

Care Homes Visits Report

(phase 2)

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



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1. Introduction and Background

This report follows on from the first Care Homes report published in January 2012, and is aimed at fulfilling some of the key roles of Northamptonshire LINK. 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.

To help fulfil these functions LINK has the power to “Enter and View” services, which involves volunteers who have undertaken relevant training and have had a criminal record bureau check.

The issue of the quality of care and experiences of residents and families continues to be one that is highlighted yet again over the past year in the media both locally and at national level, as an area of concern and these visits are recognition that this is an area for LINK to continue to work.

‘Enter and View’ visits were found to be an ideal way of gathering the views and experiences of those people living in care homes. Following on from the initial report of 17 care homes visited in 2011 it was agreed to expand the number of homes to be visited in 2012 to thirty four.

In recognition of the diversity of the homes visited, and the potential specific interest there may be in different types of homes, the quantitative graphs showing the collated results of the visits have this year have been categorised into, Care homes, Nursing homes, Specialist care centres and LD homes.

LINK has continued to communicate with Nene Commissioning, Northamptonshire County Council and NorArch (Northamptonshire Association of Registered Care Homes) to facilitate the visits and report issues. Two of the LINK board members attend the ‘Care Homes board’, where representatives from all the above organisations meet to discuss issues and solutions relevant to Care Homes, their operation, and how to improve services.

Northamptonshire LINK would like to thank all those who took part, particularly the LINK volunteers who participated in the visits, the residents for allowing us to talk to them, 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 beneficial to talk about issues they believe affect the quality of life that they can provide for their residents.

It is important to stress that these visits made by LINK are used as a “snap shot” of life in residential homes and should be seen as complementary to, and not a replacement for, the official inspections undertaken by the Care Quality Commission and other statutory bodies. Any individual reading this report who is considering a care home are advised to review all the information available

on Care Homes they may consider, the aim of this report is to assist in this process.

2. Summary of Findings

From the results recorded most of the homes provide a good quality of life with cleanliness and comfort, and personal safety rating very highly, but the conclusions regarding social participation and involvement were disappointing.

Some of the homes were excellent in their engagement with residents whereas others did not think it important to involve the residents in making decisions about the fixtures and fittings and the types and regularity of entertainment provided. It is acknowledged that in nursing homes not all the residents had the capacity to be fully involved.

