healthwatch Leeds

Ghyll Royd Nursing Home

July 2018

We are here to help you get the best out of local health and care services by bringing your voice to those who plan and deliver services in Leeds

Contents

Summary

Healthwatch Leeds carried out an Enter and View visit to Ghyll Royd nursing home in July 2018.

The visit was part of our programme of Enter and View visits to care homes in Leeds.

The aim of the visit was:

1. To find out about residents' experience in the care home in relation to
    - Daily Life;
    - Quality of Care;
    - Activities;
    - Involvement of residents and carers.

2. To identify examples of good working practice

3. To highlight any issues or concerns from residents and relatives and any ideas for improvements

We collected 33 responses from a combination of face to face, telephone and postal surveys. Five residents and 28 relatives gave their feedback.

During the visit, we also made observations about the environment and asked how the Accessible Information Standard has been implemented at the home.

Key Findings

Ghyll Royd Nursing Home provides a calm and peaceful atmosphere where residents feel they are offered a good standard of care. However, we did receive some particularly concerning comments relating to one of the four units, Maple Unit.

1. Of the 33 people providing a rating for their overall experience, 20 (61%) rated the care home as Excellent; 9 (28%) rated it as Good with the remaining four rating it as Ok (1) and Poor (3).

2. Most people (88%) felt happy that the care was good and appropriate to their needs. However, concerns were raised that some residents' care could be better tailored.

3. The majority of respondents expressed they were pleased with how their dignity was maintained (88%) and the level of respect they received (90%). However, concerns were raised that standards of dignity and respect may vary depending on the staffing levels.

4. 21(63%) people were happy with the activities available, but almost a quarter of respondents (7) said that a range of activities for those less physically able to participate would be beneficial.

5. Less than half (48%) of the respondents felt that activities took place when they were meant to, with the remainder not being sufficiently aware of the planned activities to know.

6. The majority (85%) of respondents felt that they were involved in the care and were positive about their ability to influence and change the routine. However, some families would welcome greater flexibility in the timing of bedtime and frequency of showering.

7. Most (76%) respondents felt they had the opportunity to share their views on the running of the care home, although communication of key messages from meetings could be improved.

8. Almost everyone (97%) knew who to talk to if they had a concern.

9. Over half of respondents did not have any concerns or questions about the funding of the care, however some relatives raised issues regarding the financial procedures in the home.

10. We found some discrepancies between residents receiving the NHS Continuing Healthcare funding, with some receiving a request from the care home for a "top up" fee.

11. The environment of the home was clean and bright, providing a good range of facilities for the residents. The outdoor area was well maintained. Improvements could be made in terms of how information is displayed.

12. The manager informed us that the communication needs of residents were written in the care plan. However, we are unsure how communication needs of residents are flagged.

Key recommendations / messages

Based on our observations and the respondents' feedback, the majority of residents receive excellent care in Ghyll Royd. However, some relatives shared with us examples which have highlighted some areas of concern, we have made suggestions for improvement in the following areas:

- The consistency in maintaining residents' dignity,
- Flexibility in residents' care,
- Communication to both residents and relatives,
- Activities,
- Financial procedures,
- Information display,
- Accessible Information Standard.

Please refer to Page 17 for full recommendations.

Background

Ghyll Royd Nursing Home is a purpose built home situated in the Guiseley area of Leeds. The home provides general nursing care to 61 residents and has a separate 15-bedded unit dedicated to residents living with dementia. At the time of the visit, there were 76 residents aged 49-100 living at the home. The home is divided into four units based over two floors with lift access.

There are 96 staff working in the nursing home.

Ghyll Royd Nursing Home was inspected in October 2017 by the Care Quality Commission and the home was rated as Good in all five domains.

Why we did it

As part of Healthwatch's role, we have a statutory right to Enter and View publicly funded NHS and adult social care services, in order to get the views of residents, patients, and their relatives, about the services.

This visit is part of this year's Planned Enter and View visits to care homes in Leeds.

For more information about Enter and View visits, please refer to Appendix 1 What is Enter and View?

What we did

This was an announced Enter and View visit.

Four Healthwatch Leeds Enter and View representatives, accompanied by two members of staff, visited Ghyll Royd nursing home between 2pm – 4:30pm on the 10th July 2018.

The purpose of the visit was to observe:

The day to day functioning of the care home and the care for the residents, by focusing on the following areas:

- Daily Life
- Quality of Care
- Activities
- Involvement of residents and carers

During the visit, the team spoke with four residents and six relatives.

In addition, one resident and 22 relatives returned the completed questionnaires either by telephone, post or online.

In total, we collected 33 responses about the home.

During the visit, we also took time to observe the environment of the care home and how the Accessible Information Standard* had been implemented.

Please refer to Appendix 2 Methodology for more information about our approach.

* For more information about the Accessible Information Standard, please refer to Appendix 3.

The Enter and View Questionnaire and Observation sheet that we used for this visit can be found in Appendices 4 and 5 respectively.

