



advice and support for older age  
**Independent  
Age**

# Evaluating residential care in Camden

A review of our pilot project with Healthwatch Camden



March 2017

# Contents

---

<b>1. Introduction</b>	2
1.1 About this project	2
1.2 About this evaluation	3
<b>2. What we learned</b>	6
2.1 Enter and View visits	6
2.2 The care home quality indicators	8
2.3 The care home reports	13
<b>3. Taking this work forward</b>	15
<b>4. Appendix</b>	16
<b>5. Acknowledgements</b>	26

# 1. Introduction

---

## 1.1 About this project

We wanted to find out what is known about quality in care homes and how this is affecting the choices open to older people in need of residential care and their families. This has been a key driver of our research at Independent Age over the past 18 months.

Our report, **Shining a light on care: helping people make better care home choices**, argues that both the care sector as a whole, and older people and their families, urgently need to know more about quality in care homes<sup>1</sup>.

There have been some attempts to provide the kind of qualitative information that goes beyond basic safety standards (for example, through initiatives such as My Home Life and Your Care Rating<sup>2</sup>). But our research suggests there is still a gap to be filled in terms of giving people a real sense of what a home may be like to live in.

As part of this research, we consulted older people, their families and care experts in order to develop a set of 10 quality indicators for care homes (see box 2). These set out those features we believe all good care homes should be able to evidence in their policies and everyday activities.

We had an opportunity to test out these indicators in practice through a partnership with Healthwatch Camden. Through a series of Enter and View visits at the end of 2016, Healthwatch Camden used our 10 indicators to gather information on each of the seven care homes for older people in Camden.

Visits consisted of a team of local volunteers and Healthwatch Camden representatives spending time talking to the manager, staff, residents and family members, using an agreed set of questions. Visits were pre-arranged and the homes were sent posters and asked to advertise the visits in advance. By involving volunteers, Healthwatch Camden aimed to give voice to an independent viewpoint that local people would trust.

These findings were written up into a series of reports, now available to the public on the Healthwatch Camden website<sup>3</sup>. The reports detail how the care homes performed against the 10 indicators, on the evidence of the visits.

They include a simple coloured 'traffic light' system to give a quick snapshot of how the home performs on each indicator.

---

<sup>1</sup> [https://www.independentage.org/sites/default/files/2016-11/Shining\\_a\\_light\\_on\\_care\\_report.pdf](https://www.independentage.org/sites/default/files/2016-11/Shining_a_light_on_care_report.pdf)

<sup>2</sup> <https://myhomelife.org.uk/>; <http://www.yourcarerating.org/>

<sup>3</sup> <http://www.healthwatchcamden.co.uk/reports>

### Box 1: Healthwatch Enter and View visits<sup>4</sup>

Local Healthwatch organisations were established under the Health and Social Care Act 2012. They act as local consumer champions for people using health and care services, giving them a stronger voice and providing information and advice to aid choice.

Local Healthwatch have statutory powers to 'Enter and View' any health or social care provider and report on their findings publicly (although this does not extend to services for those under 18). This means that health and social care provider organisations must allow a Healthwatch authorised representative to enter and observe activities on premises controlled by the provider, as long as this does not affect the provision of care or the privacy and dignity of people using services. Providers do not have to allow entry to parts of a care home that are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Local Healthwatch must comply with and publish a procedure for making decisions about who may be an authorised representative, updating this procedure if it is amended. The local Healthwatch must maintain and publish a list of individuals who are authorised representatives and provide each authorised representative with written evidence of their authorisation.

## 1.2 About this evaluation

This project was designed to pilot a new set of indicators and a method for using these to assess care homes. Once completed, we wanted to carefully evaluate:

- how easy it was to elicit the information we wanted using the Enter and View visits process
- how appropriate the indicators were for people thinking about care homes choices
- whether the final product – the set of reports – really would aid decision making for local people.

In order to answer these questions, we evaluated the project through:

- a questionnaire to all the volunteer visitors, to hear about their experience of doing the visits and asking questions of management, staff, residents and families
- two focus groups held in January 2017 with 16 Camden residents who had expressed an interest in local care homes, to hear about their experience of reading the reports Healthwatch Camden had produced. These were 90 minute sessions and participants were asked to read two of the reports in advance. The audio recordings from the groups were transcribed. Quotes from participants feature throughout this evaluation report.

