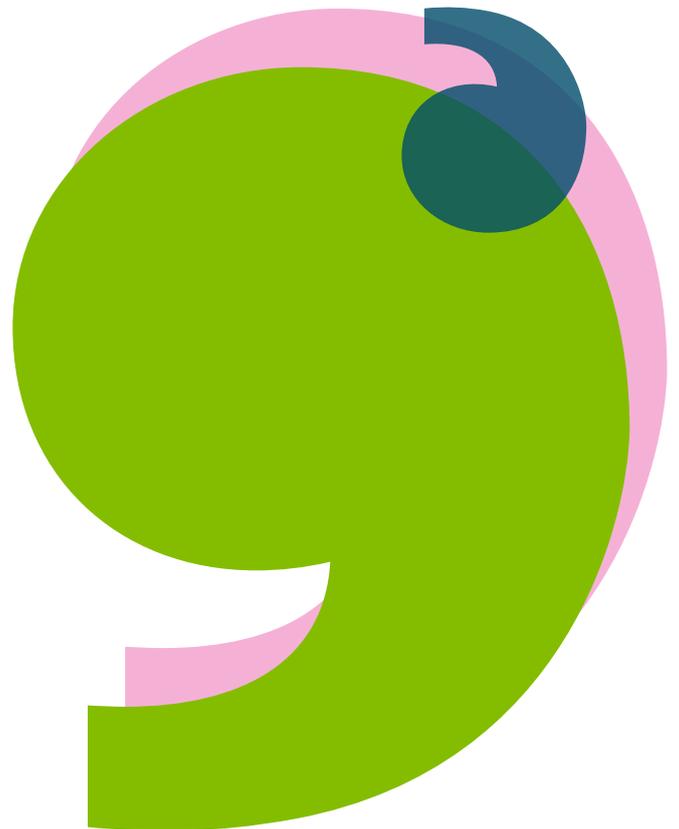


ENTER AND VIEW REPORT: ST JOHN'S WOOD CARE CENTRE



Details of visit:	
Service address	St Johns Wood Care Centre 48 Boundary Road, London, NW8 0HT
Service provider	Orchard Care Homes
Date and time	Wednesday 2 November 5 - 7 pm
Authorised representatives	Victoria Armitage (Healthwatch Camden staff), Joyce Amaoteng (volunteer), Danial Lombard (volunteer).
Contact details	020 7644 2930
Service provided	100 bed nursing home for 86 frail elderly residents (and dementia) and 14 younger adults with a physical disability. The home manages people with very high dependency levels and those with complex end of life care needs. The council has a block contract for 16 beds. Camden CCG sponsors some residents.

1 Purpose of visit

Our visit to St John’s Wood was conducted as part of a series of pre-arranged visits to residential care homes across Camden.

National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. They have developed a set of [10 Quality Indicators for care homes](#).

Independent Age intend to use these Quality Indicators to call for better reporting of key data by care homes. This will help older people and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes - something that is currently difficult to do.

We used these Quality Indicators to talk to staff, residents and family members in each of the older people's residential care homes in Camden to see how they met the 10 Quality Indicators and to test how easy it was to gather the relevant information during our visits.

We have created a report of each care home. Through this work we aim to:

- **Provide a different type of information**, based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.
- **Seek out and share best practice** and provide feedback to care home providers based on our observations.
- **Test both the content and practical application of the Independent Age 10 Quality Indicators** with a view to refining them for future wider use

2 Key findings

- We heard that St John's Wood has a Registered Manager in post. We were told by staff and family that the manager is easy to locate and has helped resolve complaints. We were told by staff that the manager is on site regularly and is actively involved in the running of the home.
- We heard that St Johns Wood has a stable workforce. While we heard some positive comments about staff skills, it was not clear to us that all staff had the skills and training to do their jobs well and we heard that staff shortages may be a problem.
- We found no clear evidence of a standard procedure for proactively reviewing residents' care needs. We would like the home to clarify the procedure for monitoring residents' needs and responding to changes. We would like to see the home ensure that all staff are aware of the procedure.
- We heard that St John's Wood does hold residents' and relatives' meetings but saw minutes that indicated a failure to follow up or report back on progress on issues raised. We understand that the home does not appear to proactively seek out feedback from residents and family. We would like to see the home engage with residents and family members about the way the home is run in a much more systematic and sustained way. We would like to see the home establish a regular residents' and relatives' meeting which includes a feedback framework to alert participants to the progress of action points and the outcomes of the meetings. We suggest the home could also employ discussion groups, 1:1s, surveys and comments boxes to more proactively encourage feedback from residents and family members.
- We understand that St John's Wood has a varied activities programme. We were not able to establish how frequently each resident has access to the planned activities. We received very mixed feedback about the extent to which residents take part in activities. We would like the home to clarify the timetable of the activities programme for the entire home. We suggest that there may be room to increase the time and effort spent encouraging and supporting residents to take part in the activities. We would also suggest that individual activities care plans are established for residents and that the home takes steps to tailor activities to residents' specific interests.
- We understand that residents have regular access to GPs. We were not able to ascertain whether residents have regular access to preventative dental care or chiropody. We would like St John's Wood to clarify the last point.
- We understand that St Johns Wood caters to residents religious and cultural needs and were given examples of how this is achieved.

