Report of the Director of Policy and Resources

Agenda Item: 7
Meeting: 14 July 2015

NORTH LINCOLNSHIRE COUNCIL

CABINET

REVIEW OF CARE HOMES IN NORTH LINCOLNSHIRE

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To consider a report of the People Scrutiny Panel in relation to a Review of Care Homes in North Lincolnshire.

2. BACKGROUND INFORMATION

2.1 At its meeting on 2 June 2015, the People Scrutiny Panel approved its draft report on the Review of Care Homes in North Lincolnshire.

2.2 The report was referred to Cabinet for consideration of the recommendations with a view to the eventual preparation of an action plan.

2.3 The purpose of the review was to scrutinise the quality of care provided in North Lincolnshire's Care Homes, with particular emphasis on the governance arrangements from North Lincolnshire Council and other stakeholders. The specific aims were –

- To explore the current practices and procedures in place within care homes in North Lincolnshire to contribute to keeping the frail and elderly safe in placement.

- To examine the systems that Adult Services and the Clinical Commissioning Group (CCG) have in place to promote and monitor the standard of care through quality assurance mechanisms, individual service reviews and complaints procedures.

- To explore the role of the Care Quality Commission (CQC) in ensuring that people living in residential care homes are provided with safe, effective, compassionate, high quality care and CQC's role in ensuring that care services improve where necessary.

- To consider the wider issues that influence standards of care and the wellbeing of residents in care homes, including staffing, training, recruitment, policies and procedures and positive activities that promote physical and emotional wellbeing.

- To explore the role of Healthwatch as consumer champion for health and social care in contributing to safeguarding.

- To make recommendations to the Cabinet for implementation.

A copy of the report of the panel is attached to this report.

3. OPTIONS FOR CONSIDERATION

3.1 There are no options associated with this report.

4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

4.1 There may be some resource implications associated with the recommendations when they are implemented.

5. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

5.1 Not applicable in relation to this current report.

6. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTEREST DECLARED

6.1 The scrutiny panel consulted as appropriate during its review and details are included within the report.

7. RECOMMENDATIONS

7.1 That the report and recommendations be approved and adopted.

7.2 That relevant members and officers prepare an action plan in response to the recommendations of the report for submission to a future meeting of cabinet.

DIRECTOR OF POLICY AND RESOURCES

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Background Papers used in the preparation of this report: Nil

Review of Care Homes in North Lincolnshire

People Scrutiny Panel

July 2015

NORTH LINCOLNSHIRE COUNCIL

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FOREWORD FROM THE CHAIRMAN

Cllr Elaine Marper
Chairman, People Scrutiny Panel

The members of our People Scrutiny Panel thought it would be timely to look at Care Homes in North Lincolnshire given that responsibility for Public Health moved over to Local Authorities in 2012 and there have been changes to the governance of Public Health. We particularly wanted to focus on the general health and wellbeing of residents, for instance, whether activities were provided in the care homes, what services were provided or brought into the Homes, and we wanted to know if care home providers offered opportunities for their residents to visit places and be part of the wider community.

We also wanted to look at and understand just how the local authority and different agencies involved with Care Homes worked together and shared best practice and information. This encompassed

- **The local authority of North Lincolnshire Council specifically Adult Services, part of the People Directorate, involved with commissioning and delivering adult social care**
- **North Lincolnshire Clinical Commissioning Group (CCG) which is made of GPs from the 20 practices across North Lincolnshire, their primary role is to assess health needs, ensure services are in place and deliver the best outcome for every patient**
- **The Care Quality Commission (CQC) is the independent regulator of Health and Social Care in England and part of their remit is to check standards at all care homes and nursing homes. This is done by monitoring, inspecting and regulating all health and social care services, ensuring these meet standards of quality and safety. Findings are published and these now include performance ratings to better help people choose care providers. www.cqc.org.uk**

- **Local Healthwatch North Lincolnshire, the consumer champion/watchdog for health and social care, who provide information and signposting about health and social care, engagement and outreach which enables the public to share views and concerns and also an independent complaints advocacy whereby they provide information about what people can do if they are dissatisfied with services they receive www.healthwatchnorthlincolnshire.co.uk**

Our Scrutiny Panel includes five elected members and four independent members/representatives from Parent/Governors and The Church. In the case of this particular review we agreed to invite Victoria Gibbs, Head of Integrated Commissioning at North Lincolnshire Council onto the panel to provide further insight and to assist our panel.

We agreed to commission Healthwatch to enable us to carry out "Enter and View" visits to a selection of Care Homes across North Lincolnshire in order to look at the general activities and care for residents. Twenty homes were selected over a range of capacity, location and specialisms and their excellent report derived from these visits details our exact remit and findings from the visits.

I would like to sincerely thank Healthwatch for their in depth report and enabling us to be alongside them at our Care Home Visits, also appreciation to our Panel Members and all the representatives who attended our scrutiny panel for their time, effort and feedback at our many meetings and visits. Thanks also to our Scrutiny Clerk for scoping this review and putting all our findings together into this final report.

BACKGROUND TO THE REVIEW

In June 2014, the People Scrutiny Panel agreed, as part of their ongoing work programme, to undertake a scrutiny review on Nursing and Residential Care Homes for Older People in North Lincolnshire, with particular focus on the governance of the care homes, who has the responsibility for certain areas of care, and in particular to scrutinise if they were successfully joined up across all service providers whilst highlighting and sharing any good practice.

The Panel Members met frequently for 7 months and held discussions with various individuals, professional bodies, and Care Home Managers as well as residents to ascertain their views. In addition, the panel commissioned 'Healthwatch North Lincolnshire' to participate in visits with panel members across twenty nursing and residential care homes, and provide an independent report back on their findings. (Healthwatch North Lincolnshire are the consumer champion, their aim is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided locally)

This report details the research and evidence gathering undertaken by the panel throughout this scrutiny review, contains a summary of findings and outlines our recommendations in this matter.

TERMS OF REFERENCE

The Scrutiny Panel's review objectives in its terms of reference were: -

Purpose
The purpose of the review is to scrutinise the quality of care provided in North Lincolnshire's Care Homes, with particular emphasis on the governance arrangements from North Lincolnshire Council and other stakeholders.

The potential remit for scrutinising Care Homes is wide, therefore there may be scope for identifying further issues for separate scrutiny reviews in order to ensure that sufficient oversight is given to this important area. The aims of this review are: -

Aims

- **To explore the current practices and procedures in place within Care Homes in North Lincolnshire to contribute to keeping the frail and elderly safe in placement.**

- **To examine the systems that Adult Services and the CCG have in place to promote and monitor the standards of care through quality assurance mechanisms, individual service reviews and complaints procedures.**

- **To explore the role of the Care Quality Commission (CQC) in ensuring that people living in residential Care Homes are provided with safe, effective, compassionate, high-quality care, and CQC's role in ensuring that care services improve where necessary.**

- **To consider the wider issues that influence standards of care and the well being of residents in Care Homes, including staffing, training, recruitment, policies and procedures and positive activities that promote physical and emotional well-being.**

- **To explore the role of Healthwatch as consumer champion for health and social care in contributing to safeguarding.**

- **To make recommendations to the Cabinet for implementation.**

This will be achieved by;
Speaking with various stakeholders including residents, families, Residential Care Providers and Managers of Care Homes,during our 'enter and view visits' with Healthwatch. In addition speaking to members of the CCG, the Care Quality Commission, Adult Services Provider Assurance Team, Social Workers and Care Managers

To engage Healthwatch in undertaking independent interviews/focus groups with individuals and their families.

