



Care Homes Visits Report

(phase 1)

**Looking at
The Quality of Life,
The Residents' Experience**



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1. Introduction and Background

During 2009/2010 the issue of care homes was discussed on a regular basis by Northamptonshire LINK. This was as a result of receiving a number of concerns from families of residents (see Appendix 1), as well as comments made by care home staff, service providers and commissioners. The issue of the quality of care and experiences of residents and families was also being discussed at a national level and featured in the media.

In addition, LINK had held discussions about care homes with NHS Northamptonshire, Northamptonshire County Council and NorArch (Northamptonshire Association of Registered Care Homes).

One of the key tasks of Northamptonshire LINK is to gather views about health and social care services from individuals and groups across the county, and to make sure they are involved in development and monitoring of local services. LINK has the power to "Enter and View" services, which involves volunteers who have undertaken the necessary training and have a clean criminal record bureau check.

LINK felt undertaking Enter and View visits to care homes would be an ideal way of gathering the views and experiences of those people living in care homes, many of whom might not find it easy to express their views, as well as their families. It was agreed that the visits should not be restricted to mainstream residential homes for older people, so visits were arranged to residential and nursing homes for people with dementia, those with brain injuries and those with learning disabilities. Sixteen homes were visited in this first phase.

Northamptonshire LINK would like to thank all those who took part in this initial piece of work, particularly the LINK volunteers who participated in the visits, the residents for allowing us to talk to them, and their carers and relatives.

We would also like to thank the care homes, managers and staff for their time and co-operation, and hope that they also found the opportunity to talk about issues they believe affect the quality of life that they can provide for their residents.

LINK feels it is important to stress that the visits would provide a "snap shot" of the circumstances in the homes visited and are in addition to the statutory inspections undertaken by the Care Quality Commission.

It is important that individuals reading this report who are considering a care home placement make their own enquiries. The aim of this report will be to assist in this process.

2. Summary of Findings

The care homes visited were all classified as good to excellent under the old Care Quality Commission Star System and had been recommended by Northamptonshire County Council, other organisations and individuals. The reason for using this information was to give LINK a benchmark on which to classify and quantify future home visits.

The original number of care homes on the list to visit was seventeen. Qualitative data (quality) was gathered for sixteen homes, the results are included throughout the report.

Quantitative data (quantity) is recorded for twelve homes, this data was not available for five homes for the following reasons:

- one was unable to accommodate LINK due to the manager having left after the appointment had been booked and it was agreed that it would be added to the next tranche,
- one was earmarked for closure,
- two were learning disability respite homes where the residents were not present although meetings were held with the managers,
- The questionnaire was not available for use for one home

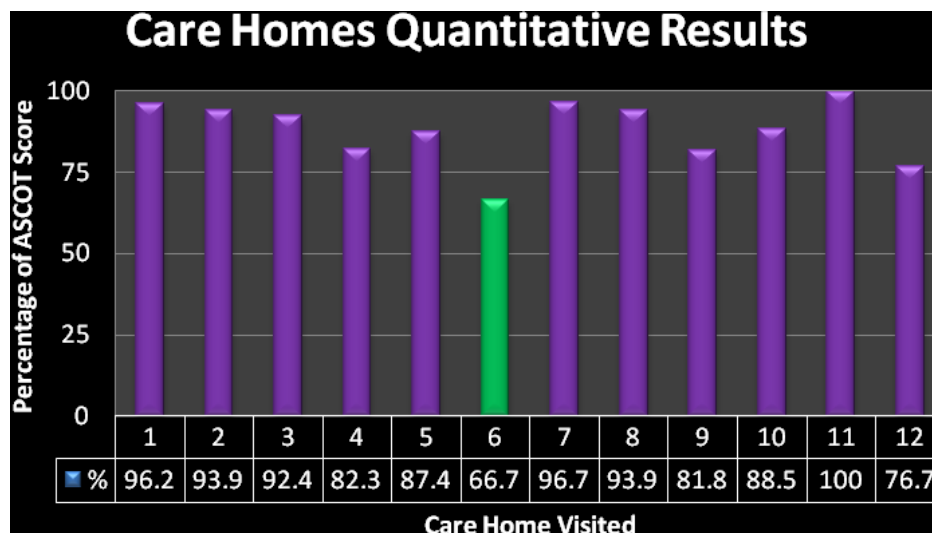


Figure 1: Graphical representation of the quantitative results for the Care Home visits carried out in the initial round. The results were collated from the adapted ASCOT questionnaire used together with a scoring system as illustrated (Appendix 2). Average scores were taken and the total divided by maximum possible score and presented as a percentage. We have then designated the percentages as follows:

Excellent	75-100%	Good	50-75%	Average	25-50%	Poor	< 25%
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The graph above illustrates that the homes visited were at least good with the majority excellent with regards to quality of care, providing our benchmark. The quantitative results show Westgate House (6) as good, however it should be noted that the questions pertaining to Domain 1 - Control over Daily Life, all scored low due to the fact that the residents interviewed did not have the capacity to have control over their finances etc. If the first domain questions were excluded from the scoring this home would also rate as excellent. The qualitative data also reflects this with positive comments received relating to the dignity and quality of life of all the residents.

The process undertaken was a learning experience for the LINK resulting in revisions to the methodology to be adopted for the next set of care home visits.

3. The Proposal

The LINK Management Board formally agreed that the proposed Enter and View visits to care homes should focus on the "Quality of Life" of the residents. This would be done by:

- Gathering the views of residents, families, staff and managers on issues that reflect the experience of the care homes.
- Conducting open interviews with all of the above and to use a framework of questions to ensure the interviewer covered the relevant areas of quality of life.
- Working with Northamptonshire County Council and NHS Northamptonshire, NorArch and Care Home Managers to facilitate access, and to provide a route to feedback on general issues identified during visits (anonymised).
- Using The ASCOT SCRQoL domains to provide headings around which to collate the comments, issues and concerns raised to make the report relevant to their needs and provide quantitative data. It was recognised there was a need to gather all comments and ensure that the views of the participants were not limited by the questions. The open nature of Question 12 enabled LINK to gather qualitative data and quotes.

4. Method

A review of possible ways of gathering information gave a number of formats for undertaking this activity.

It was felt that the most relevant and authoritative options were from work undertaken by the Joseph Rowntree Foundation (JRF) and Social Care Institute for Excellence (the Ascot Toolkit), these appeared to be the most easily accessible, with a clear and simple format.

J Rowntree – <http://www.jrf.org.uk/sites/files/jrf/older-people-vision-for-care-ful.pdf>

Ascot – <http://www.pssru.ac.uk/ascot/>

A summary of some of the key Quality of Life indicators are as follows:

JRF – Older people’s vision of a good life

Keys to a good life

- Meaningful relationships
- Personal identity and self esteem
- Personal authority and control
- Personalised support and care
- Meaningful daily and community life
- Home and personal surroundings

Important issues arising from the research:

- Relationships with family, community, staff and other residents
- Developing and sustaining interests and activities
- Decision making
- Maintaining good emotional, physical and mental health
- Dignity
- Maintaining financial independence
- Choice

Ascot Outcomes

The Ascot Toolkit asks questions with responses given according to level of agreement on the following areas:

- Control over daily life
- Personal cleanliness and comfort
- Food and drink
- Feeling safe
- Social participation
- Enjoyment and value of any activities
- Occupation
- Living in a clean and comfortable environment
- Help and dignity

The Ascot Toolkit was then adapted, following an exchange of communications with the Social Care Institute for Excellence, for use by Northamptonshire LINK. The full adapted toolkit can be found in Appendix 2.

5. Process

The process agreed was that the visits would be carried out by trained volunteers and LINK support staff members. It was reiterated that these were not formal inspections. The training consisted of a full day awareness course run by a qualified professional. All support staff and trained volunteers were CRB checked before being allowed to participate.

The adapted Ascot Toolkit questionnaire contains 12 questions relating to quality of life and provided the framework for interviews and observations recorded in the homes. (Appendix 2)

Letters of invitation to participate in the visit were sent to residents and relatives via the home manager. Respondents were encouraged to make other comments, and these were also recorded.