<sup>4</sup> [http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20130822\\_a\\_guide\\_to\\_the\\_legislation\\_affecting\\_local\\_healthwatch\\_final.pdf](http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20130822_a_guide_to_the_legislation_affecting_local_healthwatch_final.pdf)

## **Box 2: Independent Age's Initial Care Home Quality Indicators: A good care home should...**

**1. Have a registered manager in post.** The registered manager is the most important staff member in a care home – and the one responsible for ensuring quality standards and residents' needs are met.

They should be visible within the care home, provide good leadership to staff, have relevant experience of the health and care system and qualifications to help them do their job.

**2. Have a stable workforce.** Care homes with knowledgeable, experienced staff who get to know residents can make the difference between an institution and a home. Where turnover of staff is very high, these qualities can be lost. It may also be a sign that staff are not happy working in the home.

**3. Have staff who have the right skills to do their jobs.** Well-informed, skilled staff who are valued and developed as employees are vital to a smooth-running care home. All care homes should have a clear, comprehensive training scheme to ensure staff have the knowledge they need.

**4. Have enough staff on duty during the day and night.** Many homes have a lower proportion of staff on during the night, but if the ratio falls too low – at any time of day – response times can be too slow.

**5. Be clear about how they will be able to meet residents' needs both now and in the future.** Many residents will develop more care needs as they get older – particularly if they have a condition like dementia. It is vital that homes can

spot changes to their health and respond appropriately – consulting other health professionals where necessary – in order to provide the right level of care, and prevent residents from having to move again.

**6. Actively involve residents, family, friends and the local community in the life of the home.** Homes should have a clear way for residents, relatives and friends to get involved in decision-making in the home, if they choose to, such as a residents and relatives committee. Homes should not have set visiting hours, or any other arrangements that makes them feel more like a hospital than a home. They should have good links with the local community, for example by arranging visits from local schools.

**7. Offer meaningful activity and enjoyment to suit all tastes.** Care homes should not be boring places – they should offer an interesting range of activities and entertainment that match the tastes and preferences of their residents, including individual activities. Homes should take steps to stop residents from becoming isolated or lonely while respecting their privacy and choice.

**8. Enable residents to see a GP or other health professionals like a dentist, optician or chiropodist, whenever they need to.** Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home. Care homes should be able to explain the relationship they have with their local NHS services – does a GP visit regularly? Can they call a GP out in an emergency? How easy is it for residents to see a dentist, optician, chiropodist or physiotherapist, either for a check-up or in an emergency?

**9. Accommodate residents' cultural and lifestyle needs.** Care homes should be set up to meet residents' varied cultural and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they do things differently to other residents. They should also be proactive in finding out what an individual's needs are, so they can accommodate them.

**10. Show that they're always looking to improve.** People choosing a care home should be able to find out what current residents, their families and friends think about the home. The care home should be happy to help people do this – for example, by putting someone in touch with a residents and relatives group, or allowing someone to speak to residents and visitors in private. They should also have support in place for people who wish to make a complaint at any time, and there should be a healthy culture of challenge and feedback among residents, relatives and staff.

## 2. What we learned

---

Reflecting on this project, there are three distinct areas where there are significant learning points. We have recommendations for how to take forward any similar project in the future including: the Enter and View visits process; the care home quality indicators; and the reports aimed at conveying findings to local people.

### 2.1 Enter and View visits

#### What we heard

The Enter and View volunteer team told us that everyone they spoke to was willing to be interviewed and they did not come up against any negative reactions to the process. However, there were some challenges involved in getting the information required. Instances of dementia made it difficult to elicit clear responses from some residents. Language barriers also made it difficult for some staff to fully understand and respond to questions. Volunteers reported that in some instances they felt staff might be concerned about answering the questions freely.

During the focus groups, participants told us that they wanted more assurances around the rigour of the methodology for conducting the visits. There were concerns that the reports were based on a single visit for a few hours, which might miss key times of the day such as meal times or

shift handovers. Understanding what happens at night as well was important to some, with one participant commenting, 'Things go on at night that residents are hesitant to talk about'. There was a strong recommendation to us that 'maybe more frequent visits need to be done, or at different times of the day'.