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GOVERNANCE

Throughout the course of this important review on Care Homes, the Panel welcomed the views of all interested parties , and interviewed relevant stakeholders who have an input into Care Homes.

The People Scrutiny Panel was keen to explore and increase its understanding of the governance arrangements used to ensure that high standards of residential care were being delivered by Care Homes in North Lincolnshire. This included raising awareness of the different roles and functions of those organisations that had various responsibilities for maintaining standards, addressing quality issues, and how they worked together in the interests of those in residential care, their families and providers delivering care. The organisations included the Care Quality Commission (CQC), Clinical Commissioning Group (CCG), Healthwatch, North Lincolnshire,Council, (People Services),and local owners/organisations of Care Homes and their services.

From the start of the review the panel emphasised that its priority was to ensure that the above organisations working with North Lincolnshire Council were delivering high standards of residential care in North Lincolnshire. Ultimately, the panel wanted to know how residents felt about the care they received and identified where examples of good practice were being carried out. Similarly, the panel wanted to suggest where any changes would enhance care. Within the time allocated to the review the panel welcomed the assistance of Healthwatch in facilitating visits to Care Homes and in consultation with the panel provided a summary of findings and conclusions. (This is summarised later on in the report)

The Panel held meetings with representatives of the above organisations and a series of visits to Care Homes which are set out in a schedule included as appendix A of the report.

It was evident during the review that whilst there is a significant amount of positive work being undertaken to sustain and improve standards in Care Homes, there will always be a need to adapt to customer demands. Over time, the basic needs of residents will change and the Care Homes need to remain flexible and take this into consideration. Some of the new builds had already taken into consideration the standards that residents had come to expect, for instance telephones and built in televisions in their rooms, along with internet connections. The next generation will take these facilities for granted, having had them in their own homes, so there is a real need to plan ahead and consider re-designing new and existing accommodation accordingly to ensure that there is a continuation of these facilities for the residents.

Throughout the review it became apparent to panel members who visited the Care Homes that the sharing of good practice and mutual support for Care Home owners/ managers are seen as key areas for further development. It was apparent that Care Home owners/managers felt there was a significant amount of routine paperwork to maintain/prepare in the running of Care Homes, and associated time/costs involved

in the preparation of information for the Council and the CQC. In particular, this seemed to duplicate effort and information produced. The panel, whilst recognising the importance and need for the maintenance of relevant and up to date paperwork by Care Homes for inspection bodies, acknowledges that in order to ensure safety, care and quality are evident. Nevertheless felt that where opportunities existed to simplify and improve systems of paperwork, that this could be explored and implemented wherever possible.

Through evidence gathering, and talking to stakeholders it appears that communication is an important factor in helping to raise/maintain the standards in Care Homes in North Lincolnshire

THE LAW AND THE NEW CARE ACT 2014

Until recently the legislation governing adult social care services has been complex and difficult to navigate for those using services, carers and professionals working in the care sector. The legislation for adult services and social care had been added to over the past 70 years creating additional complexities.

The Care Act 2014 has created a single, modern law that makes it clear what kind of care and support people can expect.

The Care Act builds on recent reviews and reforms, replacing numerous laws, to provide a coherent approach to adult social care in England. It modernises the framework for care and support and sets out new duties for local authorities and partners, and new rights for service users and carers.

The Act aims to achieve;

- **Clearer care and support**
- **Duty to promote wellbeing, prevent and delay the need for specialist services**
- **People having more control of their care**

The Act includes a statutory requirement for Local Authorities to collaborate, co-operate and integrate with other public authorities, e.g. health and housing.

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The Care Act places a number of duties on Local Authorities, those that are pertinent to this review include;

- **Information, advice and advocacy**
- **Diverse care markets - so that there are enough high-quality services for people to choose from. Local Authorities must also step in to ensure that no vulnerable person is left without the care they need if their service closes due to business failure**
- **Safeguarding - a new statutory framework to protect adults from abuse and neglect. Safeguarding Adults Boards will be statutory in every area**

The majority of the changes come into effect on 1st April 2015, however, the major reforms regarding how social care is funded including the care cap and care account will come into operation in April 2016.

The Care Act consolidates good practice in statute as well as bringing in new reforms. It should enable the Local Authorities and partners to have a wider focus on the whole population in need of care, rather than just those with eligible needs/ and or those who are state funded.

THE ROLE OF NORTH LINCOLNSHIRE COUNCIL

At the beginning of the review in July 2014 the panel met with senior officers from North Lincolnshire Council which included:- Karen Pavey, Assistant Director Adult Services, Becky McIntyre, Assistant Director Prevention and Commissioning, Lorna Wakefield, Principal Manager 'Commissioned and Regulatory Service', and Julie Clark, Principal Social Worker 'Case Management'.

The panel was informed at this meeting that the council play a role in the lives of residents in Care Homes in North Lincolnshire. They were told that there are currently 64 private Care Home providers in the area, providing 1290 residential placements, and 697 Residential nursing home placements. Out of the 64 Care Homes in North Lincolnshire, the council funds placements in 53 of them. There are approximately 700 North Lincolnshire residents funded by the local authority living within those Care Homes.

It was also highlighted to the panel at this meeting that the vacancy factor in the Care Homes in North Lincolnshire was at that time around 21% across the sector.

Lorna Wakefield also informed the panel that the council's Provider Assurance Team were only responsible for the places which the council funded in the Care Homes. However the team still liaised with homes in a safeguarding capacity where the council does not fund residents, as they were still North Lincolnshire residents. She also said that the service carry out a regular survey called 'in the pink' asking service users and relatives about

the quality of the care in the homes etc. Where they have concerns, the Local Authority has a range of actions they can take, including putting a 'no purchase' in place for future residents they support and fund until the homes address these concerns. They do not have the power to close a Care Home down, but areas of concern are raised with the CQC. It is only the Care Quality Commission that can prevent the provider from taking all new more residents.

The Provider Assurance Team has a role to play with Care Homes , and Diagram 1 at appendix B highlights in simple terms their roles and responsibilities.

The core functions of the Provider Assurance Team in relation to this review are;

- **to ensure that individuals aged 18 and over who are funded by the Local Authority reside in residential and nursing care provision that best meets their assessed needs. The Provider Assurance Team currently undertakes assessment and annual reviews of individual service users. At the time of the Scrutiny review the function of individual case review is to be transferred to the locality teams.**
- **Oversight and contract management of funded placements within residential and nursing care.**
- **Oversight of the self-assessment and validation of Care Home providers that the Local Authority contract with**
- **Risk monitoring and action planning to prevent incidents from escalating.**
- **Managing provider failure and service interruptions liaising with the provider and CQC as appropriate.**
- **Charging and financial assessment. The Provider Assurance Performance Case Review officers contribute to the assessment of financial contributions.**
- **The Performance Case Review officers will make application for Deputy Court of Protection in cases where there is concern about mismanagement of an individual's finances.**
- **The Provider Assurance Team works closely with the North Lincolnshire Adult Protection Team to monitor safeguarding incidents with providers, and take action with providers to reduce any areas that might lead to risk of safety for service users.**
- **The service monitors provider risk, collating and analysing notices of concern/safeguarding alerts using a risk matrix/escalation for action process.**
- **The service has a lead role in liaising with partner agencies to inform all those working with providers the risk status and any particular areas of concern.**
- **Action planning with providers to address any areas of concern and ensure that North Lincolnshire standards for care are met.**

The Panel was told by the Provider Assurance Team that they strive to continuously improve the efficiency and effectiveness of services within North Lincolnshire, by means of:-

- **The self assessment and validation process.**
- **Responding to early signs of issues that without support and intervention may escalate into more serious matters, eg infection control issues.**

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- **Risk monitoring and action planning to prevent serious incidents through poor quality service delivery.**

They also have an oversight by: -

- **Maintaining information regarding its social care providers.**
- **The geographical area the provider covers.**
- **The specialisms in care each provider undertakes.**

They informed the panel that they continue to work closely with the Care Quality Commission to oversee the continued provision of service to individuals, when a provider is likely to fail and service will be interrupted.