Some enter and view visits and interviews involved direct answers to the questionnaire, others via relaxed conversations and observations. There was also the opportunity for family members to make comments even if they were unable to be present on the day of the visit.

6. Findings

The findings have been categorised and based on the eight Ascot SCRQoL Domains shown below:

Domain	Definition
Control over daily life	The service user can choose what to do and when to do it, having control over his/her daily life and activities
Personal cleanliness and comfort	The service user feels he/she is personally clean and comfortable and looks presentable or, at best, is dressed and groomed in a way that reflects his/her personal preferences
Food and drink	The service user feels he/she has a nutritious, varied and culturally appropriate diet with enough food and drink he/she enjoys at regular and timely intervals
Personal safety	The service user feels safe and secure. This means being free from fear of abuse, falling or other physical harm
Social participation and involvement	The service user is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends, family and feeling involved or part of a community should this be important to the service user
Occupation	The service user is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities

Accommodation cleanliness and comfort	The service user feels their home environment, including all the rooms, is clean and comfortable
Dignity	The negative and positive psychological impact of support and care on the service user's personal sense of significance

The last of the 12 questions was provided for general comment and received a range of responses which supported findings in the previous questions.

Control over daily life – Questions 1,2 and 3

(1) Which of the following statements best describes how much control you have over your daily life?

By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want.

(2) How much control do you have over finances/money?

(3) Do you get asked about any changes that may happen to the home?

(Q1) 85% of residents felt they had as much control as they wanted
13% felt they had adequate control whilst 2% felt they had some control but not enough

(Q2) 77% of residents had as much control as they want over finances
5% had adequate control
9% felt they had some control but not enough
9% felt they had no control

(Q3) 61% said they had a say in all plans for change
15% said they were always involved, talked to and listened to
24% of respondents said they were told what was going to change rather than being asked.

Room for improvement across this area:

- Better communication: - Some relatives were not aware of relatives groups set up by the home.
- Better involvement – asking residents their opinions
- Advocacy for those residents without relatives to become involved

Personal Cleanliness and Comfort - Question 4

(4) Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?

84% of responses indicated that residents felt clean and able to present themselves the way they liked, while 16% said they were adequately clean and presentable.

Personal care features of most value to residents included:

- Feeling clean
- Receiving help to choose clothes, and
- Having a good appearance

Support to choose outfits was valued over clothes being chosen by staff for residents to wear as clothes chosen for them often didn't suit the resident's preferences.

Recorded observations at all homes visited were of residents adequately or well presented and the comments from relatives and carers were that they were satisfied with this. Many relatives were alert to changes in the resident's appearance and wellbeing. Some said they had raised issues relating to the presentation of their relatives with care home staff and as a result, improvements had been made.

Residents and carers were overall satisfied with this outcome, however visitors had different expectations for personal care citing the example of a bath once a week and lack of showers as inadequate, while some residents stated they were happy with this and few said they would like more facilities.

Food and Drink – Question 5:

(5) Thinking about the food and drink you get, which of the following statements best describes your situation?

78% of residents and relatives interviewed said they got all the food and drink they liked when and where they wanted it. A small number of residents had particular needs relating to diet/eating and both residents and relatives reported their home was meeting these needs appropriately.

Comments included:

- Two choices on menus, and if you don't like something an alternative will be found.
- Meals good and lots of cups of tea.
- The food is lovely and staff always make sure I am given enough.
- Residents can choose when to have breakfast .

- The nightshift know I get up very early and bring me a cup of tea about 6.30 am.
- Plenty of drinks during the day (tea, coffee or squash)
- I'm able to have meals in my own room – not ready to mix yet.
- Prefer my own company but go to communal dining room for some meals
- My wife's food is pureed and she eats it all. I have lunch here on Sundays – the food is marvellous.
- My food is liquidised because of problems swallowing. There is a good choice of food and drinks are available when you want them.

19% of respondents felt they were given adequate food and drink at okay times, with 3% reporting they didn't always get adequate/timely food and drink.

Comments included:

- Not much choice
- The food is okay but I like the chips at the pub.
- One resident who was on oxygen felt she didn't get enough to drink and so always thirsty.