What we found

Overall experience of care home

Residents and their relatives were asked to rate their overall experience of the care home and provide comments about the care home and their care.

1. Of the 33 people providing a rating for their overall experience, 20 (61%) rated the care home as Excellent, 9 (27%) rated it as Good with the remaining four rating it as Ok (1) and Poor (3).

Most respondents felt that staff were “kind and caring”, that it felt like “home from home” and that it was a “happy, very caring home”.

However, some relatives raised concerns in relation to staffing levels which they said had affected personal care.

The concerns included:

- wanting more personalised care over and above meeting basic needs;
- more attention in the later evenings when there could be gaps of up to 90 minutes without seeing staff members.

People said that there were “good choices in respect of food” however it was suggested that it “would be good to be offered fresh fruit (not tinned) as an alternative to a cooked pudding at every mealtime”.

Quality of Care

Residents and their relatives/friends were asked whether they felt the care met their identified needs; whether staff treated them with respect and whether their dignity was maintained. We also observed whether residents looked well cared for during our visit.

2. Most people (88%) felt happy that the care was good and appropriate to their needs. However, concerns were raised that some residents’ care could be better tailored.

Most respondents said residents were “well cared for” and they feel “content” and “safe” living in the home.

Relatives said that staff were “careful to close the door when dealing with intimate care needs”, and that visitors and relatives are “asked to leave the room” whilst they prepared care.

Some respondents felt that care could be more tailored - “very little time when his specific needs are met e.g. being taken out in his wheelchair or given chance to watch a favourite T.V. programme.”

3. The majority of respondents expressed they were pleased with the how their dignity was maintained (88%) and the level of respect they received (90%). However, concerns were raised regarding standards of dignity and respect.

We were told by one relative that, “new staff are taught to address residents by name. This quality is most consistently achieved when there are enough staff and personnel are stable. There can be blips with staff changes”.

While many responses demonstrate that staff know residents by name, we also received feedback that “residents do not often know their staff by name and staff do not introduce themselves or always wear name badges”.

“Staff don’t wear name badges – it would help”

One relative commented *“(Staff) talk about them (residents) in front of them.”*

While the majority of the respondents commented that residents’ dignity was well maintained, some relatives shared a few examples with us where residents’ dignity and safety were not upheld. It should be noted that the majority of these comments related to residents in Maple Unit.

“At weekends, staffing levels are sometimes lower and residents have to wait longer for attention”

“Left alone too often, particularly in the evening”

(Manager’s response: regarding staffing levels, these do not change on a weekend. We complete weekly dependency tools to maintain the correct staffing levels throughout the Home. Our staffing levels remain the same from morning until evening, we fully recognise our Residents dependency levels and act accordingly.)

“Have recently picked up my relative and when helping put their shoes on found poo between their toes- an indication that residents have not been cleaned properly”

(Manager’s response: I was very concerned about your comments of a Resident with faeces between their toes. I investigated this and nobody has any knowledge of this situation. No relatives have approached me with concerns regarding anything like this. We will monitor this closely.)

"Have witnessed a resident pressing the buzzer (when they did work- they didn't for 3 weeks) but no one helped and she was lying in her own excrement"

(Manager's response: we did have a problem with one Resident's call bell. We had specialist engineer's visit the Home to address the situation on more than one occasion, but it did take two weeks to finally sort out the issue. This Resident was monitored closely throughout that time to maintain their safety. Regarding a Resident left in her own excrement, this was not reported to staff, and no family members have contacted me to raise their concerns. If this had happened, I would expect that staff would have been involved in supporting the Resident with their personal cares, but after investigating, the staff have no recollection of the situation. I will monitor the situation closely.)

"My relative wandered out of the front door near to the road"

"A lady in a zimmer frame got stuck in a doorway and heard the staff member say 'leave her there, I don't want her going downstairs'"

(Manager's response: We had a Resident who came downstairs in the lift, into the Reception area, the Resident in question never left the building. I discussed this the Resident's family and immediate action was taken to ensure the Residents safety moving forward. The family were happy with the outcome, and no further situations have occurred. On Maple Unit, the door leading from the Unit has a key-pad system. Residents would be unable to open the door without assistance and support from staff. All staff are always vigilant with regards to maintaining Resident safety.)

"A resident with her pants down shouting for help being ignored"

(Manager's response: I investigated around the Home the possibility of any Resident with 'her pants down'. We do not at present have any Residents that have been witnessed expressing this behaviour, but I will again, closely monitor the situation.)

"We have issues with medication not being given, there is not enough staff and care is affected"

(Manager's response: regarding medication, all our nurses are regulated as to when medication is given. Medication rounds can take some considerable time, due to different Residents complexities and are never finished by 9.00pm. I do unannounced inspections to the Home, the last inspection was at approximately 11.00pm, and I spoke to a number of Residents who were still watching television. All our Residents retire when they want, we give twenty-four hour care and always work round our Resident's needs.)

Activities

Residents and their relatives/friends were asked whether they were happy with the amount and variety of activities on offer at the care home and whether the activities took place as planned.

