was receiving a high level of comments from members of the public concerning the lack of ‘softer’ data on what care homes are like; they had accessed CQC reports but found these were process led and did not provide a sense of what it’s like to live there.
- 2.3 Working with other local Healthwatch and the charity Independent Age, Healthwatch Sunderland devised the ‘Care Home Life – What It’s Really Like’ format and agreed a work plan with the local authority commissioning team and the CQC Inspector for Care Homes.
- 2.4 The format of the report centres around nine indicators which cover what was found to be important for those living in care homes, such as what’s the food like, and do staff have time to chat with you? We developed surveys for residents, friends and relatives, and also staff working in the care homes, around each of the nine indicators. We spoke to 168 residents, 185 friends and relatives, 319 staff. From the comments received, we allocated a ‘score’ of Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree to each indicator to aid comparison between homes. Full reports for each care home in Sunderland are available on the Healthwatch Sunderland website.

**3.0 Evaluation of 2019 / 2020 visits to care homes**

- 3.1 Healthwatch Sunderland completed their second year of visiting care homes in December 2019 and has undertaken an evaluation of themes and trends within the care homes, with a focus on good practice. The primary purpose is to help care home managers and providers develop their practice to enable residents living in their home to live their best life. Highlights of the report are provided below against each of nine indicators we use to measure effectiveness. The full report will be available in April 2020.

- 3.2 **A strong visible management**, providing good leadership to staff and having the right experience. 58% of responders strongly agreed with this statement, a further 34% agreed. Examples of good practice were a regular presence 'on the floor' interacting with residents and visitors, making time to chat, 'going the extra mile' and being a good listener. Continuity of managers is very important with 16 homes reporting a new manager over the last 12 months.
- 3.3 **Staff have the time and skills to do their job**, are trained, motivated and feel they have the resources to do the job. 6% strongly agreed staff have the time to do their job, and a further 51% agreed. Good practice included making the best use of technology to access and record resident care plans to free up time and reviewing processes to ensure they are undertaken efficiently. 100% strongly agreed or agreed that staff have the skills to do the job.
- 3.4 **Staff have a good knowledge of each resident and their changing needs**, histories and preferences, and have processes in place to monitor changes in health and wellbeing. 40% strongly agreed this was the case, with a further 56% agreeing. The main themes of good practice were a robust "getting to know you" session when the resident first arrives at the home, with the resident their friends and their relatives, and 'resident of the day' type initiatives which provide in depth staff knowledge to develop personalised care.
- 3.5 **A varied programme of activities**, easily accessible both inside and outside of the home. 56% strongly agreed, with another 34% agreeing. High performance in this indicator was accomplished by various means: a full seven day programme of activities, a diverse range of activities tailored to individual varied needs, use of technology to access the internet or provide sensory stimulation, virtual reality to support reminiscence sessions, pictorial planners, one to one as well as group activities, supporting residents to get out and about in the community, bringing in external entertainers, day trips, access to a garden, involvement of family and staff, pet therapy, and bucket loads of encouragement and personality. There is a substantial amount of local community provision, and coordinators who link in with existing networks including schools scored highest.
- 3.6 **Quality, choice and flexibility around food and mealtimes**, a good range of choices with support to help those who may struggle to eat or drink, reflecting the social nature of mealtimes. 30% strongly agreed this was the case, a further 49% agreed. Good practice included home cooked fresh food, ample alternatives to suit needs as well as likes and dislikes, picture menus, hydration stations, snack baskets, and presentation of dining rooms.
- 3.7 **Regular access to health professionals**, just as they would if they were living independently. 100% either agreed or strongly agreed with this indicator. Those aligned to a GP practice found that GP visits were now particularly productive as many GPs 'pop round' to see all residents informally to see how they are getting on. Regular Multi-Disciplinary Team (MDT) meetings were also found to be beneficial. Audiology continues to be an important factor in the provision of healthcare with mixed feedback. Healthwatch Sunderland are working with the All Together Better programme team to ensure this feedback is understood.

- 3.8 **Accommodate resident's personal cultural and lifestyle needs**, ensuring people feel comfortable if they are different or do things differently than other residents. 30% strongly agreed with another 57% agreeing their home demonstrates this. Good practice examples include those homes where residents were supported to continue practising their chosen faith. Homes also scored highly where residents were able to maintain their lifestyle choices such as regular hairdresser and manicurist visits. A reliable laundry service is an important factor for family members in particular.
- 3.9 **An open environment where feedback is actively sought and used**, with mechanisms in place for residents and their visitors to influence what happens in the home, such as a residents and relatives committee. 47% strongly agreed with another 51% agreeing. Ensuring visitors feel welcome and part of the care home 'family' was important, as were regular well-advertised resident and relative meetings with involvement encouraged. Where these were run by the activities coordinator they were particularly well received. A 'you said, we did' board in communal areas and providing a clear well communicated complaints policy were also solid areas for those who scored highly.
- 3.10 **Provide a physical environment which is suitable for the needs of the residents**, comfortable, homely and well maintained with high standards of hygiene. 40% strongly agreed with a further 56% agreeing. A dementia friendly environment such as using bright colours, contrasting toilet seats, good lighting, and large clocks are simple yet effective tools employed by homes scoring well in this indicator.
- 3.11 Overall broadly positive feedback which Healthwatch Sunderland regularly share with CQC and Local Authority Commissioning Teams as part of the bi-monthly information sharing meetings. The engagement team and volunteers who visit the homes have noticed this year that there are less residents with capacity who are able to take part in the survey.
- 3.12 As a direct result of experience gained with these visits, Healthwatch Sunderland have been selected by Healthwatch England to be the official Trainer for the North of England for other Local Healthwatch visiting Care Homes and other health and social care services.
- 3.13 The Care Home Life work has initiated conversations with domiciliary care providers to understand how independent reviews of services can add value to the user experience. Healthwatch Sunderland is now discussing how it can support this sector.

#### **4.0 Recommendation**

- 4.1 The Health and Wellbeing Board is recommended to:
- Receive the progress update on Care Home Life – What It's Really Like report for information.