Focus group participants also raised concerns about the scale of the evaluation and whether it was really sufficient: 'You only asked three residents, you only asked four staff.' There was also a degree of scepticism about how free staff would feel in their responses: 'You can't be sure what they are saying is what they really feel.' Similarly, concerns were raised that relatives might not always be forthcoming in their responses. One commented, 'People are very fearful of giving negative feedback because they feel that the relative will then be abused or disadvantaged or not treated well by the staff.'

**"I am not sure I would place too much credence on what one person said."**

We also heard that participants worried that pre-arranged visits gave homes the opportunity to present an atypical picture of their environment: 'If you turn up by pre-arranged appointment, they can make sure all their ducks are

in a row... I think an unannounced visit would have been much more useful.'

(Interestingly, the Enter and View volunteers did not share this concern and felt that it would have made little difference to do unannounced visits.)

Overall this feedback underlies the deep suspicions many people have about care home environments. Some of the experiences of those who attended our focus groups were perhaps atypical (for example, one participant was in the process of launching a formal complaint about a relative's treatment), but the attitude is one we have seen in other focus groups and other research around care homes.

Polling we conducted in October 2016 found that just over half (52%) of British adults say that abuse and neglect in care homes for the elderly is common<sup>5</sup>. The starting assumption of many individuals is that abuse and neglect is all too frequent in care homes and therefore any attempt to assess the quality of services needs to be designed to be able to uncover poor practice.

However, it is important not to lose sight of the limits of what we wanted to achieve through this process. It is about providing a further source of information for local residents rather than setting up a formal inspection process to rival that of the Care Quality Commission (the independent regulator of all health and social care services in England).

## Our recommendation for a future process

Taking on board these views, we need to balance public scepticism and desire for rigour against what can realistically be achieved in terms of the time and budget for an Enter and View visit.

We would recommend the following changes to any future care home assessment undertaken by a local Healthwatch using this project's indicators and methods:

- Visits should be conducted over the course of a full day, with at least one of the visit team (most likely to be a local Healthwatch employee representative rather than volunteer) to be present early in the morning to observe shift changes.
- Visits should include time for pure observation, in addition to one-to-one interviews with management, staff, residents and family.
- Visits should be supplemented with a relative's questionnaire and a staff questionnaire to potentially cover more individuals and enable people to answer questions more freely in their own time. Care homes would be asked to distribute this in advance (with their willingness being another measure of openness and transparency).

---

<sup>5</sup> Independent Age Care Homes Poll. ComRes interviewed 2,030 GB adults aged 18+ online between 28th and 30th October 2016. Data were weighted by age, gender, region and socio-economic grade to be representative of all British adults aged 18+.

## 2.2 The care home quality indicators

### What we heard

Overall, the Enter and View team found the indicators and associated questions were useful and appropriate. However, they did comment that the list of questions was extensive and took too long given the number of people they wanted to talk to during a single visit.

The team also had some substantive feedback about the indicators themselves. First, they found some of the indicators involved obtaining data from which it was hard to assess what 'good' looks like. For example, in relation to staff training, even if volunteers could get a list of staff qualifications (and this in itself could be difficult to obtain), it would be difficult to know how to assess this. What list of qualifications would be sufficient? How should we judge the merits of different courses without detailed knowledge of their content? Similarly, staff ratios at different times of the day or night could be obtained, but to be meaningful this requires a judgement about what a 'good ratio' looks like. Given this feedback, we concluded that gathering hard data of this kind is probably better suited to a Care Quality Commission (CQC) inspection than a local Healthwatch Enter and View exercise.

Second, volunteers noted that some of the indicators included a number of quite distinct elements, which made it difficult to make a judgement about performance overall. For example, the sixth indicator includes reference both to involving residents and families in terms of giving feedback and the home

being involved in its local community. These are two different things. It was clear from the volunteer feedback that we would need to edit the indicators to ensure there was only one clear feature being assessed in each.

Participants in our focus groups also gave detailed feedback on the indicators they found more or less helpful, as well as suggestions of areas they felt were missing from our list of 10.