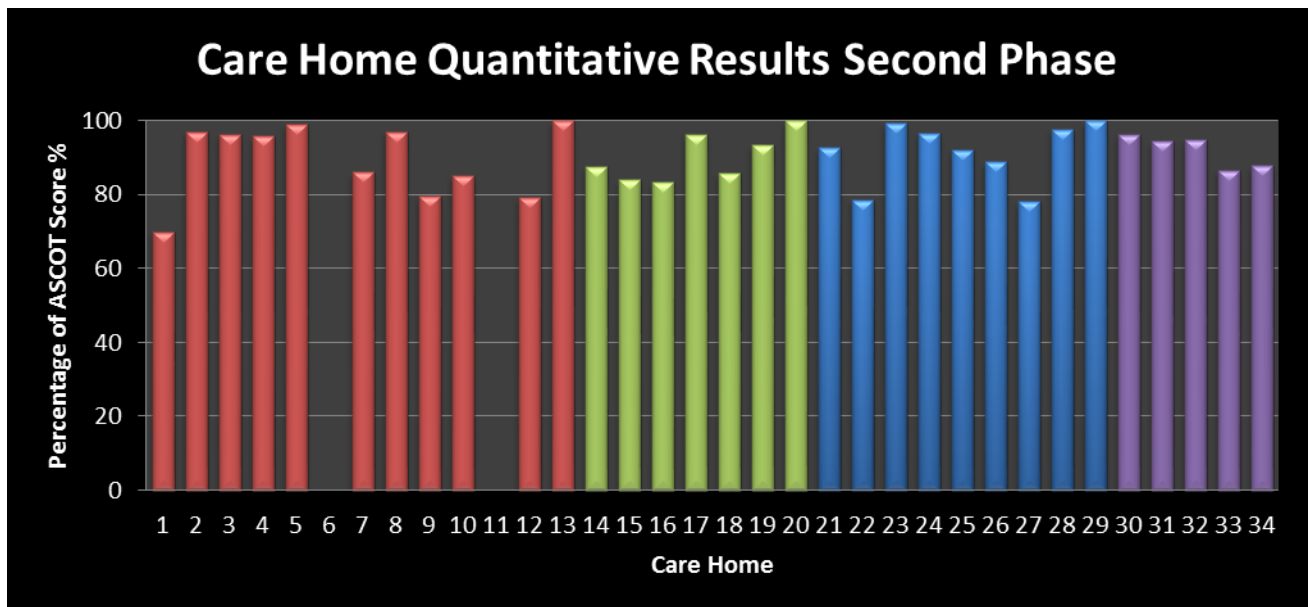


Figure 1: Graphical representation of the quantitative results for the Care Home visits carried out in the initial round. The results were collated from the adapted ASCOT questionnaire(Appendix 2) used together with a scoring system as illustrated.

We have colour coded the homes as follows:

Care Homes
Nursing Homes
Specialist Care Centres
Learning Disabilities

The graph above illustrates that the homes visited were at least good with the majority excellent with regards to quality of care. All homes scored above 68% with the majority scoring in the high 90s which reflects excellent quality of care in the homes visited. Two homes have not been scored (No.6 & No.11) for the reasons given.

Quantitative data (quantity) has been recorded for thirty two of the Care Homes (Figure 1 below): data was not available for the following homes due to:

- The residents did not have the capacity to answer the questions and no relatives were available to assist on the day of the visit. The manager, who had only recently been appointed, was very helpful and LINK hopes to return to the home in the near future to carry out a full visit. (The Meadows)
- Although the manager/owner had been contacted by letter, email and phone on a number of occasions, it has not been possible to arrange a visit to the home. The concern over the visit not being made has been raised through the LINK representatives to the Care Homes board. (Crescent House)

3. The Proposal

The LINK Management Board formally agreed that the proposed Enter and View visits to care homes would continue to 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.
- Using The ASCOT domains (see page 6) 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 quantitative 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. 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.

Letters of invitation to participate in the visit were sent to residents and relatives via the home manager. Respondents were encouraged to make 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 and contact LINK at a later date if they were unable to be present on the day of the visit.

6. The Care Homes

Due to the diversity of the homes it was felt that it was not appropriate to make direct comparisons. A short description is found below on each in alphabetical order. The resident number shown is when the home is at full capacity.

Care Homes

Argyl House Care Home, The Avenue Dallington NN5 7AJ	Owned by Countrywide Care Homes Ltd. Specialist area: Dementia, palliative care 95 residents	H1
Bethany Homestead, Kingsley Road Northampton NN2 7BP	Owner: The Trustees of Bethany Homestead Voluntary Owned , Specialist area: Mental health conditions, old age 40 residents	H2
Burlington Care Home Roseholme road 369 Wellingborough Road, Northampton NN1 4RS	Owner: Burlington Care Homes plc Purpose-built facility that specialises in looking after individuals suffering from a form of dementia. 102 residents	H3
Cliftonville Care Home, Cliftonville Road Northampton NN1 5BU	Owner: Avery Healthcare Care home with nursing This development is looking to pioneer modern care standards and offers a wide range of extra features such as a cinema room and an aromatherapy suite. 106 residents	H4
Collingtree Park 110 Windingbrook Lane, Northampton NN4 0XN	Owner: Barchester Healthcare Specialist area: Alzheimers 79 residents	H5
Crescent House 3 The Crescent Northampton NN1 4SB	Owner: Crescent Home Ltd Specialist area: old age 27 residents	H6
Glenmoor House 25 Rockingham Road, Corby NN17 1AD	Owner: HC-One Ltd Specialist area: Dementia, younger adults, physical disability 59 residents	H7
Highmead House 153 Finedon Road, Irthlingborough, NN9 5TY	Owner: Mrs G Waller Specialist area: Dementia, short stay & respite 32 residents	H8

Latimer Grange 119 Station Road, Burton Latimer, Kettering NN15 5PA	Owner: A L Lampitt Specialist area: dementia, younger adults 27 residents	H9
Oxendon House 33 Main Street, Great Oxendon, Market Harborough LE16 8NE	Owner: Jasmine Healthcare Ltd Specialist area: Dementia, stroke 33 residents	H10
The Meadows, 48 Moorend Road, Yardley Gobion, Towcester NN12 7UF	Owner: Rising Meadows Ltd Care home with nursing Specialist area: Dementia, sensory impairments 34 residents	H11
The Shrubbery, 66 College Street Higham Ferrers NN10 8DZ	Owner: Burlington Care Homes plc Specialist area: Dementia, Mental health conditions 45 residents	H12
Westlands Care Home 48 Oxford Street Wellingborough NN8 4JH	Owner: Regal Care Trading Ltd Specialist area: Dementia, substance misuse, mental health issues 28 residents	H13