4. 21(63%) people were happy with the activities available, but almost a quarter of respondents (7) said that a range of activities for those less physically able to participate would be beneficial.

Respondents said that there were a good range of activities in the home, reflecting events such as the "royal wedding, the NHS 70th anniversary, the World cup".

"Events are put on where family are invited too".

However, we were told that "activities are normally done in the morning", but "nothing to do on evening and weekends".

Suggestions made by respondents for additional activities included:

"CD's and DVD's for all tastes, being read to, foot or shoulder massages"

"More residents accompanied to sit outside", and "more could be done outside in good weather"

"More trips out to theatre/cinema"

5. Less than half (48%) of the respondents felt that activities took place when they were meant to, with the remainder not being sufficiently aware of the planned activities to know.

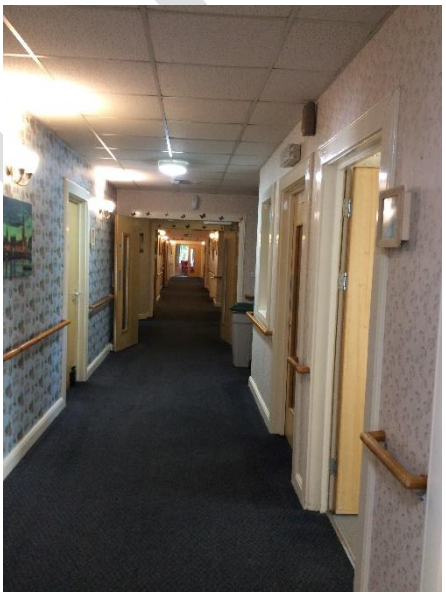
Although a timetable of activities was available, we received feedback that "the list is on the door to the wing and often blocked by catering trolleys. As far as I know the residents are not told in advance what to expect and when and they cannot access the list".

On the Rowan unit, we observed the activity schedule in the dining area, printed on A4 paper hanging below a large display board for International Food, making it difficult to identify.

One relative commented that they were not sure of the level of the activities or whether they took place as they were not really informed.

Involvement

Residents and their relatives/friends were asked whether they felt involved in their care and whether they had been able to change anything about their care routine if desired.



6. The majority (85%) of respondents felt that they were involved in the care and were positive about their ability to influence and change the routine. However, some families would welcome greater flexibility in the timing of bedtime and frequency of showering.

24 (85%) of respondents felt they were involved in their/their relatives' care saying that care plans were "viewed every 3 months" and "there is space for relatives to comment on the care plan". Relatives also commented they had opportunities to discuss care with staff members individually, although some said that this was not as readily available as they would like:

"More often than not I am told after a decision has been made, the psychiatrist involves me more than anyone and I never get to speak to the physio".

21(64%) of the respondents were positive about their ability to influence and change routines.

"Mum doesn't always want to go to bed too early …. the staff are aware of this and let mum stay up"

"I feel free to request any schedule changes in routine and discuss pros & cons with the duty nurse"

"Staff are usually very responsive"

However, one person said, *"sometimes even though they agree to changes, it depends what staff are on as to whether it happens. There have been times when I've had to repeatedly remind staff what was agreed before it gets to be part of the routine".*

"If Mum had not had a family carer who visited regularly, she would not have been able to effect change".

The following comments from relatives show areas where more flexibilities in residents' daily routine would be welcomed:

"Residents were got ready for bed too early (about 5:30); My relative doesn't want to go to bed that early"

"My husband complains he is put to bed too early, but is told this is due to staffing arrangements"

"Tablets are given too early as night staff want them all asleep by 9pm"

"Sometimes lack flexibility re bed/wake up times as don't necessarily feel the same every day"

"I asked for my relative to have more than one shower a week but they only have one. Resident says they feel 'mucky', I shower daily, why can't he?"

"Residents are put round the dinner table an hour before dinner"

Residents and their relatives/friends were asked whether they felt they had the opportunity to give views and opinions of how the care home is run and whether they would know who to speak to if they had a problem or concern.

7. The majority (76%) of respondents felt they had the opportunity to share their views on the running of the care home, although communication of key messages from meetings could be improved.

25 (76%) respondents felt they had opportunity to share their views on the running of the care home through:

"Relatives meeting twice a year"

"Manager has an open-door policy, so any ideas/suggestions can be freely put forward"

"Questionnaires are regularly sent out and staff are readily available to consult with"

Although invitations for the meetings were sent out, people commented that they didn't always feeling as involved as they would like:

"We do get notified by post but they're always during the day when I'm at work and seem very formal"

"We don't get sent the notes of the meetings"

"Questions had to be submitted in writing in advance"

"It seemed to be more about [the manager] giving information, rather than asking for input"

"Questionnaires …don't get answers"

"No action is taken"

"Would like to know more about what is happening in the home, I never get to see a newsletter"

8. Almost everyone (97%) knew who to talk to if they had a concern.

32 (97%) respondents knew who they would speak to if they had a concern or problem. Depending on the nature of the problem,

relatives “would speak to the admin assistants, the sister or the home’s manager”. Relatives mentioned that the home runs a key worker system and this may be first point of call, but “any of the staff would help”.

