



My home, my say

About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations, during events, drop-in sessions and listening events at a range of venues across the city, online through the feedback centre on our website, via social media and from callers to our 'Just ask' helpline. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

Contents


1. Introduction	1
2. Rationale – why look at involvement?	2
3. Methodology	5
3.1 The surveys	5
3.2 The visits	5
3.3 The data	6
4. Findings	7
4.1 General satisfaction levels	7
4.2 How care homes involve residents, and relatives, in decisions about their own care .	9
4.3 How care homes involve residents and relatives in the running of the home	12
4.4 Case studies of innovative involvement	16
4.5 Summary of key findings	18
5. Recommendations	20
6. Acknowledgements	22
7. Appendices	23
Contact details	32

1. Introduction



Newcastle upon Tyne has 47 care homes for older people. Between June and October 2016, we carried out research to understand the level of resident involvement in those homes. We looked at how care homes involve residents and relatives in decisions about their own care, and also in wider decisions about how the home operates day to day.

We highlight examples of local innovative best practice in this report, as well as consider recent research by others into the importance of involvement. Our aim is to promote effective involvement of care home residents in all of Newcastle's care homes.

We would like there to be more homes where residents say:

 Everything that can possibly be done is being done,
I have never been happier for a long time 

And less where people say:

 Communication needs to be better; the only consultation
seems to be, what do you want to eat? 

What is involvement?

Involvement operates at many different levels. At an individual level, involvement means being able to influence decisions about your own care during the process of assessment, and in the planning and delivering of that care. It also means being provided with the information and support to enable you to be involved and thereby able to make informed decisions about your care.

At a wider level it means being able to influence everything from policy development, to the design and commissioning of services, through to service delivery and monitoring. This can be achieved through helping to set agendas, participation in planning meetings, involvement in the co-production of services, and participation in inspections and other monitoring activities.

For effective involvement to happen in care homes it is essential that organisations have a positive attitude towards involvement, and recognise that older people have many assets, strengths and resources that they can bring to the development and provision of care services. Older people should be treated as equal stakeholders, with both rights and responsibilities. Organisations providing care need a culture built on dignity and choice; they must ensure that staff know how to work in partnership with older people in ways that enable them to maintain and develop their personal identity.

2. Rationale – why look at involvement?



There are many reasons why we chose to look at involvement. Firstly, it was clear that involvement is not the primary focus of other monitoring and inspection regimes (which rightly concentrate on quality of care). However, people also have the right in law to be involved in their care.

The NHS Constitution states:

'You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this.'

And the Care Act 2014 states:

'Local authorities must have regard to the... importance of the individual participating as fully as possible in decisions... and being provided with the information and support necessary to enable the individual to participate.'

Detailed guidance about what effective involvement means is found in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The guidance to the regulation includes the following statement:

‘Providers must do everything reasonably practicable to make sure that people receive person-centred care that is appropriate, meets their needs and reflects their personal preferences.’

It goes on to state:

‘People using the service... must be actively encouraged and supported to be involved in making decisions about their care or treatment as much or as little as they wish to be. This includes taking all steps to maximise a person's mental capacity... to make as many of their own choices as possible.’

Similarly, the NICE quality standard [QS50] ‘Mental wellbeing of older people in care homes’¹ states that:

‘Older people should be involved in decision-making and supported and enabled to express who they are as an individual and what they want. They should be able to make their own choices whenever possible. Enabling older people to maintain and develop their personal identity... promotes dignity and has a positive impact on their sense of identity and mental wellbeing.’

The positive benefits of involvement are highlighted in the recent Care Quality Commission (CQC) report ‘Better care in my hands: A review of how people are involved in their care’² which found that:

‘Enabling people to be more in control of their own care leads to better and often more cost effective outcomes. This is particularly true for those with long-term conditions or people who need to use services more intensively.’

This is in line with recent research. It is now widely acknowledged that there are multiple benefits from people being involved in making decisions about their care and how that it is delivered. The positive impacts include:

For residents:

- Improved knowledge and understanding of their condition
- Increased confidence, better self esteem and improved emotional wellbeing
- Improved quality of life
- Increased cognitive activity
- Greater sense of autonomy

¹ Quality statement 2: personal identity, [Mental wellbeing of older people in care homes](#) (2013) National Institute for Care and Excellence (NICE)

² [Better care in my hands: A review of how people are involved in their care](#) (2016) Care Quality Commission

- Improved satisfaction with their care
- Improved physical health and reduced length of hospital stays and readmission rates
- Reduced pain
- Lower mortality

For relatives:

- Increased knowledge and understanding
- Increased awareness of support and resources available
- Increased awareness of issues and potential problems
- Better relationships with loved ones
- Better relationships with providers

For providers:

- Services are more responsive to the needs of users
- Individuals and communities build up a sense of ownership of services
- Quality improves
- Less likelihood of disputes
- Improved satisfaction levels
- Policy development improves

Unfortunately, the same CQC report found that people with long-term health and care needs are less likely than other groups to report feeling involved in their care and in making choices about their daily life. People over 75 years are one of the groups that felt least involved. The CQC also found that people using adult social care services provided by local authorities reported very little change in their feeling of control over their daily lives in annual surveys since 2010.

Barriers to involvement

Why do we have this low level of involvement?

Barriers to involvement are often either to do with negative and ageist attitudes towards older people or a lack of funding to support genuine, effective involvement. They include:

- Limited opportunities for older people to develop the personal skills, such as confidence and assertiveness, that enable effective involvement
- Lack of practical support to be involved
- Organisational culture – in particular the lack of a leadership which promotes a positive approach to age equality
- Reluctance on the part of organisations to devolve power to service users and support genuine involvement
- Not enough training for staff in how to communicate effectively with older people – particularly around dementia
- Methods of engaging with older people, for example, newsletters, meetings and surveys, that are inappropriate for some older people

To sum up, we are faced with a situation where involvement is a legal requirement. Statutory guidance makes it clear that providers are expected to involve both service users and their families, and involvement has been shown to have numerous benefits for all concerned. However the 'Better care in my hands' report finds that for many older people involvement just isn't happening. The possible reasons why are outlined above.

For these reasons we decided to look at the situation in care homes across Newcastle, to find out how much effective involvement was happening, what it looked like and how involved both care home residents and their relatives felt.