Nursing Homes

Acacia Lodge, 15 Wellingborough Road Irthlingborough NN9 5RE	Owner: Bupa Care Homes Specialist area: Dementia, palliative care 40 residents	H14
Polebrook Nursing Home Morgans Close Polebrook, Oundle Peterborough, PE8 5LU	Owner: Birchester Medicare Ltd Specialist area: Dementia, day care 51 residents	H15
Pytchley Court, 5a Northampton Road Brixworth NN6 9DX	Owner: HC-One Ltd Specialist area: Dementia, younger adults, end of life care 40 residents	H16
Queens Park, 37 Queens Park Parade Kingsthorpe Northampton NN2 6LP	Privately owned Specialist area: Dementia, Detention under Mental Health Act, mental health conditions 26 residents	H17

Rushden Park Nursing Home Melloway Road, Rushden, NN10 6XZ	Owner: M H A /Methodist Homes Specialist area: Dementia, physical disability 68 residents	H18
Sibbertoft Manor 3 Church Street, Sibbertoft, Market Harborough LE16 9UA	Owner: Pretty 333 Ltd Specialist area: Dementia 40 residents	H19
The Red House, High Cross Syresham Brackley NN13 5TJ	Owner: Denise Weir in partnership with the Red House Specialist area: Dementia, physical disability 25 residents	H20

Specialist Care Centres

Christchurch Court Care Home 2 Christchurch Road Abington Northampton	Owner: Christchurch Court Ltd Specialist area: Head/Brain injury – younger adults, mental health conditions 21 residents	H21
144 Boughton Green Road Kingsthorpe Northampton NN2 7AA	Owner: Richardson Partnership for Care Specialist areas include: Younger adults/mental health conditions/ dementia/head & brain injury 14 residents	H22
Darsdale Home Chelveston Road Raunds NN9 6DA	Owner: Northamptonshire Association for the Blind Specialist area: Sensory impairments 30 residents	H23
Longlands London Road Daventry NN11 4DY	Owner: Shaw Healthcare Care home with nursing Specialist area: Dementia, independent living training, day care, respite 51 residents	H24
Pathfields and Greenfields Irchester Road Knuston Spinney NN29 7EY	Owner: Huntercombe Group Care home with nursing Specialist areas: Dementia, Learning Disability, Physical disability, Younger adults 48 residents	H25
Richardson Mews Kingsland Gardens Northampton, NN2 7BH	Owner: Richardson Partnership for Care Care home Specialist areas: Younger adults, physical disability, mental health, head and brain injury 25 residents	H26

Spinneyfields H E Bates Way Rushden NN10 9YP	Owner: Shaw Healthcare Care home with nursing Specialist area: Dementia, independent living training, day care, respite 51 residents	H27
Thackley Green Off Lewin Road Great Oakley Corby NN18 8JS	Owner: Shaw Healthcare Care home with nursing Specialist area: Dementia, independent living training, day care, respite 51 residents	H28
Turn Furlong Off Rockery Lane Kingsthorpe Northampton NN2 8BZ	Owner: Shaw Healthcare Care home with nursing Specialist area: Dementia, independent living training, day care, respite 51 residents	H29

Learning Disabilities

Blisworth Close Northampton NN4 8ND	Owned by MENCAP Northampton NN4 8ND 6 residents	H30
Gillits Road 97 Gillitts Road Wellingborough NN8 2HX	Owner: The National Autistic Society Over 18s with a diagnosis of autism 12 residents	H31
Hampton House Tonmead Road Lumbertubs Northampton NN3 8JX	Owner: Scope (Head Office) Care Home only (Residential Care) - Voluntary Owned Learning disability/physical disability/cerebral palsy 27 residents	H32
2 & 8 Kingsthorpe Grove Kingsthorpe Northampton NN2 2NT	Richardson Partnership for Care Specialist areas include: Learning disability/dementia/mental health conditions/physical disability/sensory impairment/younger adults 17 residents	H33
Farthings, Ryan QC 86 Lumbertubs Lane, Boothville, Northampton NN3 6AH	Owner: Mrs M L Duggan Younger adults - LD 6 residents	H34

7. 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

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?