CARE QUALITY COMMISSION INTERVIEW

The Care Quality Commission (CQC) strategy for 2013-2016 states that 'locally we will focus on developing relationships with local authorities, overview and scrutiny committees', and 'also involving overview and scrutiny committees will make sure we better share information locally about people's experiences of care'.

Therefore as part of this review and the statements made by the CQC above, the panel felt it vital that it invited them in as part of the evidence gathering and to question them on their involvement and regime for North Lincolnshire care homes.

(16 September 2014, and the 17 February 2015) Angie Tew, and Anthony Hall from the CQC and the North Lincolnshire region attended two panel meetings and gave very informative presentations, covering the following areas: -

The Purpose of the CQC: —
To make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They are independent, which means they are not part of Government so can speak up for people who use the services.

Their role: -
Is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings for Care Homes to help people choose care. The CQC

classes itself as being a strong, independent, expert inspectorate that is always on the side of people who use care services.

Angie Tew informed the panel that the CQC aim to raise standards by: -

- **Providing better information for the public including rating outcomes for the Care Homes.**
- **Improved assessments of services and Chief Inspectors.**
- **Stronger national and local partnerships — with local bodies such as, Health and Wellbeing Boards, Healthwatch, and Overview and Scrutiny Committees.**
- **A more rigorous test for organisations applying for registration with CQC.**
- **Changing the approach to the NHS acute trusts and mental health — New fundamental standards.**
- **Improve their assessments of how services work together — for example dementia care.**

She reiterated that the CQC judgements will be independent of the health and social care system, and will always be on the side of people who use services. This is why she felt the relationship with Overview and Scrutiny Panels needed to be more robust, and acknowledged this had not previously happened.

The Panel were informed that there were five areas of quality and safety in the new CQC approach to inspections, and they now judge:

Are services safe?
By safe, they mean that whether people are protected from abuse and avoidable harm.

Are they effective?
By effective, they mean whether people's care, treatment and support achieves good outcomes and, promotes a good quality of life.

Are they caring?
By caring, they mean that staff involve and treat people with compassion, kindness, dignity and respect.

Are they well led?
By well led, they mean that the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

Are they responsive?
By responsive, they mean that services are organised so that they meet people's needs.

Under the new regime for inspections the way evidence is gathered, talking to people and assessing records will remain the same, the difference is that —

- **They will no longer be focusing on compliance; they will now be looking to evidence 'good' practice' as well as compliance.**
- **They will be looking for evidence to answer the KLOE (keys lines of enquiry) to allow judgement to be made against the 5 key questions.**
- **They will now be supported by a team of experts by experience.**

When questioned by the members of the panel as to how the CQC carried out

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inspections of Care Homes in North Lincolnshire, and how the information was available to the public, they were told that initially if a business wanted to open a Care Home they would have to go on the CQC list of approved homes, and being on the list means the CQC have checked all the credentials to ensure they are fit for purpose.

They then continue to check services by frequent visits especially when there have been concerns about a service, they also visit unannounced, and inspect how good the service is for the residents. They indicated that they work closely with other stakeholders and local groups to ensure people are kept safe, including the CCG and the Local Authority. Angie Tew did state that not a great deal of consultation had taken place with Healthwatch in North Lincolnshire.

Inspections take place every 6 months to 2 years, and are carried out by tailored inspection teams with an increased use of experts by experience, and specialist advisors. The CQC can now also use thematic inspections.

After inspections have taken place a report is written on the Care Home, a rating is given which will be either outstanding, good, requires improvement or inadequate. This may then require action, and is published on the CQC website to inform people how well services are doing.

What happens if the Care Home is not good enough?
Angie assured the panel that all care homes had to meet a set of rules laid out by the Government. These are called "standards", and if services are not good enough they can do the following things to make them better -

- **Tell care managers to quickly make a plan about how they will get better;**
- **Give a Care Home a letter warning them with a date when they have to get better by;**
- **Say a home cannot do certain jobs or give a certain service;**
- **Say the home cannot have any new residents;**
- **Give a home a fixed penalty. This is a fine they have to pay ranging from £300 to £4,000;**
- **Take a home off the CQC's list of approved homes until the services improve;**
- **Take a service off the list permanently;**
- **Take court proceedings against the home.**

CQC in the region
The panel was informed that there were inspections teams in the region responsible for — primary and integrated care, adult social care, acute, community and mental health services, and that they would maintain local relationships with scrutiny panels. Members were all reassured that the inspections teams would work together to coordinate their contact with scrutiny panels.

Inspection teams want overview and scrutiny panels to: -

- **Continue an ongoing relationship with the CQC staff;**
- **Advise them as part of the new inspections of the NHS trusts and primary care inspections — sharing**

evidence and contributing to the Quality Summits;
- **Know what scrutiny panels have done with information;**
- **Know about all our inspection activity and where panel's have concerns about services;**
- **Explore how to use overview and scrutiny evidence of social care in the new approach to social care inspections.**

CQC Nationally

The CQC are working with the Centre for Public Scrutiny to develop closer working relationships with scrutiny panels and elected members to help improve the consistency and quality of local relationships. They want to increase evidence gathered and used to inform regulatory activity to increase the use of CQC information in local scrutiny.

They indicated how important it is to develop information sharing between Scrutiny, Healthwatch and the Health and Well Being Board, something that is not currently happening in North Lincolnshire.

The future

Angie Tew informed the panel that in future the local CQC contact will aim for a 'no surprises' relationship with Scrutiny and have regular structured contact, they will meet on a regular basis as a partner and not a witness. They will provide information on how information is used from Scrutiny; explain how homes/services do/don't meet the fundamental standards and what CQC expects of providers.

They also agreed to hold joint meetings where needed with scrutiny and the local Healthwatch, and help councillors understand the inspection process in more depth to assure residents are receiving the best care possible.

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CLINICAL COMMISSIONING GROUP (CCG) INTERVIEW

North Lincolnshire Clinical Commissioning Group is the NHS organisation responsible for designing, developing and buying local health services in the North Lincolnshire area.

CCG's were introduced nationally in 2013 as part of the government's restructuring of the health services with the aim of putting local clinicians such as GP's and nurses in a position where they can develop the services their patients and local residents need. North Lincolnshire CCG is made up of GP's from 20 practices within North Lincolnshire.

The primary role of the CCG is to assess the health needs of the North Lincolnshire population and make sure safe, sustainable and high quality healthcare services are in place. The Director of Public Health at North Lincolnshire Council works in a joint role with both the CCG and the council, thus ensuring that the NHS continues to contribute directly to the prevention of health issues.