In one home the staff felt the cook did a remarkable job in providing nutritious and tasty food on an extremely limited budget, and the cook said for just a small increase in budget she could do more and have even more variety.

Personal Safety - Question 6

Which of the following statements best describes how safe you feel?

84% of responses confirmed that residents felt as safe as they liked, while 12% said they felt adequately safe, but not as safe as they would like. 4% said they didn't feel safe at all.

It was felt that the main exceptions stated were because of the following:

- Disruption caused by prolonged repair work to the building
- Other comments related to the impact of housekeeping (cleaning equipment and products, wires, etc)
- Staffing levels at night too low
- Some residents with mental health needs, it was felt their perception of safety was unreliable

Residents valued having control over their environment, e.g. keys to personal door when out of the building, but being unable to have bedroom doors (firedoors) shut was flagged as an issue by some residents.

Positive experiences and feelings of safety were often attributed to confidence in the home.

Social Participation and involvement - Question 7

(7) Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

78% have as much social contact as they want with people they like

11% have adequate social contact with people they like

11% have some social contact but felt they did not have enough

Factors which contributed to a positive social experience included:

- Residents having companions
- Residents with significant disabilities, being supported by staff to enjoy group activities
- Family visiting
- Being taken out by family to meals, trips and town
- Entertainment brought into the home
- Trips organised by the home

Features having a negative impact upon social time and choice included:

- There not being enough people to socialise within the home
- The lounge is full of residents with dementia, unable to interact
- There were not always enough staff or the time to take residents out on trips, or to organise some kind of entertainment.
- In one home residents with sufficient income/savings of their own, were able to fund additional activities whilst others did not have the financial means to do this. As a result some residents were able to access greater choice of activities and outings, whilst others were limited.

Relatives were reassured by the staff members' friendliness towards the residents, that any possible isolation would be addressed.

Occupation – Question 8:

(8) Which of the following statements best describes how you spend your time?

58% of residents were able to spend their time as they wanted doing things they value and enjoy

29% were able to do enough of things they value and enjoy

13% do some of the things they value and enjoy but not enough

Many residents said they liked their own time and space, and some residents noted that communal group activities were not always to their taste. Some residents felt the range and frequency of activities could be improved.

Accommodation Cleanliness and Comfort - Question 9:

(9) Which of the following statements best describes how clean and comfortable your home is

78% of residents felt that the home was as clean and comfortable as they wanted

The remaining 22% felt the home was adequately clean and comfortable. Some residents acknowledged that old buildings were not always ideal, but appreciated the efforts by staff and managers to provide a clean and comfortable environment.

Issues and areas for improvement included: clothes going missing in the laundry and a request for an en-suite.

Residents appreciated the option to bring in their personal items to decorate and furnish their rooms.

Where homes had a garden, residents enjoyed having access to an outside area, and in one home a resident with an interest in gardening was actively encouraged to be involved with the planning and planting.

Dignity - Questions 10 and 11:

(10) Which of these statements best describes how having help to do things makes you think and feel about yourself

(11) Thinking about the way you are helped and treated, and how that makes you think and feel about yourself, which of these statements best describes your situation?

(Q10)

62% of residents thought and felt better about themselves

38% felt it did not affect the way they felt about themselves

(Q11)

81% of residents thought and felt better about themselves

12% felt it did not affect the way they felt about themselves and 7% felt that it undermined the way they felt about themselves.

Positive experiences of receiving help included:

- A relative commented that the caring approach of staff was the deciding feature in their decision to choose a home, which they had rated over the smart appearance of other homes.
- Respect for independence and encouragement by staff for residents to maintain their life skills.
- Relationships with residents and attitudes of staff formed a major part of satisfaction ratings from relatives.