Percentages may not add up to 100% , as not all questions were answered in every case

(Q1) 82% of residents felt they had as much control as they wanted
8% felt they had adequate control whilst
1% felt they had some control but not enough
1% felt they had no control

(Q2) 82% of residents had as much control as they want over finances
4% had adequate control
1% felt they had some control but not enough
0% felt they had no control

(Q3) 38% said they had a say in all plans for change
17% said they were always involved, talked to and listened to
8% of respondents said they were told what was going to change rather than being asked.

Comments:

"Residents (LD) are actively encouraged to be involved in review meetings."

"You can do what you like, free to make choices."

"I am happy and relaxed here, there isn't anything I can't say if I want to – the only restriction is my own energy level . . . I'm getting old"

"I'm happy here – feels as if it is home. They don't tell you what to do. Not rushed in the morning."

Very immobile and confined to bed but felt she had a reasonable level of control in the circumstances.

"There is a residents meeting on Thursdays to discuss anything they are not pleased about – not many people will speak up, but I do. The staff are friendly and appreciate people giving their point of view."

"I'm happy my family sort out my money, I have enough to buy treats."

"I wasn't given a copy of your letter, I didn't know you were coming"

Examples of good practice:

- Residents being involved in general decisions, by asking their opinion.
- Good communication: -informing relatives of events and meetings
- Regular newsletter

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?

93% of responses indicated that residents felt clean and able to present themselves the way they liked, while 3% said they were adequately clean and presentable.

Personal care features of most value to residents included:

- Feeling clean and tidy
- Receiving help to choose clothes
- Having a smart appearance

“They help you get up in the morning and you choose what you wear.”

“Sometimes my husband doesn’t want a shower, but he is told he must have one – it is important that he is clean.”

“I shower on alternate days and have help to do this”.

“Dirty clothes are taken away from our rooms in the evening and returned clean and ironed the following day”

Residents stated that they preferred to choose their own clothes but did not like to say anything to staff who chose for them as “they have so much else to do” and “I don’t like to bother them as they are very busy”.

Residents and carers were satisfied overall with the outcomes and happy with the number of times they had a bath, often citing that they had a “good wash” each day. Some relatives felt that a bath once a week was not enough.

In addition to bathing/showering a hairdresser was available at most homes either on a weekly basis or had a designated salon where residents could book in to have their hair done – this was an extra charge. Chiropodists and opticians also visited most of the homes on a regular basis – again at an extra charge.

One area that was brought up by both residents and relatives was that staff refused to cut toenails (and in some cases finger nails). Some homes cited diabetic peripheral neuropathy (nerve ending damage) as the reason for only allowing professionals to cut residents’ nails. NHfT have put on a number of free podiatry courses during 2012 for paid carers, which have been well attended, in order to rectify this problem.

The residents at all the homes visited appeared to be clean and well looked after.

Food and Drink – Question 5:

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

81% 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 special diets; these were met adequately where applicable.

Positive comments included:

“The food is good and my favourite is curry.”

“We are given the menu the day before so we can make a choice – a good variety”

“Food – anything I ask for”

“The food is really well cooked”

“The cakes here are all homemade”

“I love the corn beef hash”

“We always have a roast on Sunday”

“The food is alright but not what I am used to, but there is plenty to eat”

“I like chicken curry and coffee cake and I make them myself”

“The food is very good but I think the portions are far too big!”

“You can ask for an alternative and this is provided.”

“Everyone has the same – you don’t choose in advance”

“I enjoy the food and there is a choice but I did complain when food was not hot.”

“Pictures of food choices are put on the notice board along with a written menu.”

10% of respondents felt they were given adequate food and drink at okay times, with

1% reporting they didn’t always get adequate/timely food and drink.

Adverse comments included:

“Over the last six months the food has deteriorated and the portions have got smaller”

“I haven’t seen a menu for about two weeks”

“There isn’t much choice”

Staff comment: “The budget we have for catering is making it difficult to provide as wide a range of food as we would like. We try our best.”

The main disappointment from residents is that tea/supper is usually between 4.30 and 6pm and whilst they may get a drink in the evening, one resident stated, “it is a long time to wait until breakfast”

Personal Safety - Question 6

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

92% of responses confirmed that residents felt as safe as they liked, while 2% said they felt adequately safe, but not as safe as they would like. 1% said they didn't feel safe at all.