The panel invited Angela Aitken, from the Yorkshire and Humber Commissioning Support Unit to attend a meeting in February 2014. At that meeting Angela informed the panel of the role the CCG plays with care homes in North Lincolnshire. She informed Members that they work with Care Homes if they are changing status from residential to nursing — offering advice on care plans, policies etc, what the Continuing Healthcare (CHC) and what the CCG would expect if a CHC client was placed there, ensuring that the clients were safe and were in receipt of quality care. Initial regular monitoring of new client placements in newly registered Care Homes to ensure the Care Home maintains standards and expectations that nursing needs require.

She also highlighted that if a safeguarding alert was raised in the care home for a client then the CHC clients would have a "safe and well check" to ensure that their care was of good quality — they would also contact the Local Authority to inform them of the actions taken, and for them to contemplate any necessary actions on clients who were supported by them.

A concern of the panel during this meeting was the lack of joined up work between the CQC, CCG, Local Authority and Healthwatch. All agreed that more could be and should be done to work more collaboratively across the region, as well as feeding into the Health and Wellbeing Board.

Healthwatch North Lincolnshire and Scrutiny Panel Member Visits to Care Homes

Members asked to visit a selection of Care Homes in North Lincolnshire in order to gain a better understanding of the care services provided to service users in a Care Home setting and to appreciate the standard and quality of care provided.

Whilst the Scrutiny Panel did not have the authority to enter the Care Homes nor have any discretion to speak to residents or their family members, Healthwatch did have the authority to facilitate the visits

Consequently, the Scrutiny Panel agreed to

commission Healthwatch North Lincolnshire to facilitate these visits to the care homes,. (A full copy of the report findings is available upon request from North Lincolnshire Council's Democratic Services Team).

HEALTHWATCH NORTH LINCOLNSHIRE

Healthwatch is the only statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Established under the Health and Social Care Act 2012 as the consumer champion for health and social care, Healthwatch have a range of statutory powers. They monitor and highlight the collective issues that matter most to people, advising the Secretary of State for Health, NHS England, the Care Quality Commission, and local authorities across England, amongst others, on where change is needed.

Healthwatch were invited to a Scrutiny Panel meeting, whereby they informed Members of their primary functions. Namely —

- **providing information and signposting about access to services and support for making informed choices**
- **gathering views and understanding the experiences of patients and the public**
- **making people's views known**
- **promoting and supporting people's involvement in the commissioning and provision of local health and social care services and how they are scrutinised**
- **Recommending an investigation or special review of services via Healthwatch England or the Care Quality Commission (CQC)**

'Enter and View' visits

Healthwatch assisted the Panel in carrying out 'Enter and View' visits to the Care Homes. 'Enter and View' is the opportunity for

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Healthwatch Representatives:

- **To see and hear for themselves how services are provided.**
- **To collect the views of service users, carers and relatives at the point of service delivery.**
- **To observe the nature and quality of services — observation involving all the senses .**
- **To report findings and associated recommendations — good and bad — to providers.**
- **To develop insights and recommendations across multiple visits to inform strategic decision making.**

Members learnt that the key benefits of 'Enter and View' were to encourage and influence service improvement by —

- **Capturing and reflecting the views of service users who often go unheard, e.g. Care Home residents**
- **Offering service users an independent, trusted party with whom they feel comfortable sharing experiences**
- **Bringing the layperson's perspective into the assessment of service provision and service needs**
- **Surveying carers and relatives**
- **Identifying and sharing 'best practice'**
- **Encouraging providers to engage with Healthwatch as a 'critical friend', outside of formal inspection.**
- **Supporting Healthwatch to ensure that the views of service users and carers play an integral part in local commissioning.**

'Enter and View' could be undertaken at the following organisations or persons -

- **NHS trusts**
- **NHS foundation trusts**
- **Local authorities**
- **GPs**
- **Dentists**
- **Opticians**
- **Community pharmacists**
- **a person who owns or controls premises where ophthalmic and pharmaceutical services are provided**
- **Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).**

Members heard examples of when 'Enter and View' should be used, for example, to determine whether Adult Care Home residents are treated with dignity, in line with the Department of Health's Dignity Challenge or to identify positive experiences of activity provision in the Care Homes, with a view to sharing this with all providers to encourage improvement.

Care home selection

It was agreed with Healthwatch that the theme of 'Enter and View', for the purpose of this scrutiny review, was to understand the **'activities provided and the experience and quality of life of residents'** in the selected Care Homes.

Care homes were selected using the following criteria —

- **At least two Care Homes from each locality.**
- **A selection of small, medium and large care homes.**
- **Care homes that were part of a chain and homes that were independent.**
- **Homes that represented a range of specialisms (e.g. dementia, mental health).**
- **Care homes that provided a varied range of activities for the residents.**

In total, twenty homes were selected. The visits were undertaken between 14 November and 1 December 2014.

Care home visits

The purpose of the visits were to —

- **Observe the environment and routine of the Care Home with a particular focus on activities provided for residents.**
- **Determine best practice for activity provision in Adult Social Care Homes, with a view to sharing this with all providers to encourage an overall raising of standards.**
- **Speak to as many residents as possible about their experience of living in the home, focusing specifically on personal interactions with care staff and others providing their care.**
- **Speak to family members visiting residents about their perspective on the care provided.**
- **Give Care Home staff an opportunity to share their opinions on the provision of activities and general care provided.**

The schedule of visits covered different times of day and the same questions were asked across each Care Home. 'Enter and View' posters were also sent to each Care Home with a request that the poster be displayed to inform residents/family and staff of Healthwatch Enter and View powers, purpose and the intention for those visits to commence.

Across the twenty care homes, Healthwatch North Lincolnshire 'Enter & View' Authorised Representatives gathered the views of approximately eighty six residents, along with forty two Care Home staff, all Care Home Managers and seven visitors. These responses were gained through a mixture of face to face interviews and questionnaires for staff to complete which were returned anonymously.

Visits lasted for around three hours and some took place over mealtimes and on an evening and weekend. Authorised representatives used questionnaires as a topic guide to talk to residents and visitors, allowing the questions to be adapted to suit those residents less able to communicate.

To supplement the interviews the 'Enter and View' team carried out observations. Sufficient time was spent on each interview in order to build trust and rapport and to listen to responses to the open ended questions. Questions focused on activities and general care provided.

Many of the residents in the Care Homes had varying degrees of dementia and although 'Enter and View' representatives spent time

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with them, the responses provided were at times limited due to the capacity of the residents to hold a conversation. In homes where residents were less communicative, 'Enter and View' representatives used observation and interviews with staff and relatives to provide substance to the visit.

People Scrutiny Panel members accompanied Healthwatch representatives as they gathered the views of the residents, Care Home staff, Managers and visitors. The members were attending purely as observers. However, this was still an invaluable opportunity for the Panel members to see first-hand the current provision of care homes in North Lincolnshire, and to listen to residents, their family and staff members.

Results of the Care Home Visits
Following the Healthwatch North Lincolnshire 'Enter and View' visits, which members of the Scrutiny Panel observed, they published a report titled 'Nursing and Residential Care Homes in North Lincolnshire'.

A summary of the findings of the report are included below.