3. Methodology

3.1 The surveys

We adopted a mixed approach to our research. Our primary source of data collection was via three surveys: for care home managers; for care home residents; and one for their relatives. The surveys were available in hard copy or online using SurveyMonkey. All surveys included a range of closed and open questions as we wanted to harness both quantitative and qualitative data.

The survey for care home managers was emailed to them, with a covering letter. They also received a weekly reminder email about the surveys. The resident and relative surveys were widely distributed and advertised. A number of hard copies and a poster advertising the surveys (including links to the online versions) were hand delivered to every care home.

Where possible, Healthwatch staff spoke to care home managers to inform them about the research and to encourage their support; in particular managers were asked to promote the surveys. Managers were also asked if they would be willing to host an engagement event where Healthwatch staff would talk to residents and relatives about the research and encourage and assist residents to complete surveys.

The online surveys were advertised on the Healthwatch Newcastle website, in our newsletters and via social media. We also contacted Newcastle City Council, Newcastle Gateshead Clinical Commissioning Group, the Newcastle Hospitals NHS Foundation Trust, and several voluntary sector organisations working with older people, to ask them to advertise the surveys and, where appropriate, encourage people to complete them.

3.2 The visits

Alongside the surveys we visited ten care homes. A list was drawn up of all those care homes who had indicated that they were happy to host a visit. Homes were chosen to ensure a wide a spread as possible in terms of location, size, provider, type of care home and CQC rating. Care homes were then contacted and visits arranged.

Visits took place during September and October 2016. Each visit was carried out by two people, a Healthwatch staff member and usually one of our Research Champions

(volunteers). All the visitors had taken part in project specific training and were Disclosure and Barring Scheme (DBS) checked. Homes knew the time and date of the visit and some arranged the visits to fit in with their residents' meetings. Others arranged for us to meet with groups of residents or individual residents who were interested and able to take part in the research. Some homes made no arrangements for our visits.

During the visits we talked to residents (and relatives) about the research, explained what we were doing, why we were doing it and what would happen with the information. We assured people that all the information gathered was confidential and anonymised.

We also visited a small number of care homes to talk in detail to managers about examples of resident involvement that they had identified in the surveys and which we felt were innovative and original. These were developed into short case studies and are included in the report in section 4.4.

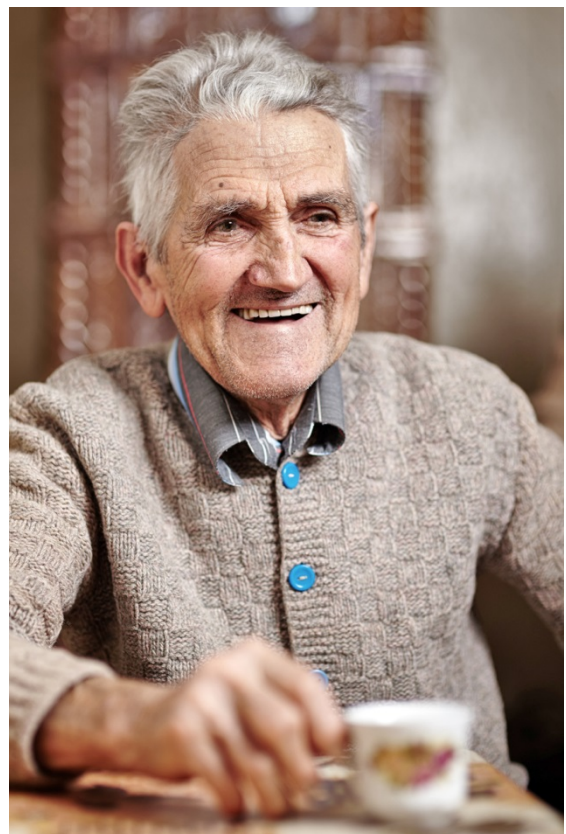
3.3 The data

There are 47 care homes for older people in Newcastle. We received responses from care home managers, residents or relatives at 31 homes, meaning that there were 16 homes from which we received no responses. Of the 31 homes that responded there were ten where we received responses to all three surveys. In total:

- 82 residents completed the survey
- 55 relatives completed the survey
- 16 care home managers completed the survey

We know that these numbers equate to quite low response rates for both residents and relatives. This means that we cannot say that data relating to residents and relatives is a true reflection of the situation across all Newcastle care homes. All we can say is that it represents the views of those 137 people who completed the surveys. However, just over one third of all managers completed the survey, which is a considerably better response rate.

A further caveat needs to be mentioned. Many of the residents who completed the survey had some level of cognitive impairment that may have affected their ability to answer the questions posed. For example, one of the questions we asked was whether their care home held residents' meetings. Some residents answered 'no' to this question, although we knew these meetings did take place on a regular basis. For this reason we have not included the data sets relating to this question.



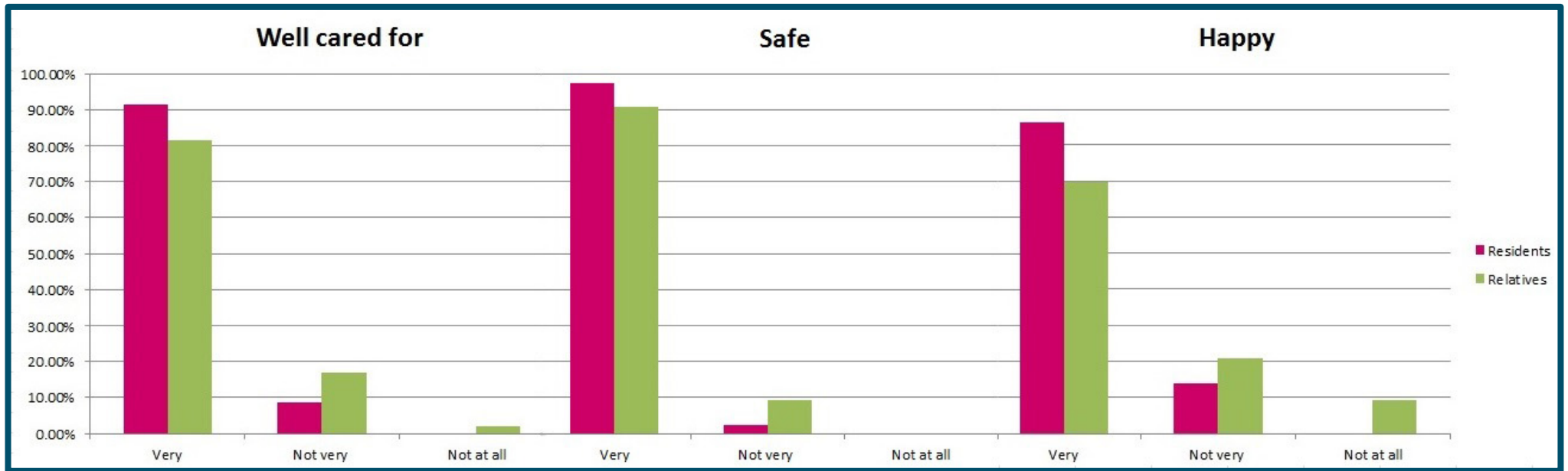
However, we have reported on other questions where residents may not have been able to answer accurately, for example, the question about how involved they were in decisions about their care. In this instance we were more interested in people's perceptions about how involved they actually felt.