3 Results of visit

Context of the visit

We visited St John’s Wood care home on a Wednesday in the early evening by pre-arrangement with the Registered Manager. We had arranged the visit by phone and had sent confirmation letters and emails. On arrival the Deputy Manager told us that we were not expected. We noticed one of the posters we had sent to advertise our visit was on display in the lift. At the time of our visit, some residents were having dinner in one of the common rooms but most residents were in their private bedrooms, many with the doors open.

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 experience of working in care homes and qualifications to help them do their job.*

At St John’s Wood.....

The Deputy **Manager** told us that she is on site every weekday apart from when going out to assess potential new residents.

Staff agreed that the managers are on site five to six days a week, or “every day”, Staff told us that the manager comes around and “talks to the nurses” or helps out when they are short staffed and that the manager will come if there is a problem. One staff member told us the manager comes in at night sometimes to check the staff are working their correct hours and that the manager “solves problems” and “listens to staff”. Another staff member said that they don’t deal with the manager but that the Deputy Manager helps them out sometimes.

One **family** member said that they didn't know the manager as he is new and that they didn't see him much, but put this down to usually visiting at night. Two family members said that they did know the manager and found it "easy" or "very easy" to find him with one commenting that he is "very nice".

Two **residents** said that they did not know the manager and one resident said that they did know the manager and saw him a lot.

Does St John's Wood meet Independent Age's indicator?



Yes, fully. Family members agreed that the manager is easy to find. Staff said that they saw the manager on the floor and gave examples of where the manager helps out practically.

- 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.*

At St John's Wood.....

The **management** told us that a lot of younger staff come to learn and then move on but that older staff stay longer and some stay for years.

Staff told us that the workforce is "stable", "fairly steady" "very steady" and that turnover is "low". Although a couple of staff members did say that nurse turnover is higher and that a few people have left recently. Staff we spoke to had worked at the home for seven years, four years, 5 months and 6 months.

One family member told us that the staff had been “stable” in the few months that they had been visiting. Another family member said that there are “some who stay and some who leave”.

All residents agreed that they know staff or see the same staff around, though one resident mentioned that new staff come to the home every 3 to 4 weeks.

Does St John’s Wood meet Independent Age’s indicator?



Yes, fully. Everyone we spoke to largely agreed that the workforce is stable.

3. **With the 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.*

At St John’s Wood.....

The **management** told us that staff receive mandatory training including manual handling, dementia, falls, safeguarding and complaints.

Staff told us that they had had training in some or all of the following: fire safety, manual handling, safeguarding, first aid, infection control and medication management.

One **family** member agreed that longer term members of staff had the right skills and training to do their jobs well but had some concerns over newer members of staff. A second family member said they had “no negative comments”.

A third family member said that staff “seem to” have the right skills and “it’s okay”. However they then went on to detail their suspicions of staff giving inaccurate information about their relatives’ care routine and staff not following written and verbal instructions left by the family member about the care of their relative. The family member also expressed some reservations over the level of knowledge that some medical staff have. The family member said that they had some concerns with the standard of food produced by the catering staff and said that food was often served cold.

We observed staff using raised voices of alarm to tell a resident to “sit down” when speaking to a resident who had stood up from their chair, apparently in danger of falling. We also saw a staff member sat on a bed occupied by a resident, apparently in conversation with a colleague sat on furniture in the residents’ room

In response to being asked if staff know how to care for people living in the home, two residents said that they did, “very well” or are “very good”; a third resident said that “some do and some don’t”.

Does St John’s Wood meet Independent Age’s indicator?



Not clear. The manager told us that all staff complete mandatory training and the staff we spoke to had completed some or all of the training. However, negative comments from family some residents as well as observations suggest adequate skills and training may not be consistent across all staff members.

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.*

At St John's Wood.....

The **management** told us that, depending on the floor, the staff to resident ratio in the day is 1:4 in the day plus one nurse for 16 people or 1: 5, plus one nurse for 25 people. The manager told us that the staff to resident ratio is 1:10 at night, plus one nurse for the every 20 residents.

Staff told us that the staff to resident ratio on one floor is 1: 3 or 4 plus one nurse for 15 residents. Another staff member told us the ratio is 1:2.5 or 1:3 plus one nurse. On another floor we were told the staff to resident ratio is 1: 6 plus one nurse for every 18 residents in the day time, and 1:18 or 1:9 plus one nurse for every 18 residents in the night time. One staff member mentioned that there can be an issue with staff calling in sick at late notice.

Two **family** members said that they do not think there are enough staff on duty. One family member said they thought that there were enough staff, but that at mealtimes staff could be distributed more evenly as residents “can be left on their own”.

Two **residents** said that staff come quickly when they need help, with one adding that staff regularly check on them; one resident added that they were concerned about the low number of staff on duty that day. A third said that they were “not sure” if there were enough staff.

Does St John's Wood meet Independent Age's indicator?