The Layout of the Care Home
The Care Homes visited varied in their size, complexity of layout and mix between purpose built care homes and those within existing premises. Some of the homes were set out over two floors with a lift and staircases rather than single storey. These were, in the majority of cases, controlled by key pad entry for the welfare of residents and to allow patients with dementia to roam whilst maintaining their safety.

Many Homes had a separate communal area and dining room on each floor so that residents could have access to equal facilities regardless of where their personal room was. Where homes were two storey but facilities were not provided on both floors, staff made an effort bring residents downstairs to spend the day in the communal lounge.

Several homes had shared rooms between two residents. In some cases these were for partners, however in others the Care Home chose well matched residents to share a room. Some were converting their shared rooms to provide accommodation for families to stay with residents who were gravely ill.

All homes were found to have emergency systems in place such as pull cords in communal areas. Some had installed up to date electronic call systems such as Medicare wireless electronic boards to provide call alerts for staff.

A number of communal areas were found to be crowded with residents, sometimes with challenging behaviours. Staff were aware of the limitations imposed by a small communal

area and how the limited space available could lead to a potentially volatile situation. It was acknowledged that staffing levels would need to reflect the dependency levels of residents in these situations.

Where rooms were not ensuite, adequately sized shared bathrooms were found and in all cases these were clearly labelled with picture and/or text.

Several Care Homes had an outdoor smoking area whereas a few provided an indoor room for this purpose.

Some of the Care Homes were fortunate enough to have a layout which allowed them to have more than one staff base. There were some that had a medication room rather than just a trolley for dispensing which provided a facility that residents could visit, giving them some independence to self-medicate.

Members found there were homes that were free of odour even though they were carpeted, and odour was found to be present in several homes regardless of the type of flooring used.

Personalised environment of the Care Home
Many Care Homes had made efforts to help residents to recognise their own rooms. The use of colour coded doors, and door numbers or names on doors was common.

Most Care Homes allowed residents to personalise their room with their own furniture and decoration. Some relatives had come in to decorate rooms and put up curtains of the resident's choice.

Tell me about an ordinary day — is every day the same?
Healthwatch 'Enter and View' Representatives found that residents were generally happy in their care home. Many spoke very highly of the care and assistance they received and said they were grateful for the help as they were unable to help themselves.

Residents valued the opportunity to decide whether to live mainly in their own room or to take part in social activities in communal areas.

Other residents said that the days did not seem the same and that activities were provided for them which they enjoyed taking part in.

Control over daily life
Whilst most residents felt that they had control over their daily life, these were mainly residents who were in fairly good health. Those who did not feel they had control over daily life were those who said a medical condition or lack of independence prevented this. It was also highlighted that a few residents chose to spend the day in their nightclothes and it was not clear how much encouragement had been given by staff/carers to change this behaviour. Others said they valued the freedom to get up or go to bed whenever they liked.

Personal care
All those spoken to felt that their personal care needs were adequately met, and that carers provided this whenever required. Many said they would try to do whatever they could for themselves to be as

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independent as possible but welcomed help with bathing or dressing where necessary. Most said that the carers were respectful and were not rushed.

Everyone felt clean and presentable and this was confirmed by the observations of Enter and View representatives who found that in most cases residents appeared well looked after and groomed. Those who had the capacity to choose their own clothing were able to do so. Those who were in poor health sometimes preferred to stay in their nightclothes.

Meeting residents needs
Members were pleased to hear that the individual wishes of residents appeared to be taken into account in the Care Homes, and at homes where there was no Activity Co-ordinator to find out about residents needs the carers took it upon themselves to get to know their residents' well.

Where residents were less able to communicate, Care Home staff spoke to relatives to understand resident's needs. All residents spoken to said they felt safe living in the Care Home, some saying that secure doors made them feel safe, whilst others talked about the security of having someone there if you were to fall. Some residents told Members that feeling safe was a very important aspect of ageing.

Making healthcare appointments
Members learnt that many residents were taken to health care appointments by relatives who took responsibility for booking appointments as required. Where relatives were not involved, residents said that they were sure that the care home staff would organise appointments for them if necessary. However, it was not clear whether this would be in response to a medical urgency or if appointments for regular check-ups would be instigated by the care Homes.

Maintaining Independence
Residents were generally accepting of the need to have help to do things, and many said that their Care Home helped them to maintain a degree of independence and that was important to them. Some found it difficult when they first came to live in the Care Home to accept that other people would attend to their personal care and other needs, however all said that they had now become used to it and that staff were very kind and caring.

Meeting social needs
Residents were asked if staff had the time to talk and listen to them. The social aspect of well-being in a Care Home was raised as fundamental by many residents during the 'Enter and View' visits.

Many residents felt that staff were often very busy and although they would talk with them whilst carrying out their care, there was less time for just "sitting and having a chat". It was noted by 'Enter and View' representatives that in some of the care homes a "chat time" featured on the daily activities programme, allowing staff to take a break and purposively speak with residents.

Food and drink
Most residents said that they had ample food and drink and that this was of good quality. It was clear that in some homes residents were expected to eat in the dining room if they were well enough to do so.

However, in other homes they were asked whether they preferred to take their meal in the communal dining room or in their own room.

Where meal times were observed by 'Enter and View' representatives, it was clear that those residents who required assistance to eat and drink were provided with the necessary support. On the whole, dining rooms were well laid out with menus and napkins and most had a 'restaurant' feel to them.

In many Care Homes, extra food outside of mealtimes was available. This would include a warm drink before bedtime or a snack during the night for those who woke up feeling hungry.

At one Care Home, staff made 'Enter and View' representatives aware that they had been receiving an uncertain and variable budget for food from their company. This had resulted in a restricted menu being provided with no allowance for the extra food items such as biscuits with tea and other snacks.

It was noted by 'Enter and View' representatives that some Care Homes did not provide the facility for residents to help themselves to cold drinks from a jug or a water cooler.

What are the staff like?
Staff were described by residents as very kind, patient and respectful. It was clear from comments made that nothing was too much trouble for them and during the visits, 'Enter and View' representatives observed behaviour which was seen to be natural and caring.

In one Home, residents did say that some new staff were difficult to understand due to language and accent and some said that staff come and go fairly quickly. This was not the case in the majority of homes, where staff had a long service record.

Privacy and dignity
In all cases residents said that staff knocked on their door when wishing to enter, with one relative saying that they knocked on her mother's door out of courtesy even though it was always open and she was hard of hearing.
In many homes residents' room doors were left open during the day. In some cases this was so that staff could see the resident for safety reasons, but some residents preferred to leave their door open so that they could watch people pass by. Most staff were seen to shout "hello" or have a short conversation each time they passed a residents open door.

All personal care was said to be carried out in the residents' own rooms, and representatives observed some residents being taken to their rooms for medical care such as to receive insulin from a nurse. All residents spoken to felt that their privacy and dignity was being respected.

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Activities that are being provided for residents

Residents were generally encouraged to engage and participate in activities that were provided.

A number of Care Homes visited had appointed a dedicated Activities Co-ordinator, some fairly new in post. Others considered the provision of entertainment and activities to be part of the job of each carer and said they would have to compromise elsewhere in order to employ an Activities Co-ordinator. Homes valued the involvement of volunteers to help provide stimulating activities for residents, but it was said to be a challenge to get volunteers on board. Some had links with local schools and had students to help out on occasions.