4. Findings

4.1 General satisfaction levels

We began by asking residents and relatives if they felt, or did they think their relative felt, well cared for, safe and happy in the care home. The results are shown on the next page and are generally very positive. However, in all cases residents were more positive than their relatives. This may reflect reality and/or may be related to how people feel about their relatives living in residential care.





When asked for reasons for their answers, residents told us:

“The girls can't do enough for you and I'm very happy”

“My every need is taken care of, I feel safe because this building is hard to get in to and I'm happy”

“Lovely staff, clean home... safe, I have lots of friends here and love my bedroom”

Relatives' responses were more mixed:

“Staff are well trained and management is well organised... the home is well protected, comfortable and clean. I know my wife is safe and well cared for, this I could not do alone at home”

“We are kept well informed and also see the hands-on care”

“Too many patients and not enough qualified staff”

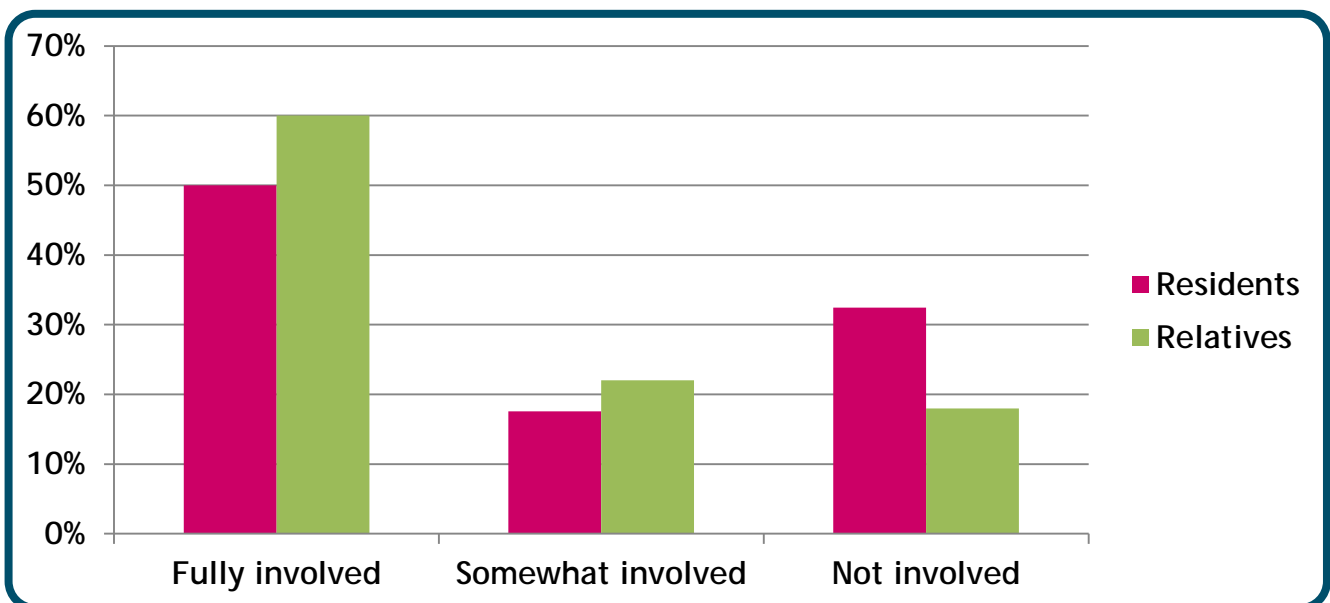
“Mam does not get her teeth cleaned and often smells of stale urine... I mention these things regularly but to no avail”

4.2 How care homes involve residents, and relatives, in decisions about their own care

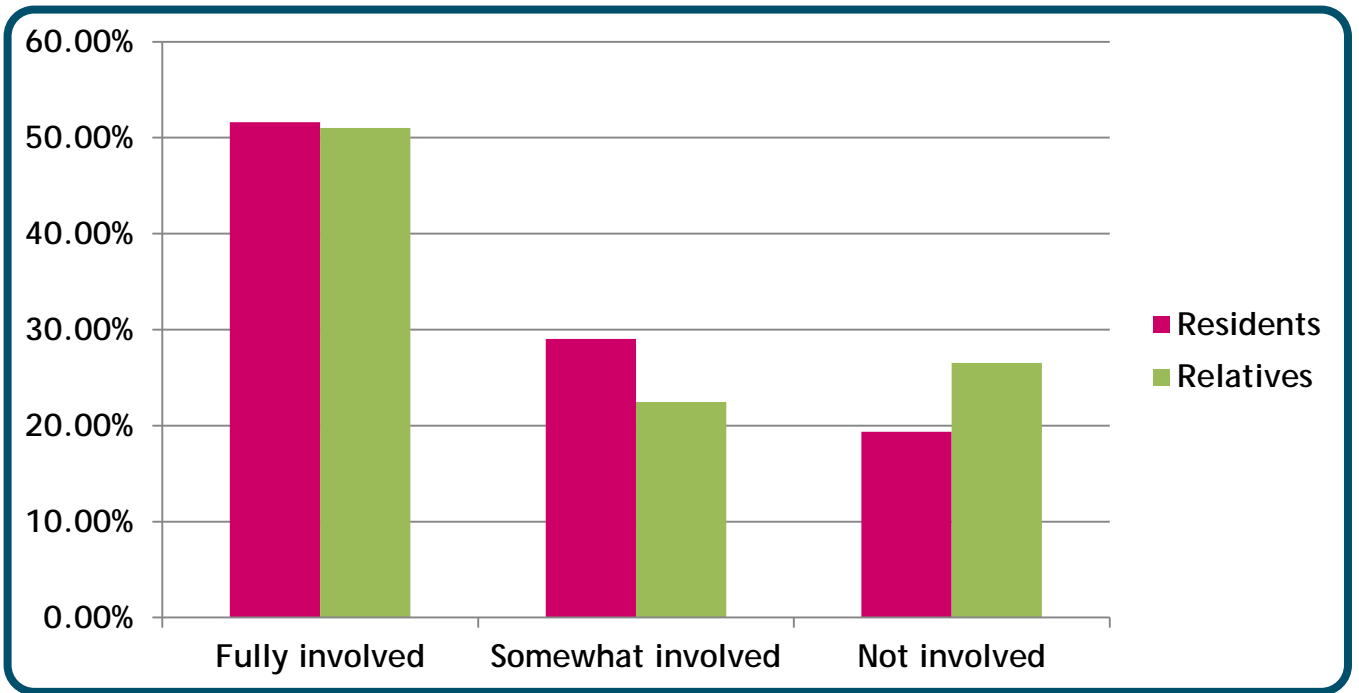
We asked managers how they involved residents and relatives in decisions about their own care. Many examples were given and have been summarised below:

- We listen to both residents and relatives
- Residents and relatives are involved in everything, from pre-admission assessments to care planning, to regular care plan reviews
- The manager operates an open door policy and/or has specified open door sessions
- Staff are given time to get to know new residents and to understand what they want/need
- Staff are encouraged to spend time each day talking to residents, asking how they are and would they like anything changed
- Staff have one-to-one discussions with residents and/or relatives about specific aspects of their care
- Staff and the manager take time to talk to relatives when they visit to check if they have any queries or concerns

In the resident and relatives surveys we asked: **When you moved into your care home, were you involved in the development of your care plan?** The graph below show that most people felt either somewhat or fully involved.



We also asked people: **Are you involved in the review of your care plan?** Again, most people felt involved to a degree.



However, for both questions there were significant numbers of residents and relatives who did not feel involved, with almost one third of residents stating that they were not involved in the drawing up of their initial care plan. However, a number of residents did add the caveat that their relatives take care of these things and some may have forgotten, but this is still a significant number.

Finally, we asked residents and relatives to tell us about any other ways in which the care home involves them in decisions about their care. Some responses were very positive:

Staff update relatives at each visit and are always available to discuss concerns

I choose when to get up, when to go to bed, when and where and what to eat. I choose what trips to go on

Recently the manager came to see me because I was staying in my room. I explained I was bored so she got the activities co-ordinator to take me shopping

I'm involved in all decisions and speak often about my father

Others less so:

They don't really, though they do ring me if she has been unwell

Not much – we just get told about changes

I have asked to see my doctor about what is happening with my legs, but it hasn't happened

The only consultation seems to be "what do you want to eat?"

We were also interested to find out what care homes do to facilitate the involvement of frailer residents or those with cognitive impairment.



Responses from the managers' survey are summarised here:

Staff take time to get to know frailer residents and understand their preferences

Staff talk to relatives to find out more about their loved one and in particular what communication methods works best for them

When necessary relatives represent frail residents, or other advocates can be arranged if appropriate

Care homes adapt their communication style to promote understanding, using visual aids and other adaptations

Key workers hold one-to-one sessions with residents

Homes hold best interest meetings with families and other professionals

Care homes have experienced, well trained and trusted staff who really know the residents, can understand their body language and who are available to support residents to make their choices/views known

4.3 How care homes involve residents and relatives in the running of the home

We asked managers about how they involved residents and relatives in decisions about the running of the home. Many examples were given and the best have been summarised here:

The manager promotes a culture of involving residents and relatives	Residents are involved in task groups looking at specific issues, such as home redecoration or garden redevelopment
Relatives are consulted via newsletters, notice boards, family open days and coffee mornings and electronic feedback systems	Regular resident meetings take place, and in some instances residents organise and run the meetings themselves
Residents are involved in menu planning and development	The cook runs regular taster sessions with residents
Residents organise and deliver their own activities	Residents audition entertainers/artists who want to work in the home
There is resident representation on the group that manages the activities fund	Residents are involved in staff recruitment, induction and review
Whole home consultations take place using a variety of methods, including one-to-one consultations, small group sessions, residents' meetings and surveys, suggestion boxes and opinion cards	

Resident meetings and satisfaction surveys

All the care home managers stated that they have regular residents' meetings. However, not all invited relatives to attend and many explained that relatives are invited but attendance levels are very low. All stated that they or their head office carry out annual satisfaction surveys with residents. A number of homes use external customer research organisations to carry out their annual surveys and several participate in the Your Care

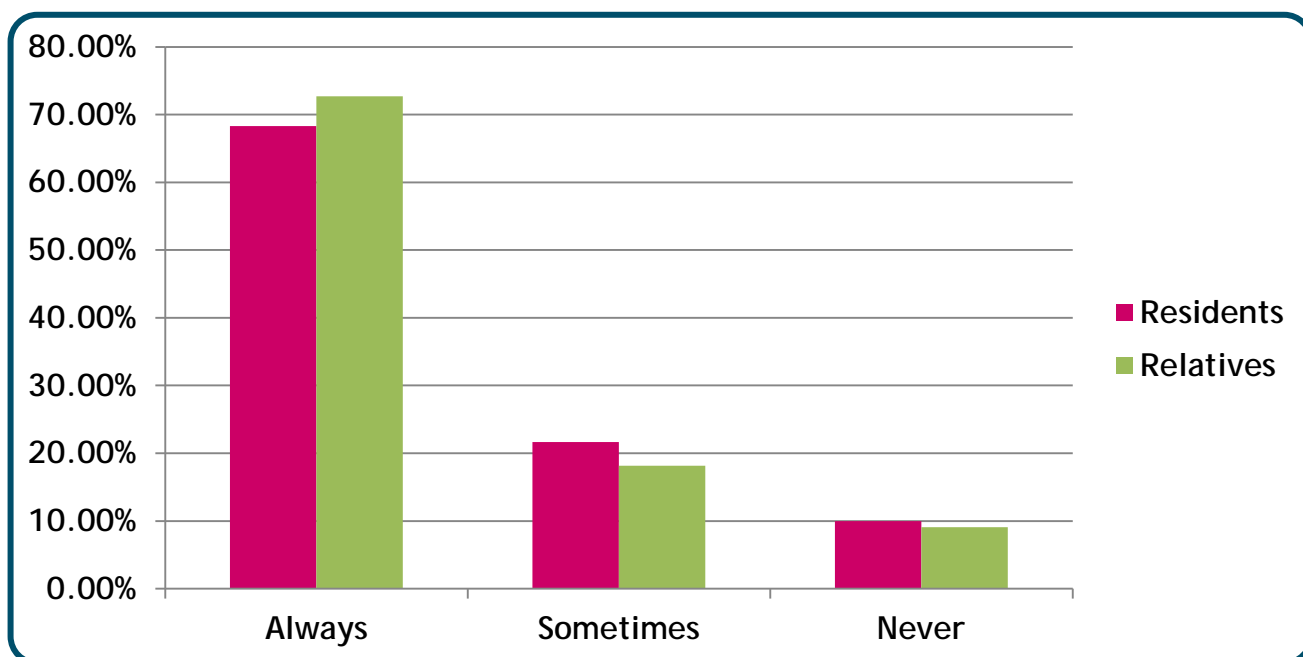
Rating³ scheme. Your Care Rating gives care home residents the opportunity to provide views and feedback via an independent, confidential and standardised survey.