- One care home valued Philippino staff for being warm and friendly in care delivery and hospitality
- Sensitivity of staff was valued
- In most instances where residents said they understood when and why care might at times be delayed, there was evidence from relatives to back up their view. For example, relatives would also comment on staff shortages, whilst acknowledging a consistently good effort across the team, the approach of staff, or how visibly well and healthy their relative was. They often commented on their relative's improved appearance compared with how they looked when at previous care services and homes.
- Additional attention by care homes to the understanding about the interplay of medical issues helped. A particular home was praised for its dedication to ensuring that elderly residents had timely tests for urinary tract infections. This was recognised as a condition which could induce challenging behaviours and if not diagnosed could affect the whole experience, impact upon treatment and dignity, ongoing care and potential chronic conditions.
- Many instances of patient centred care were mentioned. An example taken from a home which has a specific programme for victims of brain injury. The organisation has a range of professional rehabilitation workers and effective partnerships with statutory health services aimed at restoring confidence. There is a focus on self esteem, with positive reinforcement. Residents were able to give positive comments on their progress.
- Another home also delivered a similar programme for their residents who have mental health needs. Each resident has a personal development plan and a key worker to monitor their experience and development.

Negative issues arising were:

- Staff at times being impatient with residents
- Residents commented on being made to feel like an inconvenience
- Relatives had made observations on the varying levels of care which they said were mainly caused due to variation in staffing levels and approaches of care staff.

Further issues - Question 12:

What do you like or not like about the place you live, your treatment or support you get, or have had recently elsewhere. This question was not scored.

- Ability of homes to handle challenging behaviour was appreciated with positive comments from relatives. There were a number of people who were able to make comparisons with their experience of previous homes they had visited or used where skills in this area were poor.
- The importance of social contact to combat isolation has been well-established. The emergence of a two tier system, particularly relating to those with and without their own finances, was thought to be unacceptable.
- Practices such as regular health checks and meaningful daily activities to support wellbeing remain imperative.
- One care home reported an incident where a case of unprofessional conduct went to tribunal. The home was not notified of the outcome and they felt outcomes, and whether staff had been struck off, should be shared with homes.
- Three managers reported they were not informed or involved in the discharge arrangements made for residents returning from hospital.
- The willingness of homes to regularly communicate and offer support to relatives of residents was also highlighted as an important feature in maintaining the carer's/relative's wellbeing.
- Families/carers expressed their appreciation of good homes through comments such as "we don't know what we would do without this home", "we are very privileged to have a place here", "the manager/staff are fantastic".
- In order for relatives to recuperate and feel able to play a vital part of the resident's wellbeing, it was imperative that they were not worrying about their relative's care. For some relatives with past experiences of poor quality homes and the anxieties this produced, it took time for them to have confidence in the current home with better standards. However, one carer said, as a result of being confident about the quality of care offered by the home they could now plan a much needed holiday, something they could not do before.

7. Critique of the Process

LINK staff and volunteers noted that many respondents could be described as the more confident residents, although this included patients with Alzheimer's, brain injury and chronic mental health problems. However, the fact remains that residents with more capacity are more likely to volunteer to participate. In some homes managers identified the residents and relatives to be involved in the Enter and View visits. In one instance a request to speak to other residents were not granted. *Need a broader representation of residents for interview.*

A point was been made about the times of visits. It was suggested future visits should be undertaken at varied points throughout the day, to give a fuller picture of the quality of life for residents. LINK wanted this survey to be carried out with the backing of the homes and for the survey to be seen in a positive light and, therefore whilst LINK understood the point being made and can request the time of the visit it may be that by going to a home at a particular may not be best time for the residents.

The homes chosen for inclusion in this first phase of Enter and View visits were those recognised by the Care Quality Commission and recommendations made by Northamptonshire County Council.

The visits also included conversations with staff and their responses have been included. Concerns have been raised about the anonymity of the staff as it would be easy to identify who was interviewed by duty rotas. Letters about the Enter and View visits were sent to home requesting managers to forward them to potential participants and their relatives. Questions remain about how to ensure a reasonably fair picture of the homes is gathered, and that not only the favourite or more satisfied residents and relatives are selected.

A suggestion has been made that questionnaires could be distributed to the homes for all staff, residents and their relatives prior to the visit with the option to be returned to LINK by freepost.

The case of Westgate House demonstrates the fact that any low scores should be qualified; here a lack of control over daily life is appropriate and in no way detracts from the high quality of life experienced by the residents.