Although knowing who to speak with in theory, some relatives commented that “when I needed to see the manager, I found it almost impossible to do so”.

Residents and relatives were asked whether they had any concerns about how their care was paid for

9. Over half of respondents did not have any concerns or questions about funding of the care, however some relatives raised issues regarding the financial procedures in the home.

19 (58%) respondents did not have any concerns or questions regarding how their care was paid for, however the main concern amongst relatives was what would happen if funding ran out or the charge increased.

“We do worry about what will happen should the income run out”

“I worry about when and by how much the charges will be increased in the future and what changes to funding/charging any government could make”

“I would like an itemised bill to see where all this huge amount of money is going. I would like to see a breakdown of the bill/costs”

“Involved in the financial amendment process which I found to be rather chaotic with insufficient temporary Adult Social Care staff”

10. We found some discrepancies between residents receiving the NHS Continuing Healthcare funding, with some receiving a request from the care home for a “top up” fee.*

Out of the five respondents who told us their relatives received the NHS Continuing Healthcare fund for their care; three said they paid a ‘top up’ fee, whilst one said they were fully funded by NHS.

One relative told us that

"we had a dispute with the care home a while back when out of the blue they started asking for top up payment for care…after being in touch with NHS Continuing Care team, we found the contract does not allow them to charge top up…Ghyll Royd is no longer invoicing us for the top up fee."

*As per the NHS contract, care homes are not permitted to charge a 'top up' fee in relation to care costs.

Environment

We observed the environment of the care home which included seeing if information was accessible and available to residents.

11. The environment of the home was clean and bright, providing a good range of facilities for the residents. The outdoor area was well maintained. Improvements could be made in terms of how information is displayed.

We observed that the corridors and communal areas were clean, tidy and free from any clutter. There was a quiet, calm atmosphere. The care home had a good range of moving and handling equipment and adaptive bathing and toileting facilities.

One relative commented that "standards of hygiene and cleaning are very high, there are no unpleasant smells when you enter and everywhere looks bright and cheerful as well as homely".

We saw that some rooms had their own TV's and fans were in use for a warm day.

The outdoor space was well maintained. Activity staff were observed using the patio area with residents and seen considering individual residents' needs as the sun gave way to shade.

The signs and information on the notice boards in the communal areas were clearly displayed with large print. For example, orientation to day/season/time displayed in the communal area in the Rowan unit.

However the activity timetables were in small print and it was unclear whether there were more accessible versions elsewhere. Menus were available on tables.

The unit dedicated for people living with dementia was designed in mind with those with memory loss. The unit was decorated with retro theme wall paper and furniture. Picture signs were used on toilet and bathroom doors and corridors.

We did not notice any staff identification pictures.

Accessible Information Standard

12. The manager informed us that the communication needs of residents were written in the care plan. However, we are unsure how communication needs of residents are flagged.

We were told by the manager of the care home that the communication preferences were recorded in care plans. However, some regular visitors of a resident who was unable to speak following a stroke were unsure whether any form of communication board had been suggested for their relative. This may be due to them not being the next of kin, however communication tools should be made available to all staff and visitors where appropriate.

We were unsure how communication needs are flagged in residents' care plans to ensure all professionals notice resident's particular needs and how they are supported.

Recommendations

The views of the residents and their friends/relatives that have been shared with Healthwatch Leeds demonstrated that there is much to celebrate about this care home and the staff. However, based on the concerns raised by the respondents, we would like the care home to consider the following recommendations.

1) Review how the dignity and safety of residents are maintained consistently at all times, with a particular focus on Maple unit.

2) Consider the content of the activities timetable, with emphasis on those less physically able, and also how it could be displayed more prominently and in a more accessible format.

3) Think about ways in which greater flexibility could be built into individual residents' routines, particularly in relation to bed times and bathing frequency.

4) Consider ways of improving effectiveness of resident/relative engagement meetings; i.e. communicating outcomes and key messages from meetings and questionnaires to all residents and relatives.

5) Review ways of improving financial transparency and revisit rules attached to contracts for residents receiving NHS Continuing Healthcare funding. In particularly, communicate clearly to relatives what any "top up" fee covers and ensure it is not to cover care costs as per the NHS contract.

6) Consider what support the home could offer to residents and

their families in navigating changes within the funding process.

7) Consider introducing a staff picture board and use of name badges to help residents and visitors identify key staff members.

8) Review how communication needs of residents are flagged in residents' records and ensure that all professionals are made immediately aware of a resident's particular needs.

Service Provider Response

I was very disappointed in some of the comments that were made. At Ghyll Royd, all staff work very hard to give the best possible standard of care and support. I believe we are open and transparent and continually recognise that we must adapt to change as necessary.