Comments:

One relative said he felt his mother is safe. "She tends to wander at night (she has an en suite room) but the home have put a pressure pad on the floor which signals when she gets out of bed."

"I feel very safe here"

"The staff here are lovely, I feel very safe"

Residents not being able to close their bedroom doors was cited as an issue by some residents.

Comments:

"Mrs X wanders around the corridor and keeps coming in my room and touching my things and I don't like it"

"There was a man in my room and I shouted at him to go away"

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?

62% have as much social contact as they want with people they like
14% have adequate social contact with people they like
3% have some social contact but felt they did not have enough

Factors which contributed to a positive social experience included:

- Family visiting
- Family trips out
- Residents being supported by staff to enjoy group activities
- Entertainment brought into the home
- Trips organised by the home
- Making friends with other residents
- A regular newsletter
- Some activities are arranged with people from other homes (LD) – also some of the residents attend college which also extends their social network.

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

"The first week I was here I had lots of visits but the second week I didn't see or hear from anyone (except care staff)"

"I would like to meet a few more people here – have someone to talk to"

"I have difficulty walking so unless someone takes me to the lounge I stay in my room."

"I don't like some of the activities but we are told to come in and join in, but sometimes I don't want to".

Occupation – Question 8:

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

62% of residents were able to spend their time as they wanted doing things they value and enjoy

12% were able to do enough of things they value and enjoy

4% 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. Some homes organise fashion shows, which are put on by local shops. Memory boxes have been set up by a number of homes and residents and their relatives have been asked to bring in photographs and small familiar items.

Comments:

"I enjoy my own company, I love puzzle books and watching Countdown but the contestants are very slow at the maths!"

"Our activities lady has been planting bulbs and flowers with us."

"We have armchair exercises and bingo."

"There is a computer which I use each day and can talk to my family in Australia."

"I wish there was more to do"

"Talking to you has made a nice change"

"I would like to help more, but I'm not allowed to"

"I know I am only here for a little while, but I do get bored just watching the telly – there are no activities that I know of"

Residents enjoyed having access to a garden and being able to sit outside when the weather was good. One home has a sensory garden especially laid out for the residents. A number of homes actively encouraged their residents with a gardening interest:

"I have a vegetable garden and I grow vegetables and carrots"

"I love the garden and I am growing onions, potatoes and tomatoes but the lettuces are no good now"

"I grew some potatoes in a big pot and cook cooked them for me"

"We go to the pictures, do art work and a bit of gardening. I used to do these things with Dad."

Accommodation Cleanliness and Comfort - Question 9:

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

83% of residents felt that the home was as clean and comfortable as they wanted

The remaining

4% 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.

"It's free and easy and nice and clean"

"I love living here"

"It may be old like me – but I love it here, it's my home"

Issues and areas for improvement included:

Laundry –clothes are washed on too high a setting and either shrink or "go matted"

Laundry - items going missing and "are never seen again".

"I saw another resident wearing my skirt, so I complained".

"A single room would be nice."

Residents appreciated being able to bring in personal items to furnish their rooms.

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)

60% of residents thought and felt better about themselves

16% felt it did not affect the way they felt about themselves

(Q11)

62% of residents thought and felt better about themselves

16% felt it did not affect the way they felt about themselves and

1% felt that it undermined the way they felt about themselves.

Positive experiences of receiving help included:

Staff attitudes formed a major part of satisfaction ratings from relatives.

"There is help if you want it"

"The handyman put up all my pictures for me"

Negative issues/comments arising were:

- Often woken up at night when carers come in to check on them
- Did not like the fact that they were called by their Christian name without being asked
- Some residents commented on how the staff were impatient with them
- Poor command of the English language by some carers made it difficult and frustrating for some residents
- Not all staff appreciate how to talk to a resident if a resident is deaf
- Residents commented on being made to feel like an inconvenience
- Weekend care is not as high a level as during the week.

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.

84% of residents that answered this liked where they lived and 10% felt that it was ok.