Appendices

Appendix 1

Comments gathered from the public

Based on the following information given to LINK by relatives, carers and the general public it was agreed that LINK should carry out a piece of work looking at the quality of life of care home residents.

- Standard of cleanliness etc. in care homes, which is a worry to those approaching the possibility of moving into care homes.
- Not enough night staff in care home.
- Would sometimes have to wait a long time to go to the toilet, even after she had asked several times.
- Rooms were often left with curtains shut and beds unmade.
- Carers and nurses were completely overrun.
- Access to health services at respite homes.
- More thorough checking of residential and nursing homes (staffing levels/training, etc. Experienced inspectors to check homes, not youngsters without life experiences.
- Uniform standards of care etc. in residential and care homes are needed.
- mother in for a week's respite (self help – active 80 yr old) asked if she could be assisted with a shower – told there may not be enough staff to assist.
- costs increased (for same level of care) from £341 pw (October 2009) to £536 pw February 2010
- Two instances (one at the end of last year and one last month) of lack of care and dignity.
- One of the main issues centres on low staffing levels – many of the concerns raised (e.g. cleanliness, assisting to the toilet, making beds, meeting personal care needs) can or may be addressed by increased staffing levels as most people now in care homes have a high level of needs.
- Meals/food and drink; poor quality foods; and not enough; drinks not always available.
- Complaints procedures – now that CQC have become “a distant” body, complaints are directed through the home manager – some managers are very defensive and concerns raised have not been addressed to a satisfactory outcome.
- Relatives/friends do not have a clear idea of where to go with their concerns if they feel that it has not been addressed.
- People feeling unable to raise concerns for fear of repercussions – it has been difficult to find a bed in the first place – care homes can give notice to leave and then family/friends have to start the process all over again.
- Personal items of clothing/laundry – clothes go missing or get spoiled when relatives/friends have spent considerable amounts of money on these items.
- Discrimination against self-funders – can be charged considerably more per week for the same room and facilities – I do not know of any care home that charges self-funders the same as the local authority expected to pay rate. Some care homes in Northamptonshire are now currently charging self-funders £1,000 per week!

- Some contracts with care homes for self-funders are very flimsy – vary tremendously in the quality.
- Meaningful activities in many care homes still remains poor – clients often getting bored and lethargic.
- Case of client having call bell tied up out of their reach.
- Dementia care also varies tremendously – some have improved and some care homes are trying hard to improve this level of care.
- Communication – Language barriers – this still remains a big issue.
- Clients/relatives/friends feel uncomfortable in bringing this issue to light for fear of appearing racist but it is sometimes very difficult to understand some staff and communication is strained.
- Lack of care, privacy and dignity in some cases.

Appendix 2

Adapted ASCOT Toolkit Questions and Scoring system.

QUESTIONS	Domain	Score
1 Control over daily life	Control Over Daily Life	
A as much as I want		3
B adequate control		2
C some but not enough		1
D no control		0
2 Control over finances		
A as much as I want		3
B adequate control		2
C some but not enough		1
D no control		0
3 Asked about any changes		
A Has say in all plan for change		3
B Always involved, talked & listened to		2
C I am told what is going to change		1
D Things are changed with me knowing		0
4 Personal Care, being clean & presentable	Personal Cleanliness and Comfort	
A Clean & able to present myself as I like		3
B Adequately clean & presentable		2
C Feel less than adequately clean/presentable		1
D Don't feel clean or presentable		0
5 Food and Drink you get	Food and Drink	
A Get all food & drink I like when I want		3
B Get adequate Food & drink at ok times		2
C Don't always get adequate/timely food & drink		1
D Don't always get adequate/timely & risk to health		0