Please find detailed below my comments:

1) Regarding the activities, we have three activity organisers within the Home who work 84 hours per week, this is over seven days, which includes weekends. At the start of every day they spend quality time with all Residents who are nursed in their own bedrooms, as to see if they have any requests for the day. A vast amount of our Residents are vulnerable and frail and all our activities are catered around their needs. The activities are varied and we are continually adapting to fit round all our Residents needs. Our residents regularly sit out in the garden, weather permitting. We also take out Residents out into the local area, for coffee, shopping, or sometimes lunch. This is always recorded in their daily records. For some time now, we have not been able to take our Residents on long trips due to their frailty. We do have entertainment come to the Home, along with local nurseries and schools attending on a regular basis, which our Residents thoroughly enjoy. We are continually monitoring our Residents needs and abilities and we will change activities accordingly when it is appropriate. We often find that families expectations are that their

relative should do more than they are able, it is totally our Resident's choice as to how involved, or not, they wish to be. Only occasionally do we have evening activities, as our Residents are too tired be early evening, and the majority request to go to bed, or be in their own room.

Regarding the notice that shows what activities are available, we have increased the size of the posters and placed them in more noticeable positions for all to see, we will also be placing a weekly activities sheet in every Resident's bedroom.

2) We always involve our Residents and Relatives when completing care plans. Once completed, we ask them to review this, and then sign the relevant documents, showing they are happy with the content therein. These are reviewed at least monthly by Qualified Staff within the Home, and we ask the Resident and/or Relative to review these at least quarterly, and more often should they wish to do so. We always keep everyone fully involved. Regarding flexibility with showering/bathing, this is in the Residents care plan, some Residents request a shower/bath daily, and others weekly, again this is personal preference and we adapt accordingly. Regarding bed-time, all our Residents go to bed and get up when they want, some Residents are very frail and spend longer in bed, it's about assessing the situation on a daily basis, and speaking with our Residents. Unfortunately, some of our Residents are unable to communicate their needs, in which case the staff, who know the Resident very well, will liaise with the Nurse-in-Charge as to what course of action to take in the Resident's best interest. All decisions we make are about what our Resident needs and are made in their best interest.

3) Ghyll Royd has always had an open-door policy. I am always available to all Residents and their families, this is important to enable us to work as a team. Regarding our meetings with Residents and Relatives, we do have an agenda, however prior to the meeting

we request any questions or comments be put forward before the meeting to enable them to be included in the agenda and discussed. We always include 'Any Other Business' at our meetings, to enable anybody present to raise any issues, or make any comments. I have also asked during these meetings, if they would prefer to meet more or less regularly or if they would like to change the format of the meeting, and I have had no feedback saying yes. It is very important to keep everyone fully informed. We have our meetings during the day because a lot of our visitors are older and generally visit the Home during the day, we generally don't get as many visitors in an evening, and we want our Residents to be able to attend, not just relatives, as any discussions, or decisions involve them directly.

In the past we have asked our relatives for their e-mail addresses, so we could contact them with any information, we received a very poor response to this, however, we will try again over the next month.

Once minutes have been typed, there are copies left in the Reception area for relatives when they are visiting. A monthly newsletter is also produced, and again copies are left in the Reception area for visitors. Moving forward however, we will ensure a copy is left in each Residents own room, so visitors are also able to view this.

4) Regarding funding, when families make their initial contact with me at the Home, I always inform them of the cost of the potential placement. I cannot always say how much fees may increase in future, as that is a decision made by the Owners of the Home, but I do make people aware that it is reviewed annually, and usually around May. I explain fully about the finances involved to be self-funding, and fully support people when their circumstances change, and guide them through assessments with Social Services, assisting with completing attendance allowance forms and claiming FNC. I always fully inform people of any financial processes and make them

aware they can contact me at any time to discuss things further. Some people struggle to understand the financial implications of funding, and all families are aware that I am available to support them through the whole process. The only residents, who may pay a 'top-up' fee are those who are funded by Social Services.

5) We always address our Residents in the name they request, this is normally their first name. We expect all our staff to treat our Residents with dignity and respect. We have discussed in the past about name badges, but we feel that both Residents and staff could get injure. If a Resident reached out and pulls a badge, it could cause distress and injury, however we will monitor this situation, and would introduce them if things change.

6) At mealtimes, where able, our Residents sit in the dining room, unless they have chosen otherwise. Lunchtime is approximately 12.00pm and we start to support getting the Residents to the dining room about 11.30am-11.40am. Some of our Residents require the use of hoists to transfer them, and this can take time, therefore we have to allow a little time, so they don't feel rushed and remain safe. We have never taken our Residents to the table and 'left them there' earlier than this, usually they are still involved in activities until approximately 11.30am.

7) The menus at Ghyll Royd are changed four times a year, and we try to encompass a wide range of varied diets. All our food is made fresh daily on the premises. The kitchen offers fresh fruit from breakfast until night. It is important that all our Residents get a good, well-balanced diet. The activities organisers also go around the Home with a fresh fruit trolley, instead of a traditional sweet trolley to vary things for our Residents.