Most of the homes had a weekly activities programme. Some activities were games and quizzes to be played in groups, others had a focus on well-being such as pampering sessions

During the visits, 'Enter and View' representatives observed a number of activities taking place such as skittles, a quiz or craft activities. In one home a visitor told representatives that they were surprised when they arrived that day as the level of activity and staffing was more than usually seen. Care homes had been given notice of the intention to carry out 'Enter and View' visits and representatives considered the effect the prior notice might have upon planned activities on the day of the visit.

Some homes made good use of their outside space, providing seating areas, gazebos and some setting up themed areas based on a day at the beach. One home had residents helping out in the garden, planting into pots etc. Other residents had enjoyed their garden at home and missed this activity as it was not available at their Care Home.

It was evident that many of the Care Homes visited provided outside entertainment, such as singers or musicians and residents were able to join in with regular sing-alongs. Most homes had a piano or organ, however some residents said they did not often hear it being played

Some of the Care Home companies were happy to invest in activities, whereas other staff members said they had to fundraise to support activities they wanted to provide. Whilst there was consistency where a number of care homes were owned by the same company, support from care home companies was variable and one care home said that if they were to employ an Activities Co-ordinator this would be at the expense of other service provision.

Participation and engagement with activities

There was a fair split between those residents who were keen and willing to take part in most of the activities provided and those who had decided the activities were not for them and preferred to stay in their room, perhaps reading a book or watching TV. Residents were happy to explain why they chose not to take part in activities.

Residents not taking part largely fell into two categories, those who felt they were unable to participate and those who were unwilling to participate. However, many would have still liked to carry out some activities if there was help available.

Out and about
Some residents said they would like to get out more often but the provision for this by Care Homes was variable. Those without relatives to take them out were reliant upon the Care Home having staff to take residents out of the home and the availability of suitable transport to take a number of wheelchairs.

One or two homes had access to a wheelchair adapted bus and were said to make use of this but others did not have suitable transport. One home near the town centre provided carers to take residents into town to the shops in wheelchairs, but many homes were not able to do this.

Dementia specific activities
Some homes had looked specifically at supporting the needs of those with various stages of dementia and providing meaningful activities for them to engage in. Examples included providing residents with the opportunity to make sandwiches, do some baking or grow vegetables.

It was noted during the visits that some residents would repeatedly ask the same questions of carers, which carers would continue to answer in a repetitive manner. It was unclear whether training in dealing with residents with dementia would help carers to address repetitive behaviour and provide skills to divert the resident's attention.

Loneliness and isolation
Some residents had visits from family, many on a regular and frequent basis. Most homes allow visitors at any time, although some operate protected mealtimes. Very few had visits from friends they had known before living in the Care Home as they said that their friends were now too elderly to travel to the home. Some residents had phones in their room so they could call family and friends to keep in touch.

Many said they did things with other residents in the home. Residents in care homes where a large proportion of residents had dementia were less likely to have made friends with others in the home and said they were unable to hold a conversation with many residents. Some said that other residents were sometimes too poorly for conversation or spent a lot of time asleep. Many residents relied heavily on staff for conversation.

Involvement of families
Many Care Homes had made efforts to involve families.

There were examples of newsletters, special events such as parties and summer fayres, and homes which would make provision for relatives to stay over with residents. Some homes provided free meals to visitors to enable them to spend more quality time with residents and stay longer. Where relatives visited infrequently, most homes would make a phone call to them to update them on the resident's well-being.

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Connection to the local community
There was less evidence that Care Homes had a connection to their locality or that they were an active part of their community. Those located in villages were more likely to be aware of activities on offer in their locality, but said that Care Homes could not pay for staff to accompany residents to outside activities. It was also explained that external activities were sometimes difficult because the local community do not fully understand the behaviour displayed by some of the residents and have a lack of understanding of conditions such as dementia.

Links with other services
Discussions with staff and managers at the Care Homes revealed some concerns regarding the interface between Care Homes and services such as hospitals and ambulances. It was said that discharge from hospital had in the past sometimes resulted in residents returning to the care home during the middle of the night in their pyjamas. This situation was now believed to be improving and more reasonable times of day were being adhered to, however there were still instances highlighted which had caused concern for Care Homes including errors with discharge paperwork and medication.

Care Homes often send carers with residents when they are taken into hospital as an emergency. In the case of residents with dementia, one care home explained that they felt it was important that the carer was there to ensure the safety of the resident whilst in the hospital in case they decided to wander. One care home manager felt that the hospital may rely upon the expertise of the carer regarding dementia. It was highlighted that although the hospital is responsible for the care of their patient, the care home has had to release a member of staff to stay with the patient with dementia for a number of hours to be confident of their care.

Comments from health care professionals
During the course of the visits representatives spoke with health care professionals that were visiting the Care Homes to provide treatment for residents. The problem of pressure sores was raised by district nursing staff, with one nurse saying that she was treating around 30% of the residents at one home for pressure sores. One nurse had spent two hours treating pressure sores for ten Care Home residents on the afternoon of our visit. It was felt that some of these sores could have been avoided with better personal hygiene and mobility of residents. Nursing staff felt that residents were very much dependent on carers and said that having a nurse in the residential home would be beneficial.

Following the visits to the twenty care homes, and after lengthy discussions with Panel Members and Healthwatch North Lincolnshire representatives, the following conclusions emerged —

Choice
Residents stressed the importance of being able to make their own choices and maintain as much independence as possible in the Care Home. Many felt able to choose whether to take part in activities, where to take their meals and to move freely and spend time wherever they wished in the home. It is recognised that there are some residents who are unable to make these choices due to their mental health or illness, however in some homes a regime and routine continues to prevail for all residents. It was observed in some homes that residents had more opportunity to choose whether to stay in their own room as they wished and take meals in their room if that was what they preferred.

It is suggested that offering choice and freedom where appropriate, maintains the resident's independence.

Social Well-being and Getting Out and About
Residents appeared to greatly value the chance to have conversations with others, however this wasn't always with residents. Those who did not have visits from family and friends on a regular basis valued conversation with staff.

It is suggested that Care Homes build social time between residents and carers into their schedule as an activity to give staff the opportunity to offer more to residents than just conversations in the course of the caring role.

It was apparent that residents were offered the opportunity to go on day trips in some of the care homes, this being reliant on the availability of suitable wheelchair adapted transport. However, this is not the case in all care homes with some not using facilities that are available such as the Age UK bus. It was said that the Age UK bus has to be booked well in advance and it is inevitable that this facility will only be able to cope with a certain level of demand.

It is suggested that alternative ways to support care homes in the provision of transport should be explored.

Some residents simply wanted the opportunity to be taken out into the local community in a wheelchair for a change of scenery. However, there are resource implications for care homes sending a member of staff out of the home on a one to one basis with a resident. Some Care Homes have to pass on the cost to the resident of providing a carer to go out on a one to one basis, therefore residents or their families choose for them not to go out.

Care homes could explore how walking in the local community with residents could be built into planned activities to support better mental and general well-being.

Barriers to Participation
Residents gave reasons for not participating in activities provided at their Care Home. Some of these related to poor eyesight or hearing loss.

Homes should check that all residents have regular eyesight and hearing checks in order to quickly identify and address any problems that might cause a barrier to participation in the life of the home..

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Dementia Specific Resources
Some homes had explored activities and resources specifically to create meaningful ways to occupy residents with dementia. Where good practice has been identified, it would be useful to share this with other Care Homes.