Overall, questions were raised about how this set of indicators is different from the measures CQC assesses. One participant commented, 'I am trying to work out what you are doing that is different from CQC because they are checking that the home is safe and the staff are trained, that they meet those basic standards.'

Participants also told us that they thought some of our indicators were too basic, and therefore missed the details they were really interested in. For example, there was less interest in whether a registered manager was in post, and more in how accessible the manager was to residents, and what arrangements were in place when they were absent. In relation to activities in a home, participants wanted to know not just that these were in place, but also how well residents were supported to actually access them. When thinking about staff, participants were less interested in a list of formal qualifications and more in 'if they actually know the person'.

The challenge to us seemed to be to go beyond a tick box approach and use the visits and questioning to get closer to the qualitative experience of actually living in the home.

### What's missing?

During the focus group sessions, participants told us about a whole range of things they would be keen to learn about a home, which didn't feature in our current indicators. These included:

- information on the physical environment – the general standard of accommodation, how recently it had been decorated and so on
- information on how flexible the home is around allowing pets, or residents to bring their own furniture.

Several participants also wanted the indicators to elicit more about the atmosphere of the home and how it might cater for their own cultural tastes. One participant told us 'I can't think of anything worse for me, as an ex-classical musician, than going into a care home with a television where pop music is going on all of the time... It's not a medical need but it's about a basic lifestyle need.'

Another was concerned about whether a home would be appropriate for them as a member of a minority group in the UK, commenting, 'care homes aren't ready for the Bangladeshi community yet.'

In addition, there was a strong consensus from both focus group participants and the volunteer visitors that there was a major gap in our indicators around nutrition and food. This was raised as being important from a health and wellbeing perspective: 'I think there should be something in here about the extent to which the food is of a good, healthy quality and people are assisted to eat,' noted one participant.

But it was also raised in relation to the important social role of food and mealtimes. Focus group participants were interested to know how mealtimes were structured and how much flexibility there was to eat in the dining room or in your own room at different times of the day. They also wanted to know the level of food choices made available to residents and whether they could influence the menus.

## Our recommendations for a revised set of indicators

Reflecting on feedback from the focus groups and volunteer visitors, we have edited the original list of 10 to arrive at the list of eight indicators below. The objectives for this new list were to reflect what we had heard as follows:

- The need to ensure these indicators elicit information that is clearly distinct from that which CCQ reports already provide.
- The need to ensure each indicator only represents one core idea.
- The need to keep these concise – we were looking to ideally cut rather than add to the number of indicators.

Alongside the revised indicators, we have also suggested the kinds of questions that we think could be used by local Healthwatch, should they wish to use these indicators to assess the quality of care homes in their area.

### A good care home should...

#### 1. Have strong, visible management

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Local Healthwatch could explore this indicator by asking:

- whether residents and families know the manager by name and see them regularly on site
- whether the manager knows the residents individually and communicates enthusiasm for the job
- whether residents and families feel the manager does a good job and is friendly and helpful
- whether staff feel well led and supported by the manager.

#### 2. Have staff with time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Local Healthwatch could explore this indicator by asking:

- whether staff have enough time to care for residents
- whether staff feel encouraged to keep learning and developing
- whether staff enjoy their job
- whether residents and families feel staff have the right skills to do their jobs and whether this is reflected in the care they see and receive.

### **3. Have good knowledge of each individual resident and how their needs may be changing**

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Local Healthwatch could explore this indicator by asking:

- what the processes are for getting to know residents when they first arrive, and reviewing their care plans on an ongoing basis
- residents and families how well they think staff know them/their relative and how quickly they notice changes
- and by observing interactions between staff to gauge the level of personal knowledge of different residents.

### **4. Offer a varied programme of activities**

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Local Healthwatch could explore this indicator by asking:

- what activities are available, how these are coordinated and who decides the programme. Are there opportunities to take part in activities outside the home?

- whether residents enjoy the activities that are available and whether it's easy to access them

- whether residents are actively encouraged and assisted to take part in the activities on offer.

### **5. Offer quality, choice and flexibility around food and mealtimes**

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms, and accommodate different preferences around mealtimes.

Local Healthwatch could explore this indicator by asking:

- what arrangements are in place to support residents with eating and drinking, including between mealtimes
- whether residents and relatives think the food is good and whether there is enough choice
- whether residents can eat at a time and in a place that suits them.