Some homes have taken steps to improve relatives' attendance at meetings by holding them at different times of the day or days of the week to make them accessible to more relatives. One home we visited holds relative and resident meetings on a Saturday to encourage relative attendance.

We asked residents and relatives how meetings could be improved. A number of suggestions were made:

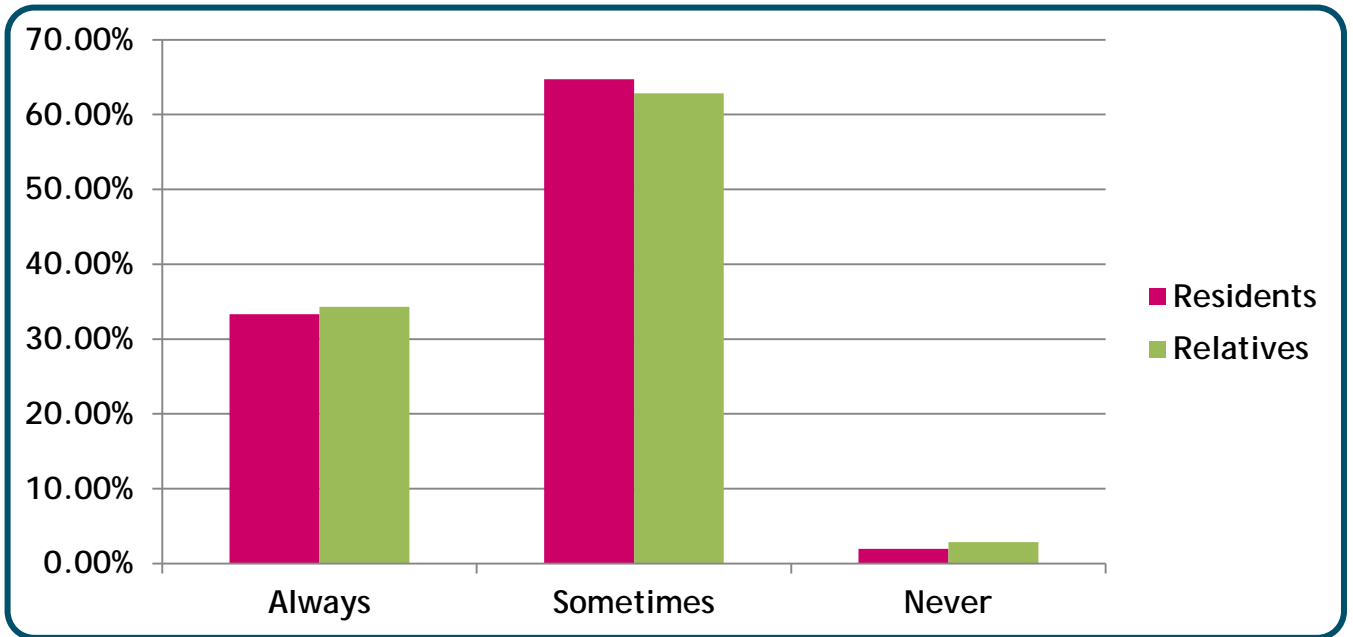
- Regular, with invitations and more publicity
- Act upon decisions made at meetings not to just forget about what has been said
- Cup of tea at meetings
- Encourage residents and relatives to attend
- It would move things along if a rep from the meetings could sit in on staff

We also wanted to find out whether residents and relatives felt that the meetings and surveys were effective and led to positive change. We asked: **Does the person running resident meetings give feedback on what has happened about issues raised at previous meetings?** The results are below and are generally positive.



We went on to ask: **Does information gathered at meetings and in surveys lead to service improvements?** The results are below and are positive, though less so than in the first question.

³ www.yourcarerating.org



We also asked residents and relatives for examples of when issues raised at residents meetings or in satisfactions surveys have led to service improvements. Responses to this question were mixed.

Resident responses tended to be positive and included:

I explained that I liked chess and they got me a chess board

We have fun evenings like Wild West night

The garden had a makeover and now includes a quiet seating area

Improvements to food and the menu

But there were a couple of less positive comments including:

I suggested we have a newsletter, it was agreed at the meeting but then nothing happened

And relative responses were more mixed:

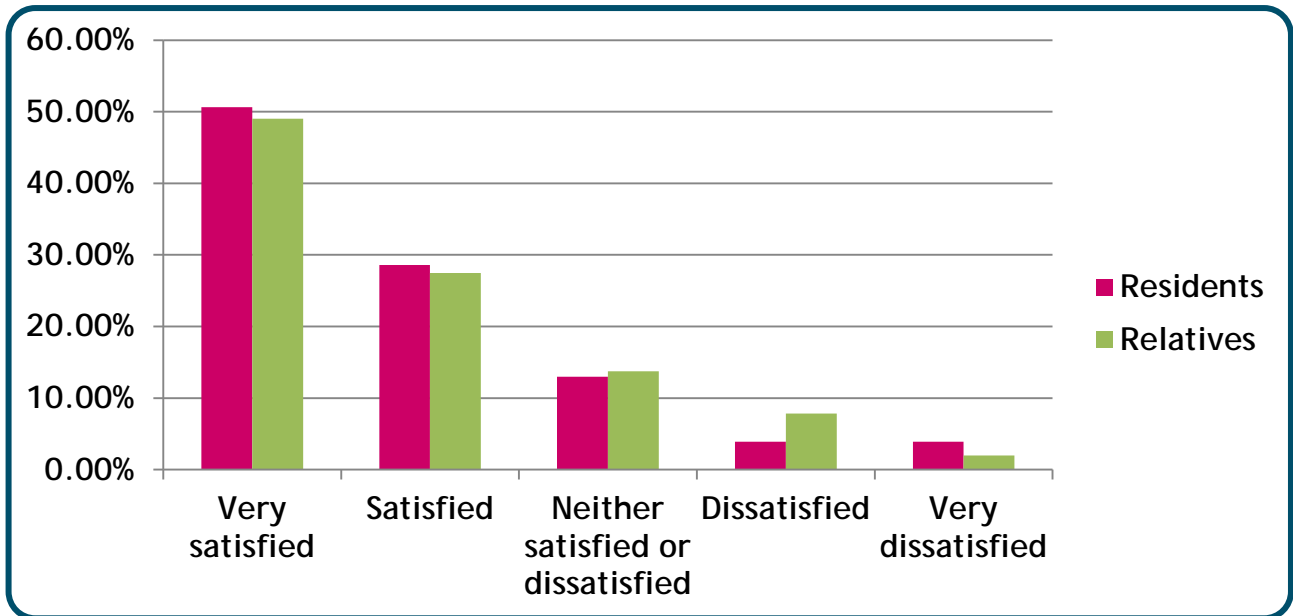
Everything takes a while to be rubber stamped by head office

Food survey made no difference and smoke alarm took nearly four month

Residents would like more excursions but ability to offer these trips is limited by need for sufficient staff and volunteer helpers

Activity co-ordinator employed since last meeting in April

Our final question to residents and relatives was: **Overall how satisfied are you with how the care home involves you?** Like our first question, the results were largely positive, with residents being more positive than their relatives in all categories except the final one where more residents feel very dissatisfied. However, in both of the 'dissatisfied' categories the numbers are very low.



Finally, we asked people to tell us about other ways in which they would like to be involved in their care. Most residents' responses were about being listened to more:

Yes it would be better if they talked to us more about things and dealt with things promptly

Would like to be asked regularly about what I think and want

Would like to discuss what activities I can do

However many people made comments such as:

No, happy to leave the running of the home to them

And some would be difficult to implement!

We should be involved in who the home takes in and where they put new residents as some people are very noisy and disruptive!

While relatives said:

Would like to be updated more rather than myself having to ask carers

I would like the points I raise to be valued and acted upon

I would like to be invited to staff training days to further my understanding but also to ensure we're all singing from the same song book

4.4 Case studies of innovative involvement

Through the surveys we heard about some innovative examples of how care homes involve residents and decided to look at a few in more detail. We visited these homes and talked with managers, staff and residents to find out more. Three examples are described below



Involving residents in staff recruitment

Cestria House is a small 21 bed residential and dementia care home located in Jesmond. It is part of the Prestwick Care group.

Cestria House involves residents in the recruitment of new staff and gave the example of two students who were on placement in the home who subsequently applied for permanent jobs. A number of residents provided feedback on how the student placements had gone and a further two residents sat on the panel when the students were interviewed for the

permanent posts. Residents asked questions and gave verbal feedback on the applicants but were not required to fill out the paperwork.

The manager stated that the experience had been a very positive one, for both the home and for the residents, and one that she would definitely repeat again. She felt it was a way of involving residents in a proactive and meaningful way. We also spoke to one of the residents who sat on the interview panel and she commented on how much she had enjoyed the experience.

Involving frailer residents

Cranlea is a 39 bed residential and dementia care home located in Kingston Park. It is part of the Anchor Trust, a not-for-profit provider of housing and care for older people. Cranlea uses creative activities and reminiscing as a way of encouraging the involvement of residents with limited capacity.

The Activities Co-ordinator described the example of a resident who, due to her condition, has very limited speech and will usually reply with only a 'yes' or a 'no' when asked a direct question. The resident had been involved in an art activity based around autumn leaves. As the activity progressed the resident picked up a leaf and exclaimed how beautiful it was and that it was her favourite. This was the first time staff had heard her express a preference for anything.

The Activity Co-ordinator also highlighted the importance of giving people time to respond. She felt that the resident concerned had articulated a response to the leaves partly because people hadn't questioned her but had given her the space to react in her own time.

Later, as the manager was accompanying Healthwatch staff out of the building, that same resident initiated a conversation with the manager. The manager felt strongly that the resident's involvement in creative activities was having a positive impact on her ability to communicate and make her preferences known to staff, thereby enabling her to be more involved in decisions about her care.

The residents' committee

Kenton Hall Nursing Home is a 60 bed residential and nursing home located in the Kenton area of Newcastle.

The home has a very active residents' committee that has operated independent of home staff since February 2015. The manager explained that prior to our meeting she sought the committee's permission to discuss their meetings with me. They agreed. The committee meets every second month, with a structured meeting agenda, and 14–15 residents regularly attend. The group sees itself as representing the wider resident community and two regular attendees have been chosen to specifically represent the views of those residents who are unable to attend.

The meetings are minuted and a copy is sent to the care home manager, who is expected to reply in writing explaining how the home intends to respond to the issues raised. The

manager explained that the residents’ committee clearly feels empowered to suggest service improvements and expects to have their suggestions taken seriously. Examples of issues raised that have led to service improvements include:

- Residents felt it was inappropriate to raise health concerns with nursing staff in public and suggested a system whereby residents could have dedicated time with nursing staff by appointment. This system was subsequently implemented.
- Residents asked if more breakfast service staff could be provided to free up carers to support residents with getting up, thus enabling all residents who wanted to, to be up at a reasonable time. Again this suggestion was implemented.

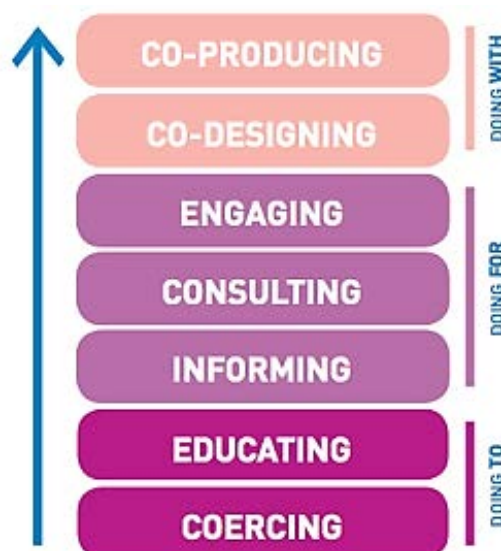


4.5 Summary of key findings

From the care home managers’ survey

Our research has shown us that all the care homes that responded involve residents in care plan development and reviews and hold occasional residents’ meetings. We feel this is the minimum that should be done in terms of involvement.