Next Steps

The report will be shared with Ghyll Royd Nursing Home, Leeds City Council and the Care Quality Commission. We will agree with Ghyll Royd Nursing Home the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented.

We will undertake a follow up visit in 12 months' time, to ensure that there are real changes made to the service.

The report will also be published on the Healthwatch Leeds website.

Thank you

This report has been written by Tatum Yip (Community Project Worker) at Healthwatch Leeds, in collaboration with Emma Corbet; Devon Watson, John Beal and Catherine Baron (Volunteers) and Hannah Davies (CEO).

We would like to thank the staff at Ghyll Royd Nursing Home. We would also like to thank the residents and relatives for taking the time to speak with us on the day of our visit and those who completed the questionnaire afterwards.

Appendix 1 What is Enter and View?

Part of the Healthwatch Leeds work programme is to carry out Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View representatives observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

None were raised in connection with this visit.

Appendix 2 Full methodology

This was an announced Enter and View visit. The visit was undertaken by a team of four authorised enter and view representatives, including two Healthwatch staff members and four volunteers and lasted approximately three hours.

Before the visit, the home was sent a visit plan sheet outlining the purpose of the visit, who would be attending and requesting further information. A poster giving details of the visit and Healthwatch contact information was also sent for the home to display prior to the visit.

76 copies of the questionnaires and prepaid enveloped were prepared and taken to the home. We asked these to be sent out to all relatives before the visit. This gave the relatives an opportunity to feedback in their own time if they were not present at the time of our visit.

The visit was informal and involved a combination of observation and talking to residents, carers and relatives to gather their views and experience of their care, activities on offered and involvement. Observation involved the authorised representatives walking around the home, observing the surroundings to gain an understanding of how the home works and get a feel of the general environment. The information was recorded on an observation sheet.

The Enter and View team also spoke with the manager of the home. She provided detailed information about the home, the activities, menus and a template of the care plan. She also answered any queries that were raised.

A feedback box and several copies of questionnaires were left at the entrance of the home with a letter showing the deadline for completion. Information about Healthwatch Leeds was also given out to residents, carers and relatives.

Appendix 3 Accessible Information Standard

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

It is now the law for the NHS and adult social care services to comply with AIS.

As part of the AIS, organisations the provide NHS or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.

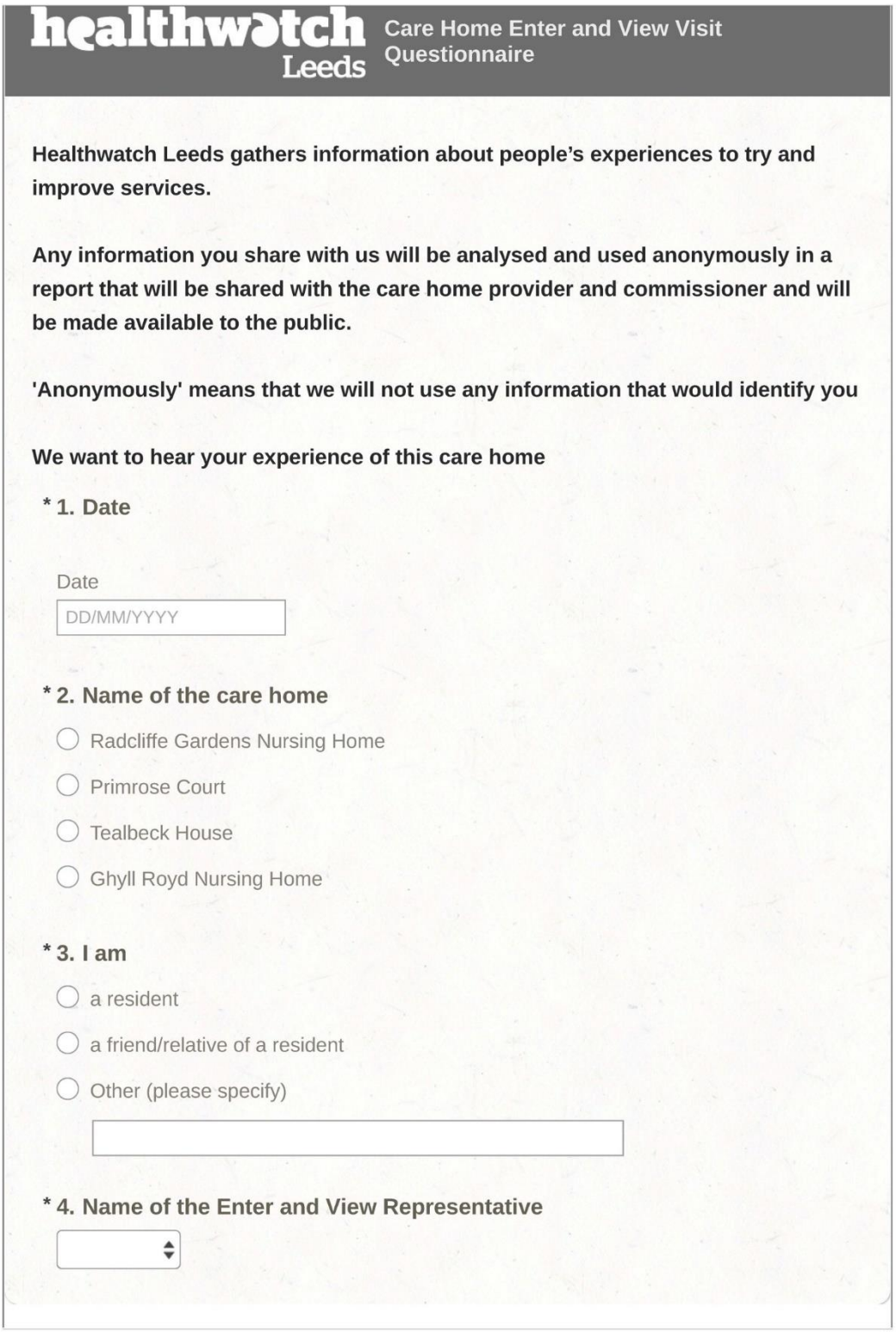
2. Record those needs in a set way.