Staff were shown to be committed and work hard to care for residents with dementia.

However, Care Homes should consider whether staff have up to date training in dementia to ensure they are confident in providing the best care environment for the growing population of Care Home residents with dementia.

Bereavement Support
Both residents and staff spoke about the difficulty in dealing with the loss of a friend or resident living in the Care Home. However, nobody stated they had access to any bereavement support services, and one staff member said that they were expected to "just get on with it" and accepting the loss of residents was considered part of the job.

Homes should explore providing bereavement support for staff and residents.

Health Care and Needs Assessment
Residents were sure that if they needed to see a health care professional, the Care Home would arrange for this and help them to attend any appointments. However, it was not clear whether routine health care such as eyesight checks were maintained. Care Home management told Healthwatch representatives that better information from general practitioners on resident's health care needs would assist them to ensure needs are being met.

Healthwatch suggested that Care Homes continue to develop links with primary care, and regular rounds from GPs are pursued where the home feels residents would benefit.

Pressure sores continue to be a worry for many health care professionals dealing with the care of older people, however nursing staff raised concerns regarding Care Home awareness of prevention methods. As many residential homes do not employ nursing staff on site, carers are key to preventative measures such as good hygiene and mobility of residents.

Care Homes should take steps to raise pressure sores as an issue and provide up to date training in preventative care.

Allergy — Assessment of Risk
Care Homes were found to bring pets in for therapy or have pets that lived in the Care Home with residents. It was not clear to what extent a risk assessment or consideration of allergies had been made.

Care Homes should take steps to explore and record resident's allergies and consider these in service provision.

Privacy and Dignity
In general, residents who were able to communicate with the 'Enter and View' team felt their privacy and dignity was being respected.

Care Homes should ensure that breaches do not occur and that regular audits are carried out.

Smoking

Provision for residents and staff to smoke was provided in outside areas, and in some cases with a designated smoking room within the premises. Most of these areas were found to be appropriately placed and clean and tidy.

However, there were instances where the 'Enter and View' team did not consider indoor smoking areas to be as well looked after as other communal areas

Care homes should look at what provision is provided for smokers and ensure that areas are appropriately placed and maintained to the same high standards found throughout other communal areas in their home.

Quality of Life

One of the key benefits of 'Enter and View' is that it provides powerful narrative that gives a real insight into the experiences of residents and patients that would not otherwise be observed or obtained. Often these may be simple details or values but can be the easiest to forget or overlook, yet hold utmost importance to the day to day lives of individuals. Such values of importance to many residents we observed include:

- **Being able to meet basic needs at a time and pace to suit the individual (e.g. eat/drink/wash/dress)**
- **Not every day should be the same**
- **Ability to go out**
- **Ability to decorate own room**
- **Comfort**
- **Cleanliness**
- **Having sufficient space**
- **People naturally have different interests so not all activities suit everyone**
- **Having choice in food and relishing food you enjoy**
- **Importance of everyday things the individual did up until entering the home — light domestic duties/gardening — can also help residents feel a part and have a level of ownership of the home**
- **Personal care treatments — hairdressers, manicures etc.**
- **Having friends**
- **Having variety in topics of conversation and people you speak to**
- **Impact of staff turnover — loss of a 'friend'**
- **Frequency of visits by loved ones**
- **Having pets**
- **Religious and cultural needs**
- **Access to suitable mobility/sensory aids**
- **Having space/opportunity to form friendships not under the scrutiny of others**
- **Feeling safe and that this may mean different things to different people**
- **Being able to access advice/guidance/listening ear**
- **Gender of carer tending to your needs**
- **Impact of grief and managing frequency of it**
- **Having birthdays acknowledged**
- **Being respected**
- **Ability to call or write to a friend/relative**
- **Impact of being separated from friends/relatives**
- **Ability to visit loved ones or have them stay with you**

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It is recognised that some of these aspects of quality of life are being provided for within the Care Homes visited; however they do not appear to be consistent across all homes.

Following the visits to the twenty Care Homes, Healthwatch North Lincolnshire made 15 recommendations it believes will improve the care homes experience for residents.

Healthwatch, quite rightly, wished to share with Care Home staff the positive feedback from residents and visitors following these 'Enter and View' visits and to celebrate the areas of good practice identified in this report. Healthwatch North Lincolnshire recognises that many care homes may already have some of these actions in place, however the following recommendations are made based on the findings of these 'Enter and View' visits:

- **Care Homes to consider offering residents choices as far as possible, such as whether to stay in their room during the day or sit with others in a communal area and whether to eat alone in their room or join others in the dining room. Where practical, regime should be relaxed and choices offered.**

- **Care Homes to consider building into the weekly activity planner some social time for staff to chat with residents, where this is not already a feature.**

- **Service providers and commissioners to explore options to support the provision of wheelchair adapted transport and ensure wider availability to care homes.**

- **Care Homes to explore how taking residents in wheelchairs for short walks in the local community could be built into the activity schedule to support mental and general well-being.**

- **Care Homes to ensure residents have regular eyesight and hearing checks to quickly identify problems which might pose a barrier to participation in care home activities.**

- **Service providers and commissioners to work together to set up ways to share good practice and up to date training to ensure the best care is provided to the growing population of Care Home residents with dementia.**

- **Care Homes to consider providing access or signposting to bereavement support services for staff and residents.**

- **Care Homes to continue to develop links with primary care and other health professionals and take steps to ensure that up to date training is provided for care home staff in preventative care for pressure sores.**

- **Care Homes to explore and record resident's allergies and consider these in service provision.**

- **Care Homes to regularly audit aspects of privacy and dignity within the home to ensure that breaches do not occur.**

- **Care Homes to ensure that smoking areas are appropriately placed and maintained to the same high standards as other areas within the home**

- Care Homes to produce a checklist based on the quality of life issues identified in this report, to help develop a profile for each resident to ensure these values are upheld throughout the care given in the home.

- Care Homes to adopt positive risk taking and enable residents to continue interests and tasks they are used to doing such as baking, washing up, gardening etc.

- Service commissioners to encourage the adoption of dementia friendly communities within North Lincolnshire to enable people to be aware of and understand more about dementia. This would include encouraging people with dementia and their carers to seek help and support; and assisting people with dementia to feel included in their community, be more independent and have more choice and control over their lives.

- Service commissioners to consider how Care Homes can be supported to access the use of volunteers, providing information on agencies that can facilitate contact with volunteers.

CONCLUSIONS

The panel concluded that the following issues were the key elements of this review:-

i Over the course of the review and as highlighted in the findings of this report, it was evident that there needed to be greater emphasis on sharing good practice between Care Home owners/managers and all stakeholders, along with improved communication between all parties. This includes the Council, Care Homes, relatives and regulatory bodies. Effective communication is found to be an important factor in helping to raise standards in Care Homes. The panel felt it would be beneficial to build on the links with the Strategic Care Home Partnership and encourage wider participation on this, from the Care Home Representatives.

ii Care Homes felt that there was duplication and excessive paperwork that had to be completed for the Council and the CQC. Members believe that it would be beneficial for Care Home owners/managers if this could be streamlined in order to simplify the process and allow Care Homes more time to care for their residents. Although it was of paramount importance that evidence of ensuring safety, care and quality was still robustly reported.

iii At the heart of this review was ensuring that Care Homes have in place the required safeguarding procedures. Members ask that the Local Safeguarding Adults Board be kept informed, especially with the National Health Service placements in Care Homes. The NHS retains responsibility for this but it was important to ensure that they share information. This is essential as unless the Care Home knows the previous medical history of these residents, it is difficult to ensure the best care is actually being delivered.

iv Whilst some Care Homes are very good at getting their residents out and about in the community, it was a concern of the Panel that some Care Homes residents were being isolated from the community due to staffing/transport issues. The Panel would like to see more volunteers working with the Care Homes to enable residents to get out and about more, with the possibility of the Council providing certain activities, or even investigate the provision of Council transport be available for hire by the Care Homes when not in use for other services.