### **6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Local Healthwatch could explore this indicator by asking:

- whether there is a regular programme of access to preventive care services
- whether residents have had a dental check-up, or eye test, or seen a chiropodist in the past six months.

### **7. Accommodate residents' personal, cultural and lifestyle needs**

Care homes should be set up to meet residents' cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Local Healthwatch could explore this indicator by asking:

- what provision the home makes for residents with particular personal, religious, cultural or language needs
- how flexible the home has been in accommodating the particular needs of individual residents who are not white British. For example, is there support to uphold religious routines such as prayer times?

### **8. Be an open environment where feedback is actively sought and used.**

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Local Healthwatch could explore this indicator by asking:

- what systems are in place for gathering feedback from residents and relatives (eg resident and relative committee, regular surveys, suggestion boxes)
- for examples of changes that have been made in response to feedback
- whether residents, relatives and staff feel involved in what happens in the home and whether they feel they can influence things
- whether relatives feel they are welcome participants in the life of the home
- whether residents and relatives know what to do if they wish to make a complaint.

## 2.3 The care home reports

### What we heard

We dedicated part of the focus group sessions to feedback on the reports themselves: how easy were they to digest and understand? Were they presented clearly enough? And crucially, would they really aid decision making for people faced with making a care home choice?

Overall, we were pleased to hear that participants did find the reports helpful and reading them certainly shaped their views on the desirability of the relevant homes. In some cases, that might mean ruling out a particular care home: 'I'd rather keep my mum at home if I read this.' Another felt that they fill a current gap in terms of care home information: "Thinking about the process of making a decision, what else is there like this?"

**"I wish I'd had these reports 10 years ago when I put my mother in a home."**

Generally participants seemed to view the reports as forming one part of an overall picture that would need to be informed by other inputs such as CQC reports, word of mouth feedback and their own visits: 'I wouldn't place all my decision making based on that [the report]. That would be part of it.'

Another commented, 'I think I'd find it a sort of jumping off ground... I'd want to know more.' For us this was a good outcome as we were keen to convey that the report, following a local Healthwatch Enter and View, should form a useful and valuable part of a wider consideration about which home was right for an individual.

Visually, the traffic light system worked well and people liked the fact that there were a range of responses (six possible 'grades' of colour for each question) which enabled a more nuanced reporting of performance.

In terms of improvements to the reports, participants felt that there could be more in terms of 'scene setting' to give a flavour of the home in question before launching into the discussion of indicators.

They suggested we include a 'context box' detailing key features of the home such as the number of residents and the type of care (residential, nursing or specialist dementia).

They also recommended that the indicators be listed at the beginning of the report so that they were clear from the start, and readers could jump to the ones that were especially important to them.

## **Our recommendation for a future report structure**

We suggest the following changes to any future Enter and View reports that local Healthwatch produce:

- A context box is added at the front end of the report which includes:
  - total number of residents
  - care needs the home accommodates, so for example whether the home provides residential care, nursing care, or specialist dementia care and where residents are supported by a Clinical Commissioning Group (this change has already been made to the seven Healthwatch Camden reports).
- There should also be a reference to the relevant CQC report (with web link) along with some commentary about what the CQC inspections reveal, particularly in terms of safety and staffing.
- A summary list of all the indicators being investigated is featured at the beginning of the report.

# 3. Taking this work forward

---

In view of all the feedback we received, we feel that a local Healthwatch Enter and View process, using the revised indicators from Independent Age, is a worthwhile exercise. This substantially adds to the available information resources for those in the position of choosing a care home.

With the recommendations for changes to the process, indicators and reporting in mind, we would be pleased to see this process adopted by other local Healthwatch organisations across England. We are currently in discussion with Healthwatch England about the best way to make the resources from this pilot project available across the network, should other local Healthwatch wish to engage in a similar process.

Throughout 2017, Independent Age will be continuing to work in the area of care home quality and information as part of our Better Choices, Better Care campaign. More details of this campaign can be found on our website: <https://www.independentage.org/better-care>

# 4. Appendix

---

## 4.1. Questions for Enter and View Visits

Below are our suggested questions to ask management, staff, family and residents during a Healthwatch Enter and View visit to a care home for older people. The questions will elicit information in eight topic areas which correspond to Independent Age's eight quality indicators on care homes which are listed below.