Unfortunately a very small number are doing little more than this. These homes fall towards the lower end of the participation continuum, where they are ‘doing for’ rather than ‘doing with’ through just informing and basic consultation with residents and relatives.





Source: new economics foundation

More positively, most care homes in Newcastle are doing considerably more. Examples of how care homes involve residents and relatives can be read in sections 4.2 and 4.3 of this report.

Some care homes acknowledged that they need to do more:

 **There is a lot I wish to do regarding resident and relative involvement, as this is an area which needs improvement** 

While others felt constrained by the nature of their client group:



 **Due to residents severe dementia we mainly work with relatives** 

A small number of the care homes appeared to be embedding involvement in their work and this was reflected in the surveys of managers, residents and relatives alike from those homes. Some examples of exciting and innovative involvement are described in the case studies in section 4.4 of this report. There were others, including the example of a music loving resident who was supported by staff to set up and then run a weekly music appreciation group at her care home. This lady was rightly very proud of her achievement and was keen to tell Healthwatch staff about it. The positive impact on her confidence and self-esteem was clear to see.

In addition, some of these care homes are involving all of their residents, not just the most able and motivated. However, they did acknowledge that this was often down to the special skills and dedication of specific staff. These homes are at the top end of the participation continuum: they are 'doing with' by involving residents and relatives in the co-design and co-production of services.

From the residents' and relatives' surveys

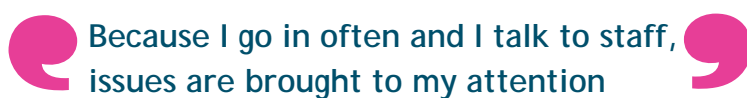
Overall, both residents and relatives appeared to be satisfied with both their general care and with the level of involvement they have, with residents usually having slightly higher satisfaction levels. This is probably to be expected, given residents often have more limited capacity and consequently lower expectations. However, some relatives felt very involved, as one man said:

 **I am like a resident myself, they are all like family to me. I couldn't be involved any more than I am. I have my lunch there every day with my wife** 

Others mentioned being constantly involved, to the extent of being involved in inspections and having regular meeting with the proprietors.

However, there were small but significant numbers of both residents and relatives who would like to be more involved and they had good suggestions about how involvement could be improved. Some of these suggestions can be found in section 4.3 of this report. A re-occurring theme was around the need for care home staff to be more proactive in involving both residents and relatives.

Several people made comments that they are involved because they actively make sure that they are – if they hadn't initiated it then it wouldn't have happened. As one relative said:

 **Because I go in often and I talk to staff, issues are brought to my attention**

For involvement to include everyone it needs to be initiated by the care home rather than be dependent upon the motivation of individual residents or relatives.

Another linked theme was around staff not having the time to support effective involvement. Some relatives felt that staff would like to do more but were constrained by the demands of day to day care giving.

5. Recommendations

We would encourage care homes to read this report and consider implementing some of the ideas and examples of best practice described here. However, as a starting point we have three main recommendations which we believe will facilitate the effective involvement of all care home residents and their relatives:

1. Care home managers need to proactively develop an organisational culture across the whole home which believes that involvement is both valuable and viable. A culture where the many benefits of involvement are understood by both staff and residents and where residents feel empowered and their many assets, strengths and resources are recognised and utilised.
2. Care homes should put in place policies and procedures that ensure both residents and relatives are encouraged and enabled to be involved so that involvement happens as a matter of course.
3. Care homes should provide staff with the skills, the training and the time to enable them to facilitate the involvement of all residents in ways that work for them, by the imaginative use of different involvement methods.

We would also encourage care homes to adopt the three main recommendations from the CQC 'Better care in my hands' report which are that providers focus their efforts on ensuring the following are in place:

- Personalised care plans – written with people, for people, and with their wishes and preferences clearly identified and monitored
- The sustained and supported involvement of families and friends in the care of their loved ones
- The co-ordination of people’s involvement in their care as they move between services, for example, through the use of health and care passports

Leading on from these, the ‘Better care in my hands’ report also describes what the CQC expects to see in care services that deliver **outstanding** involvement in care. We would recommend that care homes work towards adopting these characteristics.



The CQC identifies outstanding involvement of individuals where:

- People are truly respected and valued as individuals and are empowered as partners in their care
- There is a strong, visible person-centred culture
- Relationships between people who use the service, those close to them and staff, are strong, caring and supportive
- Staff and management are fully committed to working in partnership with people and making this a reality for each person
- Staff empower people who use the service to have a voice and to realise their potential
- People’s individual preferences and needs are always reflected in how care is delivered
- The service is exceptional at helping people to express their views so they understand things from their points of view
- They use creative ways to make sure that people have accessible, tailored and inclusive methods of communication

6. Acknowledgements

Healthwatch Newcastle would like to thank all care home residents, relatives and care home managers who completed our involvement surveys. We would also like to thank those care homes who hosted a visit and those we used as a case study. The homes involved were:

- Bowland Lodge
- Briardene Care Home
- Brunswick House
- Byker Hall
- Cestria House
- Cranlea
- Dene Park House
- Eothen Homes, Gosforth
- Kenton Hall Nursing Home
- Lindisfarne House
- Philip Cussins House
- Waverley Lodge

We also want to thank our Research Champions, who are all volunteers and accompanied Healthwatch Newcastle staff on the care home visits and assisted people to complete the survey: Cath Gerrard, Allan Robinson, Violet Rook, Judy Scott and Linda Woodcock.

7. Appendices

Residents' survey

Section one: general information

1. What is the name of your care home?

2. How long have you lived there?

3. Do you feel...

Well cared for?

Very

Not very

Not at all

Please give a reason for your answer

Safe?

Very

Not very

Not at all

Please give a reason for your answer

Happy?

Very

Not very

Not at all

Please give a reason for your answer

Section two: how your care home involves you and relatives in decisions about your care

4. When you moved into your care home, were **you** involved in the development of your care plan?

Fully involved

Somewhat involved

Not involved

Please explain how you were involved (or not).