3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explained how those needs should be met.

4. Share information about a person's needs with other NHS and adult social care provides, when they have consent or permission to do so.

5. Make sure that people get information in an accessible way and communication support if they need it.

Appendix 4 Enter and View Questionnaire



healthwatch Leeds

Care Home Enter and View Visit Questionnaire

Healthwatch Leeds gathers information about people's experiences to try and improve services.

Any information you share with us will be analysed and used anonymously in a report that will be shared with the care home provider and commissioner and will be made available to the public.

'Anonymously' means that we will not use any information that would identify you

We want to hear your experience of this care home

*** 1. Date**

Date

DD/MM/YYYY

*** 2. Name of the care home**

- ○ Radcliffe Gardens Nursing Home
- ○ Primrose Court
- ○ Tealbeck House
- ○ Ghyll Royd Nursing Home

*** 3. I am**

- ○ a resident
- ○ a friend/relative of a resident
- ○ Other (please specify)

*** 4. Name of the Enter and View Representative**

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*** 5. Are you or your relatives/ friend happy here? Do you feel you/them are well cared for?**

- ○ Yes
- ○ No
- ○ I don't know

Please give details

*** 6. Do you think the care meets your/their needs?**

- ○ Yes
- ○ No
- ○ I don't know

Please state how your/their needs are met or not met

*** 7. Do staff treat you or your relative/friend with respect?**

- ◯ Yes
- ◯ No
- ◯ I don't know

For example, do staff respect privacy and knock on residents door before they come in? Do they close the door when providing personal care; take time to chat to residents address them the way they prefer;do the residents know the staff by name?

*** 8. Do you feel your or your friend/relative's dignity is maintained at the care home?**

- ◯ Yes
- ◯ No
- ◯ I don't know

For example, when resident needs help with eating, drinking, going to toilet, changing, is their dignity maintained consistently including during evening/weekends?

*** 9. Are you happy with the amount and variety of activities on offer at the care home?**

- ○ Yes
- ○ No
- ○ I don't know

If no, please explain why. e.g any other activities you think should be provided

*** 10. Do activities take place when they are meant to?**

- ○ Yes
- ○ No
- ○ I don't know

If not , how often do they not happen and are residents told about them not taking place

Involvement

*** 11. Do you feel involved in your or your friend/relative's care?**

- ○ Yes
- ○ No
- ○ I don't know

If yes, how are you involved? For example, do you feel that the residents preferences are listened to? Do relatives have input into residents care plan? If not, why not, what would help?

*** 12. If you have ever wanted to change anything in your or your friend/relative's routine have you been able to do this? e.g meal times/bed times/bath/shower routine**

- ○ Yes
- ○ No
- ○ I don't know

Please give more details

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*** 13. Do you have the opportunity to give your views and opinions about how the care home is run?**

- ◯ Yes
- ◯ No
- ◯ I don't know

If yes, how do you do this? (e.g. questionnaire, resident/relative's meetings etc.)

*** 14. Do you have any concerns or questions about how your or your relative's care is paid for?**

- ◯ Yes
- ◯ No
- ◯ I don't know

If yes, please give more details

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*** 15. If you had a problem or concern would you know who to speak to?**

- ◯ Yes
- ◯ No
- ◯ I don't know

If yes, who would that be?

*** 16. How would you rate your overall experience in this care home?**

- ◯ Excellent
- ◯ Good
- ◯ Okay
- ◯ Not very good
- ◯ Poor
- ◯ I don't know

What are the reasons for your rating?

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17. Is there anything else you would like to add about the care home and the care that you or your relative/friend gets here? This can be good things or things you want to change. For example, food and drink or hygiene.