RECOMMENDATIONS

Based upon the comments and observations made by the Panel, its recommendations for further action by the Cabinet are as follows:-

i that colleagues from Healthwatch North Lincolnshire be thanked for their co-operation and assistance, and for facilitating and recording the visits to the Care Homes.

ii that the Council continues to work with Healthwatch in the future to carry out further enter and view visits, with all findings reported back to the Council for monitoring purposes,.

iii that Healthwatch makes contact with relevant stakeholders with regards to some of their individual recommendations.

iv that the Council continues to work more closely with the CQC, Healthwatch and partners to drive up health care standards. Members would also like to see the CQC continue to work in partnership with the council's overview and scrutiny panels on a regular basis.

v That the Council encourage Care Homes staff to attend more internal/external training courses, particularly in relation to specific issues like understanding bereavement and dementia.

vi That the council investigates improvements for access to activities outside of the Care Homes, working with North Lincolnshire Council for improved transportation and the possibility of gaining greater links into the communities, e.g., with the wellbeing hubs that are now available.

APPENDIX A

PEOPLE SCRUTINY PANEL

CARE HOME REVIEW WORKFLOW 2014

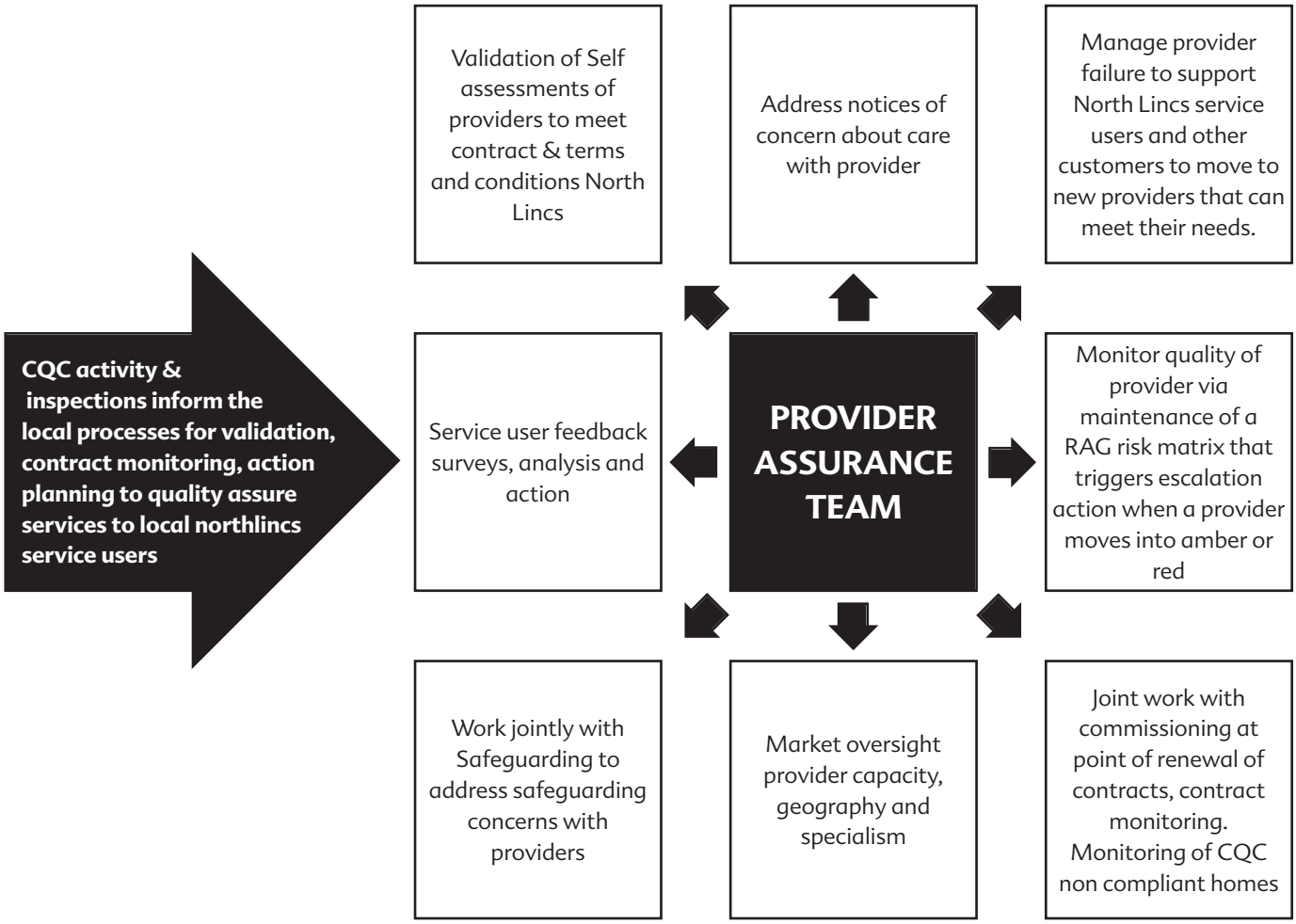
3 June 2014	-	• Review of Care Homes Suggested
26 June 2014	-	• Approve the Scrutiny Brief
21 July 2014	-	Interview with — • Karen Pavey • Lorna Wakefield • Becky McIntyre • Julie Clark
2 September 2014	-	• Co-opted Vickie Gibbs onto the Panel for her expertise and advice on the subject matter. • Discussed the role of Healthwatch
16 September 2014	-	• Interview with Angie Tew and Anthony Hall — CQC • Healthwatch discussions
25 September 2014	-	• Arrangements for care home visits • Discussed the review so far
14 October 2014	-	• Review of evidence/information • Next stages
NOVEMBER 2014	-	• 20 care home Visits
25 November 2014	-	• Members feedback on care home visits
16 December 2014	-	• Care home Visit feedback from Healthwatch and members
2015		
21 January 2015	-	• CQC were scheduled to attend but were unable to attend at the last minute
27 January 2015	-	• Healthwatch discussion feedback of findings. Q & A session
17 February 2015	-	• Interview with CQC • Interview with the CCG • Members stated they wanted the review concluding by March 31
10 March 2015	-	• Discuss the review findings and structure of the report

NOTE: At the same time as carrying out this review the panel have continued to work on their overview role and the meetings have been shared to discuss other issues. Including:- school meals, Children's Plan, Safeguarding, Educational standards etc.

APPENDIX B

Diagram 1

NORTH LINCOLNSHIRE COUNCIL – PROVIDER ASSURANCE TEAM



Monitoring of concerns, safeguarding, non compliant homes involves action plan monitoring requiring the provider to give North Lincs a completed action plan with timescales to meet any care/safeguarding issues. This is monitored by the Provider Assurance team on a weekly or monthly basis to completion.

Designed by Publications, North Lincolnshire Council