5. When you moved into your care home were **your relatives** involved in the development of your care plan?

Fully involved

Somewhat involved

Not involved

Please explain how they were involved (or not).

6. How often is your care plan reviewed?

7. Are **you** involved in the review of your care plan?

Fully involved

Somewhat involved

Not involved

Please explain how you are involved (or not).

8. Are **your relatives** involved in the review of your care plan?

Fully involved

Somewhat involved

Not involved

Please explain how they are involved (or not).

9. Please tell us about any other ways in which the care home involves **you** in decisions about your care.

10. Please tell us about any other ways in which the care home involves **your relatives** in decisions about your care.

Section three: how you and your relatives are involved in decisions about how the home operates

11. Does your care home have regular residents' meetings?

Yes

No

12. If yes, how often are they held and at what time of day?

13. Are relatives invited to attend?

Yes

No

14. Who runs the meetings?

15. Does the person running the meeting give feedback on what has happened about issues raised at previous meetings?

Always

Sometimes

Never

16. If your care home has residents' meetings, can you think of any ways in which they could be improved?

17. Does the care home carry out an annual satisfaction survey with...

Residents Yes

No

Relatives

18. Does the information gathered at meetings and in surveys lead to service improvements?

Always

Sometimes

Never

Please give an example.

19. Please tell us about any other ways in which the care home involves **you** in decisions about how the home operates.

20. Please tell us about any other ways in which the care home involves **your relatives** in decisions about how the home operates.

21. Please tell us about other ways in which you would like to be involved in your care?

22. Overall how satisfied are you with how the care home involves you?

Very satisfied

Satisfied

Neither satisfied
or dissatisfied

Dissatisfied

Very dissatisfied

23. Please add any further comments.

Relatives' survey

Section one: general information

1. What is the name of your relative's care home?
2. How long has he or she lived there?
3. What is your relationship with your relative? Are they your...
 - Spouse
 - Parent
 - Brother/sister
 - Aunt/uncle
 - Grandparent
 - Other
(please specify)

4. Do you feel your relative is...

Well cared for?

- Very Not very Not at all

Please give a reason for your answer

Safe?

- Very Not very Not at all

Please give a reason for your answer

Happy?

- Very Not very Not at all

Please give a reason for your answer

Section two: how the care home involves residents and relatives in decisions about care

5. When your relative moved into the care home were **they** involved in the development of their care plan?

Fully involved

Somewhat involved

Not involved

Please explain how they were involved (or not).

6. When your relative moved into the care home were **you** involved in the development of their care plan?

Fully involved

Somewhat involved

Not involved

Please explain how you were involved (or not).

7. How often is your relative's care plan reviewed?

8. Is **your relative** involved in the review of their care plan?

Fully involved

Somewhat involved

Not involved

Please explain how they are involved (or not).

9. Are **you** involved in the review of your relative's care plan?

Fully involved

Somewhat involved

Not involved

Please explain how you are involved (or not).

10. Please tell us about any other ways in which the care home involves **your relative** in decisions about their care?

11. Please tell us about any other ways in which the care home involves **you** in decisions about your relatives care

Section three: how the care home involves residents and relatives in decisions about how the home operates

12. Does your relative's care home have regular residents' meetings?

Yes

No

13. If yes, how often are they held and at what time of day?

14. Are relatives invited to attend?

Yes

No

15. Who runs the meetings?

16. Does the person running the meeting give feedback on what has happened about issues raised at previous meetings?

Always

Sometimes

Never

17. If your care home has residents' meetings, can you think of any ways in which they could be improved?

18. Does the care home carry out an annual satisfaction survey with...

Residents Yes

No

Relatives

19. Does the information gathered at meetings and in surveys lead to service improvements?

Always

Sometimes

Never

Please give an example.

20. Please tell us about any other ways in which the care home involves **your relative** in decisions about how the home operates.

21. Please tell us about any other ways in which the care home involves **you** in decisions about how the home operates.

22. Please tell us about other ways in which you would like to be involved in your relative's care.

23. Overall how satisfied are you with how the care home involves you and your relative?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please add any further comments.

Managers' survey

Section one: general information

1. What is the name of your care home?

2. How long have you managed the home?

Less than 6 months	6 months to 1 year	1-3 years	Over 3 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How many residents do you currently have?

4. What type of care does your home provide (please tick all that apply)?

Residential

Nursing

Dementia

Other (please
specify)

Section two: how you involve residents and their relatives in decisions about their care

5. Please explain how you involve new residents in the development of their care plan.
6. Please explain how you involve relatives in the development of a new resident's care plan.
7. How often do you review care plans?
8. Please explain how you involve residents in the review of their care plan.
9. Please explain how you involve relatives in care plan reviews.
10. Please tell us about the other ways in which you involve residents in decisions about their care.
11. Please tell us about the other ways in which you involve resident's relatives in decisions about their care.
12. Please explain how you would enable and encourage frailer residents to be involved in decisions about their care.

Section three: involving residents and their relatives in decisions about how your care home operates

13. Do you have regular residents' meetings?

Yes (please go to Q15)

No

14. If no, please explain why not.

15. If yes, how often are they held and at what time of day?

16. Are relatives invited to attend?

Yes (please go to Q15)

No

17. Who runs the meetings?

18. Are minutes taken and if so what happens to the minutes?

19. Does the person running the meeting feedback on what has happened about issues raised at previous meetings?

Always

Sometimes

Never

20. Please explain how you would enable and encourage frailer residents to get involved in residents meetings.

21. Do you carry out an annual satisfaction survey with...

Residents

Yes

No

Relatives

If yes, what happens to the information you gather?

22. Please tell us about the other ways in which you involve residents in decisions about how your care home operates.

23. Please tell us about the other ways in which you involve relatives in decisions about how your care home operates.

24. Please add any further comments

Contact details



Healthwatch Newcastle, Broadacre House,
Market Street, Newcastle upon Tyne, NE1



0191 338 5720



07551 052 751



info@healthwatchnewcastle.org.uk



www.healthwatchnewcastle.org.uk



@HWNewcastle



HWNewcastle



Healthwatchnewcastle



HWNewcastle



If you require this report in a different format
please call Freephone 0808 178 9282



Healthwatch Newcastle is part of Tell Us North CIC, company no. 10394966. We use the Healthwatch trademark (which includes the logo and the Healthwatch brand) when carrying out our activities. The Healthwatch logo is a registered trademark and is protected under trademark law.