- One lady was recently moved to a new home by her family as there was a complete lack of understanding of her condition; since moving she has been very much happier and been shown excellent care and dignity.
- Some of the homes visited have a very good working relationship with their local surgery, with regular weekly visits on top of emergency care. "The district nursing team are amazing"
- Access to relative's information varied. Some homes were excellent but there were a number of comments that records were not kept up to date and were sometimes difficult to access.
- A number of relatives said that they were asked to bring in biscuits and sweets because their relatives tea/dinner was late afternoon/very early evening and they then had nothing until breakfast time. Some homes did provide an evening drink and biscuit.
- "Hospital transport has been a problem for some of our residents, especially where the patient has a disability."
- "It was noticeable that when the manager is not here, the efficiency level diminished, especially at weekends."
- "Regular health checks and daily activities to support wellbeing are imperative"

8. Critique of the Process

The homes chosen for inclusion in this second phase of Enter and View visits were those recognised by the Care Quality Commission and Northamptonshire County Council. Some homes had been suggested by relatives and visitors.

In some homes managers identified the residents to be involved in the Enter and View visits. This was necessary in some establishments as unless the resident had a family member present, they did not have the capacity to understand or answer the questions, or were seriously ill. LINK staff and volunteers noted that many respondents could be described as the more confident residents, although this included residents with Alzheimer's, brain injury and chronic mental health problems.

The visits also included conversations with staff and their responses have been included. Letters about the Enter and View visits were sent to the home requesting managers to forward them to potential participants and their relatives. Questions still 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 although a good percentage of the homes allowed LINK to go round and speak to anyone in their care.

The suggestion was 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.

A point was made again 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. As 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 the home was often asked whether morning or afternoon would be better. Some of the homes were very accommodating and we were able to choose our visit time.

Appendices

Appendix 1

Comments gathered from carers and relatives

"My husband enjoys TV programmes and likes to talk about them. He likes his privacy but has got used to the home now. There is a very good activities co-ordinator."

"Choice is given dependent on needs. My mother has poor co-ordination and the staff gave her a round plate with a special guard round it so she can manage to eat independently without food slipping off."

"I get on well with all the staff and have access to my husband's files/information. The new manager is good and there is a good staff team."

"Care is given with respect and dignity. Have had cause to complain in the past and it was dealt with."

"I have drawn up an End of Life Care Plan for my mother, both she and the manager of XX home have been involved in the discussions. Copies have been sent to EMAS and the GP."

"I have control over the money each month and I am sent a statement. My husband doesn't spend much, mainly for podiatrist and haircuts."

"During the changeover from Sothern Cross to HC-One there were a number of meetings with relatives and residents and we were assured things were fine, but no real information."

"This hadn't occurred to me (safety) but the last place " SC" was horrendous - no help on arrival - bad experience. I did write a letter of complaint to NCC."

"As a carer I am confident that respite here is good and I have been able to leave my husband to attend a family celebration. I am also going away on my first holiday in three years."

"Staff give care with dignity. Everyone is always clean and the laundry is well organised."

"The home was very nice - clean and bright with a lovely outside space where there were animals. Everyone seemed happy and the staff were most helpful - the residents and the staff blended very well together. The manager was very open and we were shown all round the home."

“My aunt was able to go to church - lifts were arranged to take her there and back. “

“Staff refuse to cut toenails (and in some cases finger nails). Some homes cited diabetic peripheral neuropathy (nerve ending damage) as the reason for only allowing professionals to cut residents’ nails. NHfT have put on a number of free podiatry courses during 2012 for paid carers, which have been well attended.”

“My mother is a self- funder and I know she pays a lot more each month than the council funded residents. My big worry is what will happen when the money runs out. They may move her to a smaller room.”

“The main disappointment from residents is that tea/supper is usually between 4.30 and 6pm and whilst they may get a drink in the evening “it is a long time to wait until breakfast”

“Laundry – there isn’t a proper system – my mother’s clothes keep going missing even though they are labelled. She even saw another resident wearing some of them!”

“We have made sure that my father’s clothes are all washable but somehow they managed to shrink his new jumper.”

Comments gathered from managers and staff of the care homes

Discharge

- Incorrect discharge information has been received on a number of occasions.
- Residents have been brought home by ambulance wearing a hospital gown rather than the spare clothes taken in for them.
- Resident discharged and brought home still with an IV in their arm.
- Grade two pressure sores developed after stay in hospital
- Two managers stated that having informed the hospital on numerous occasions that they were unable to accept residents back after 8pm at night, had returned residents to the hospital after they had been sent back to the home after 10pm.
- One home stated that the situation regarding discharge had improved over the last few months and they now receive a call to let them know their resident is on their way back and they are no longer arriving back late at night.