### A good care home should...

#### 1. Have strong, visible management

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

##### Questions to the manager:

- What attracted you to the role of care home manager?
- What do you enjoy about the role?

##### Questions to the staff:

- What support do you receive from the manager?
- How easy is it to talk to the manager when you want to ask a question or raise an issue?

##### Questions to family and friends:

- Do you know who the manager is?
- Is the manager friendly and helpful?

##### Questions to residents:

- Do you know the manager of the home?
- What do you think of the manager?

#### 2. Have staff with time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

##### Questions to the manager:

- In what ways do you encourage staff to develop their skills?

##### Questions to the staff:

- Do you feel you have enough time to care for residents?
- Are you encouraged to continue to develop your skills? In what ways?
- What do you enjoy about your job?

##### Questions to family and friends:

- Do you think the staff have the time and skills to care for your relative?

##### Questions to residents:

- What do you think about the staff?
- Do staff have time to stop and chat with you?

### **3. Have good knowledge of each individual resident and how their needs may be changing**

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

#### **Questions to the manager:**

- How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?
- How is information about a resident's tastes and their health and care needs updated as these change?

#### **Questions to the staff:**

- How do you get to know a resident's life history, personality and health and care needs when they first arrive to the home?
- How is information about a resident's tastes and their health and care needs updated as these change?

#### **Questions to family and friends:**

- How well do you think staff know your relative's life history, personality and health and care needs?
- Does the home notice and respond when your relative's needs change?

#### **Questions to residents:**

- Do you know the staff here? Do the staff know what you need and what you like and don't like?

### **4. Offer a varied programme of activities**

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents in taking part in activities outside the home.

#### **Questions to the manager:**

- What activities are available for residents inside and outside the home?
- What encouragement and assistance do you give to residents so that they can take part in activities?

#### **Questions to the staff:**

- What activities are available for residents inside and outside the home?
- What encouragement and assistance do you give to residents so that they can take part in activities?

#### **Questions to family and friends:**

- What do you think of the activities available for residents inside and outside the home?
- Is your relative properly encouraged and supported to take part in the activities?

#### **Questions to residents:**

- What activities are there for you in the home?
- Is it easy to join in the activities?
- Do you get a chance to do any of the things you used to enjoy before you came here?
- Do you go on trips outside?

### **5. Offer quality, choice and flexibility around food and mealtimes**

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms, and accommodate different preferences around mealtimes.

### **Questions to the manager:**

- What systems are in place to support residents to eat and drink at mealtimes and outside of meal times?
- What choices do residents get about what they eat and drink and when and how they eat and drink?
- In what ways do you try to make mealtimes sociable?

### **Questions to the staff:**

- How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?
- What choices do residents get about what they eat and drink and when and how they eat and drink?
- In what ways do you try to make mealtimes sociable?

### **Questions to family and friends:**

- What do you think of the quality and choice of food?
- Are you confident that your relative is supported to eat and drink as much as needed?
- Do you think that mealtimes are sociable?

### **Questions to residents:**

- What do you think of the food?
- Is there enough choice of what you eat and when you eat?
- Do you enjoy mealtimes?

## **6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

### **Questions to the manager:**

- Do residents have regular, preventative dental and optometry (eye-care) appointments?

### **Questions to the staff:**

- Do residents have regular, preventative dental and optometry (eye-care) appointments?

### **Questions to family and friends:**

- Does a dentist and an optometrist (optician) come to see your relative regularly or only if there is a problem?

### **Questions to residents:**

- Have you seen a dentist to check your teeth or an optometrist (optician) to check your eyes recently?

## **7. Accommodate residents' personal, cultural and lifestyle needs**

Care homes should be set up to meet residents' cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

**Questions to the manager:**

- How does the home find out about and cater to residents' cultural, religious and lifestyle needs?
- Can you give an example?

**Questions to the staff:**

- Can you give an example of how the home caters for religious and cultural needs?

**Questions to family and friends:**

- Does your relative have any specific lifestyle or religious or cultural needs? Are these respected and accommodated?

**Questions to residents:**

- Is there respect for your religion or your culture here in the home?