- ○ Yes
- ○ No

Your comments

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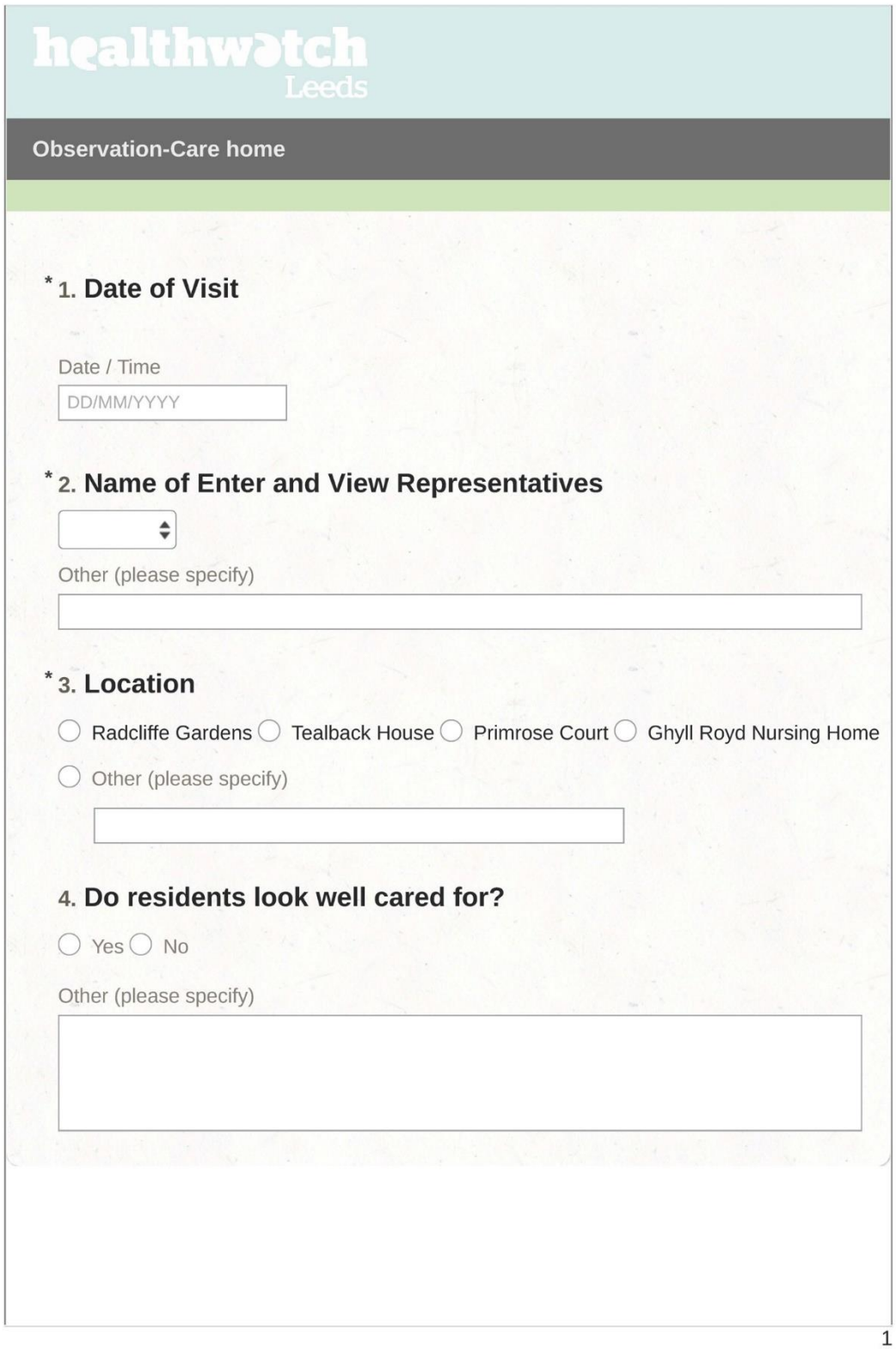
Appendix 4 Enter and View Observation Sheet



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Observation-Care home

* 1. **Date of Visit**

Date / Time

DD/MM/YYYY

* 2. **Name of Enter and View Representatives**

Other (please specify)

* 3. **Location**

Radcliffe Gardens Tealback House Primrose Court Ghyll Royd Nursing Home

Other (please specify)

4. **Do residents look well cared for?**

Yes No

Other (please specify)

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Observation-Care home

5. **SEE**

(What does it look like? i.e. clean, tidy, cluttered, busy, quiet etc.)

6. **HEAR**

(How does it sound? i.e. quiet, noisy, chaotic, loud etc.)

7. **SMELL**

(What does it smell like? clean, stale, or any specific smells)

8. **Are information clearly displayed and easy read? For example, signage, activity rota, menu, newsletter and staff information etc**

○ yes ○ no ○ mixed

Please give details

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9. **Can residents/relatives access information in a format they can understand? For example, menu and newsletter, activity rota,signage**

- ○ yes
- ○ no
- ○ not sure

By law, health and social care providers need to identify, record, flag, share and action on residents/patients' communication support needs.

10. **Comments from the observer what works well and what can be improved?**

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