Continence service

- The biggest concern/complaint by managers is the supply of incontinence pads for residents. Residents are allocated 4 pads per day – the quality has deteriorated and the size of the pads has decreased. They take too long to deliver. At least one resident has been using their personal health budget to buy their own better quality pads.
- Appalling and incompetent
Can wait up to six months for an assessment – NHS at Brixworth.
Phone (answerphone) – do not always called back – quantity ordered does not always tally with delivery. Allocation of 4 pads per day (per resident) and pad size seems to be downgraded (smaller) causing TV problems. The supplier in Mansfield will act on phone calls and call back or explain why a shortfall.

Finance and invoicing

- The ID numbers are not always received from NCC in time so that the paperwork can be processed on time.
- Poor communication between finance team and care managers.

Millbrook – very difficult to get them to collect equipment – massive amount of coding required. Need an amnesty day for equipment.

Other comments:

“We have a really good team here and don’t use agency staff. We recruit very carefully, often by word of mouth. All staff undertake initial and ongoing training, as well as any specialist training when required. Culture in the home is to provide person centred/individualised support.”

“The home has a good rapport with the GPs, who are happy to do home visits when necessary. Dentist – spot on – really good.”

“Patients need a lot of help especially at lunch times and we all help.”

“Staff advised that they have advocate meetings when necessary. Residents are actively encouraged to be involved with review meetings. Where there is no family member to support, advocacy support is organised from Voiceability Northants.”

“I tell the residents what is going on each week. There is a suggestion box if they want to put forward any ideas.”

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

Care Home	Argyl House	Bethany House	Burlington	Cliftonville	Collingtree Park	Crescent House
Question	H1	H2	H3	H4	H5	H6
1	2.50	3.00	3.00	3.00	3.00	
2	1.75	3.00	3.00	3.00	3.00	
3	2.00	2.00	2.67	2.25	3.00	
4	2.50	3.00	3.00	3.00	3.00	
5	2.33	3.00	3.00	3.00	3.00	
6	3.00	3.00	3.00	3.00	3.00	
7	2.00	3.00	3.00	2.75	2.67	
8	1.75	3.00	3.00	2.50	3.00	
9	2.00	3.00	3.00	3.00	3.00	
10	2.33	3.00	2.00	3.00	3.00	
11	2.00	3.00	3.00	3.00	3.00	
12	1.00	0.00	3.00	3.00	3.00	
Total Score	25.17	32.00	34.67	34.50	35.67	
Questions answered	12.00	11.00	12.00	12.00	12.00	
Maximum Possible Score	36.00	33.00	36.00	36.00	36.00	
Percentage	69.91	96.97	96.30	95.83	99.07	
Home Label	H1	H2	H3	H4	H5	H6

Care Home	Glenmoor	Highmead	Latimer Grange	Oxendon	The Meadows	The Shrubbery	Westlands Care
Question	H7	H8	H9	H10	H11	H12	H13
1	2.00	3.00	3.00	3.00		2.50	3.00
2	3.00	3.00	2.33	3.00		3.00	3.00
3	1.33	2.00	1.33	1.00		0.50	3.00
4	3.00	3.00	3.00	3.00		3.00	3.00
5	3.00	3.00	3.00	2.50		2.00	3.00
6	3.00	3.00	3.00	3.00		3.00	3.00
7	3.00	3.00	1.33	2.00		2.25	3.00
8	2.00	3.00	1.67	2.50		1.80	3.00
9	3.00	3.00	3.00	3.00		3.00	3.00
10	1.67	3.00	3.00	2.50		2.50	3.00
11	3.00	3.00	1.50	0.00		2.25	3.00
12	3.00	0.00	2.50	0.00		2.75	3.00
Total Score	31.00	32.00	28.67	25.50		28.55	36.00
Questions answered	12.00	11.00	12.00	10.00		12.00	12.00
Maximum Possible Score	36.00	33.00	36.00	30.00		36.00	36.00