**8. Be an open environment where feedback is actively sought and used**

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

**Questions to the manager:**

- In what ways can residents and their family have a say in how the home is run?
- Are staff able to have a say in how the home is run?
- How do you make use of feedback or complaints from residents and relatives?

**Questions to the staff:**

- In what ways can residents and their family have a say in how the home is run?

- Can you provide an example of how a resident or their family member has influenced how the home is run?
- Do you feel staff can have a say in how the home is run?

**Questions to family and friends:**

- Do you feel that you are a welcome participant in the life of the home?
- In what ways can you and your relative have a say in how the home is run or give feedback?
- Would you know how to make a complaint if you wanted to?
- Would you feel confident to make a complaint and do you think it would be acted on appropriately?

**Questions to residents:**

- Do you get asked what you think about the home?
- Would you like to change anything about the home? Have you told anyone about this and what happened?
- What would you do if you wanted to make a complaint about the home?

**4.2. Questionnaire for Enter and View visits: for family and friends****About the questionnaire**

Below is a suggested questionnaire to be used in combination with a Healthwatch Enter and View visit to a care home for older people. The home should be asked to send the questionnaire to the family and friends of residents; responses should be sent directly to the local Healthwatch. The questions will elicit information in eight topic areas which correspond to Independent Age's eight quality indicators on care homes.

## Questionnaire

1. To what extent do you agree that the manager provides strong and visible management in the home?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

2. To what extent do you agree that staff in the home have the time and skills to care for your relative?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

3. To what extent do you agree that staff have a good knowledge of your relative?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

4. To what extent do you agree that the home has a varied programme of activities?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

4.1 To what extent do you agree that your relative is helped enough to take part in activities?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

5. To what extent do you agree that the home offers good quality and choice around food and mealtimes?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

6. To what extent do you agree that your relative regularly sees a dentist and an optometrist (an optician)?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....

7. To what extent do you agree that the home caters for you relative's cultural religious or lifestyle needs?

- Not applicable
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....

8. To what extent do you agree that the home tries to find out and respond to your views and suggestions about how the home is run?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please explain your response:

.....

### 4.3. Questionnaire for Enter and View visits: for staff

#### About the questionnaire

Below is a suggested questionnaire to be used in combination with a Healthwatch Enter and View visit to a care home for older people. The home should be asked to send the questionnaire to staff; responses should be sent directly to the local Healthwatch. The questions will elicit information in eight topic areas which correspond to Independent Age's eight quality indicators on care homes.

1. To what extent do you agree that the home has strong, visible management?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

2. To what extent do you agree that you have the time to properly care for residents?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

3. To what extent do you agree that you have a good knowledge of each individual resident?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

4. To what extent do you agree that the home offers a varied programme of activities?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

4.1 To what extent do you agree that all residents are supported to take part in the activities?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

5. To what extent do you agree that the home offers good quality and choice around food and mealtimes?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

6. To what extent do you agree that all residents regularly see health professionals such as dentists and optometrists (opticians)?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

7. To what extent do you agree that the home supports and respects residents' personal, cultural and lifestyle needs?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

8. To what extent do you agree that the home tries to find out and use feedback and suggestions from residents, their family and staff about how the home is run?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain your response:

.....  
.....

# Acknowledgements

---

Written by Anna Davies with Anna Wright and Victoria Armitage. With many thanks to the care homes, residents, families, staff and volunteers for their contribution to the Enter and View programme. We would also like to thank the Camden residents who generously gave their time to take part in our focus groups.

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make.

For more information, visit our website [www.healthwatchcamden.co.uk](http://www.healthwatchcamden.co.uk)



advice and support for older age  
**Independent  
Age**

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a

strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

For more information, visit our website at [www.independentage.org](http://www.independentage.org)



advice and support for older age

**Independent  
Age**

**Independent Age**  
18 Avonmore Road  
London  
W14 8RR

T 020 7605 4200  
E [charity@independentage.org](mailto:charity@independentage.org)  
[www.independentage.org](http://www.independentage.org)  
**Advice line 0800 319 6789**

 Like our page

 Follow us @IndependentAge

Independent Age is the operating  
name of the Royal United Kingdom  
Beneficent Association  
Registered charity number 210729