6 How Safe You Feel	Personal Safety	
A Feel as safe as I want		3
B Feel adequately safe, but not as safe as would like		2
C Feel less than adequately safe		1
D Don't feel at all safe		0
7 How much contact you have with people you like	Social Participation and Involvement	
A As much social contact as I want with people I like		3
B Have adequate social contact with people		2
C Have some social contact with people, but not enough		1
D Little social contact with people & feel socially isolated		0
8 How you spend your time	Occupation	
A Able to spend time as I want, doing things I value & enjoy		3
B Able to do enough of things I value or enjoy		2
C Do some of the things I value or enjoy, but not enough		1
D Don't do anything I value or enjoy with my time		0
9 How Clean & Comfortable is your home	Accommodation Cleanliness and Comfort	
A Home is as clean & comfortable as I want		3
B Home is adequately clean & comfortable		2
C Home is not quite clean or comfortable enough		1
D Home is not all clean or comfortable		0
10 How help to do things makes you think & feel about yourself	Dignity	
A Makes me think & feel better about myself		3
B Does not affect the way I think & feel about myself		2
C Sometimes undermines the way I think & feel about myself		1
D Completely undermines the way I think & feel about myself		0
11 How the way your helped makes you think & feel about yourself		
A Makes me think & feel better about myself		3
B Does not affect the way I think & feel about myself		2
C Sometimes undermines the way I think & feel about myself		1
D Completely undermines the way I think & feel about myself		0
12. What do you like or not about the place you live, your treatment, or support you get or have had recently elsewhere		N/A

Appendix 3

Questionnaire Results

Home	H.1	H.2	H.3	H.4	H.5	H.6	H.7	H.8	H.9	H.10	H.11	H.12
Question												
1	3	3	3	2.5	2.75	2	3	3	3	2.88	3	2.33
2	3	3	3	1.75	1.5	1	3	3	2.71	2.88	3	0.33
3	2.5	3	1	2	3	1	*	3	2.5	2.88	3	1
4	3	3	3	2.5	3	2	3	3	2.71	3	3	2
5	3	3	3	2.5	3	2	3	2	2.43	2.75	3	3
6	3	3	3	2.25	2.25	3	3	3	3	2.5	3	2.33
7	3	2.5	3	3	3	2	3	3	1.86	2.63	3	3
8	2.75	3	3	2	2	2	2	3	2.6	2.38	3	2.33
9	3	3	2.5	3	3	3	3	3	2.72	2.13	3	3
10	2.75	2.5	3	3	3	*	3	2	*	2.5	3	3
11	2.75	2	3	2.67	2.33	*	3	3	1	2.66	3	3
	31.75	31	30.5	27.17	28.83	18	29	31	24.53	29.19	33	25.32
Max	33	33	33	33	33	27	30	33	30	33	33	33
%	96.21	93.93	92.42	82.33	87.36	66.67	96.67	93.94	81.76	88.45	100	76.72

Table 1: Represents the average response scores from each home for each question. The home labels are referenced in Table 2 (below). The average scores were added together and this figure was divided by the maximum possible score for the home 33 in most cases, although if responses were not made for a question this score was not included and for example if one question was missed the maximum score could only be 30. The overall rate was then represented as a percentage of the maximum possible score.

Appendix 4

List of homes visited:

Home	Category	Label
Boniface	Care Home - elderly	H.1
Cheaney Court	Care home with nursing - elderly	H.2
Evelyn Wright	Care home - elderly	H.3
Ridgway House	Care home – elderly	H.4
The Grange	Care home – elderly	H.5
Westgate *	Nursing home - adults - dementia, mental health, LD	H.6
Seagrave	Care home – elderly	H.7
Hilltop House	Nursing care home – under 65 – inc. mental health & brain injury – male only	H.8
Ecton Brook	Care home – elderly – LD, dementia	H.9
Westwood House	Care home – 18-65 - Mental health	H.10
Grangefield	Care home - elderly	H.11
Obelisk House	Care home elderly	H.12
Southfields House	Care home elderly	-
Eleanor Lodge	Care home – LD – 18-65	-
Kingswood	Respite LD - adult	-
Cotswold House	Care home - elderly	-
Clanfield	Care home - elderly	-

Table 2: The list of care homes visited and their respective identification labels. The care homes visited were labelled for the quantitative analysis with these labels featuring in Table 1 and in Figure 1. This table also shows the care home type. * The residents interviewed here had LD and therefore did not have the capacity to control their finances etc, hence the scores were lower and resulted in an overall good grading but the quality of care would otherwise have been rated as Excellent.