Percentage	86.11	96.97	79.63	85.00		79.31	100.00
Home Label	H7	H8	H9	H10	H11	H12	H13
Nursing Home	Acacia Lodge	Polebrook Nursing	Pytchley Court	Queens Park	Rushden Park Nursing	Sibbertoft Manor	The Red House
Question	H14	H15	H16	H17	H18	H19	H20
1	2.75	2.75	3.00	3.00	3.00	3.00	3.00
2	2.75	2.50	3.00	3.00	3.00	3.00	3.00
3	1.50	0.75	1.00	2.33	1.67	1.50	3.00
4	3.00	3.00	3.00	3.00	3.00	3.00	3.00
5	2.80	2.00	3.00	3.00	3.00	3.00	3.00
6	3.00	3.00	3.00	3.00	3.00	3.00	3.00
7	2.25	3.00	3.00	2.67	2.00	2.67	3.00
8	3.00	3.00	2.00	2.67	2.00	2.67	3.00
9	2.75	3.00	0.00	3.00	3.00	3.00	3.00
10	2.50	1.75	2.00	3.00	2.33	3.00	3.00
11	2.60	2.50	2.00	3.00	2.33	3.00	3.00
12	0.00	3.00	0.00	3.00	0.00	0.00	3.00
Total Score	28.90	30.25	25.00	34.67	28.33	30.83	36.00
Questions answered	11.00	12.00	10.00	12.00	11.00	11.00	12.00
Maximum Possible Score	33.00	36.00	30.00	36.00	33.00	33.00	36.00
Percentage	87.58	84.03	83.33	96.30	85.86	93.43	100.00
Home Label	H14	H15	H16	H17	H18	H19	H20

Specialist Care Centres	144 Boughton Green Rd	Christchurch Court	Darsdale Home	Longlands	Pathfields	Richardson Mews	Spinney-fields	Thackley Green	Turn Furlong
Question	H21	H22	H23	H24	H25	H26	H27	H28	H29
1	3.00	2.67	3.00	3.00	3.00	3.00	2.00	3.00	3.00
2	2.33	2.50	2.67	3.00	3.00	3.00	3.00	3.00	3.00
3	2.00	1.42	2.67	0.00	2.40	1.50	0.00	0.00	3.00
4	3.00	2.67	2.67	3.00	3.00	3.00	3.00	3.00	3.00
5	3.00	2.50	2.75	3.00	3.00	2.00	3.00	3.00	3.00
6	3.00	2.83	3.00	3.00	3.00	3.00	3.00	2.33	3.00
7	1.67	2.25	2.50	3.00	2.60	2.50	1.50	3.00	3.00
8	3.00	2.17	2.50	2.25	2.20	3.00	1.50	3.00	3.00
9	3.00	2.67	2.75	3.00	3.00	3.00	3.00	3.00	3.00
10	3.00	2.33	3.00	3.00	2.80	3.00	1.50	3.00	3.00
11	3.00	1.25	5.25	2.75	2.40	2.50	1.50	0.00	3.00
12	3.33	0.67	0.00	0.00	0.00	2.50	2.75	0.00	3.00
Total	33.33	25.92	32.75	29.00	30.40	32.00	25.75	26.33	36.00
Questions answered	12.00	11.00	11.00	10.00	11.00	12.00	11.00	9.00	12.00
Maximum Score	36.00	33.00	33.00	30.00	33.00	36.00	33.00	27.00	36.00
Percentage	92.59	78.54	99.24	96.67	92.12	88.89	78.03	97.53	100.00

Home Label	H21	H22	H23	H24	H25	H26	H27	H28	H29
Learning Disabilities		Blisworth Close	Gillits Road	Hampton House	2&8 Kingsthorpe Grove	Farthings			
Question		H30	H31	H32	H33	H34			
1		3.00	3.00	3.00	2.00	3.00			
2		3.00	3.00	3.00	3.00	3.00			
3		3.00	3.00	3.00	2.00	3.00			
4		3.00	3.00	3.00	3.00	3.00			
5		3.00	3.00	3.00	3.00	3.00			
6		3.00	3.00	3.00	3.00	3.00			1.00
7		3.00	3.00	2.50	2.00	3.00			3.00
8		3.00	3.00	3.00	2.00	3.00			3.00
9		2.40	3.00	3.00	3.00	3.00			3.00
10		2.40	2.00	1.00	0.00	2.00			2.00
11		3.00	2.00	1.00	0.00	2.00			2.00
12		0.00	3.00	0.00	3.00	0.00			0.00
Total Score		31.80	34.00	28.50	26.00	29.00			
Questions answered		11.00	12.00	10.00	10.00	11.00			
Maximum Possible Score		33.00	36.00	30.00	30.00	33.00			
Percentage		96.36	94.44	95.00	86.67	87.88			
Home Label		H30	H31	H32	H33	H34			

Table 1: Represents the average response scores from each home for each question. The home labels are referenced correlating to the quantitative results presented in Figure 1. 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.