Not clear While reported staffing levels are not low, family members seem to have a sense that staffing levels are too low.

5. Be clear about how they will be able to meet your needs both now and in the future. *Many of us will develop more care needs as we get older - particularly if we have a condition like dementia. It is vital that homes can spot changes to residents' health and respond appropriately - consulting other health professionals where necessary - in order to provide the right level of care, and prevent you from having to move again.*

At St John's Wood.....

The **management** told us that if a resident deteriorates then they call Continuing Care or another appropriate service such as a physiotherapy. The manager told us that staff notice changes and take observations.

One **staff** member told us that because they know residents well they can spot changes. Another said that they report changes in handover notes and two more staff members told us how they spot immediate needs, such as residents being hungry or wanting assistance.

Two **family** members agreed that staff notice and respond to changes in their relatives' needs. A third family member said that they "do not know" if the home would respond to their relatives changing care needs or not and explained a recent change in their relative's condition that they felt had not been adequately responded to.

Two **residents** said that they didn't need help from staff and a third said that they would tell staff if they needed extra help.

Does St John's Wood meet Independent Age's indicator?



Not clear. We found no clear evidence of a standard procedure for proactively checking and reviewing residents' care needs.

St John's Wood did provide us with evidence of their monthly multi-disciplinary meetings but it was not clear whether these include care plan reviews for existing residents staying in the home or not. Only one staff member said that they would write down changes in the residents' care plan. Two family members and three residents were confident that the home would spot and respond to changes, but one family member had concerns that the home had not been able to respond to changes in their relative's needs.

- 6. Actively involve residents, family, friends and their 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 make 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.*

At St John's Wood.....

The management told us that there are relatives' meetings and that minutes are made of these meetings. We asked for a copy of the minutes and were provided with meeting minutes from May 2016 and September 2016. We were subsequently told that the occurrence of these meetings is "ad hoc". We saw suggestions for improvements from relatives in the minutes of the relatives' meeting in May but the minutes from the September meeting indicated that little action had been taken in response. Many of the same issues were raised again in May: the minutes for the two meetings were almost identical.

The manager was not able to provide us with any examples of how residents' or relatives' suggestions had changed the service and said that "{relatives} haven't given any suggestions that they want to change anything. We get positive feedback".

The manager told us that the home creates a sense of community through the church coming in twice a week and through the activities coordinator taking residents out to restaurants and cafes to "have a chat". The manager told us that school children come into the home to talk to residents as well as people from a local buddy scheme.

Two **staff** members told us that they are “not aware” or “not sure” how relatives and residents can get involved in the running of the home, but one of those staff members said that the family can speak to them about the personal care of their relative if they have suggestions.

One staff member said that there are family meetings where family can suggest changes and gave an example of a relative asking for a resident to be moved to a different floor but that this wasn't appropriate for the resident so it was not possible. Another staff member told us that family members can make complaints if they want to influence the way the home is run. As an example of how relatives have influenced the home the staff member gave an example of a family member trying to feed fruit to a resident on a liquid diet which was not permitted.

Staff told us that the home creates a sense of community through having parties a few times a year and that recently some American students either came in or come in regularly. One staff member mentioned that the home recently celebrated a residents' birthday. Staff told us that the priest visits sometimes and someone comes in to give the Holy Communion every week, though one staff member said they hadn't seen any faith groups visit since they had been working at the home.

One **family** member agreed that they can get involved in the way the home is run and gave an example of how they had influenced the personal care of their relative, by suggesting that their relative see a doctor when they had concerns that their relative's condition had deteriorated. They told us that “If I have an idea, I just share it with staff”. A second family member said that they would “feel comfortable” to make suggestions to staff and that their “suggestions would be considered”. A third family member said that they had been to a relatives' meeting some time ago but hadn't been aware of any recent ones.

One family member told us that the “beautiful garden” and activities create a “nice vibe” in the home. A second said that the home creates a sense of community through having “very, very friendly staff”. A third family member told us about how they had decorated their relative's room but compared the atmosphere in the home unfavourably to another home that they had visited.

One family member said that they had heard that a school comes in to the home. Two family members said that they didn't know of any community groups that come into the home.

One resident said that staff listen to their suggestions. A second resident said that they aren't able to make suggestions about how things get done in the home but they are satisfied and they think of the place as their home.

A third resident said they hasn't bothered to ask for anything as "they wouldn't do it". One resident said that they didn't meet people from the local community in the home.

Does St John's Wood meet Independent Age's indicator?



No, but... The minutes of the residents' and relatives' meetings suggest these meetings are not a satisfactory forum for residents and their family to voice their opinions and get involved in the way the home is run. We were concerned that the minutes of the two meetings we were given were almost identical. All examples of the ways that family had been able to or had attempted to change the service related to the personal care of their relative. Management and some staff mentioned community groups that come to the home. It is not clear how frequently this occurs. Two family members were not aware of community groups coming into the home and one resident who was asked was also not aware. Comments about the sense of community were mixed, with one family member comparing the atmosphere in the home unfavourably to another home they had visited and other family members commenting on the "nice vibe" and "friendly staff".

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 support for individual activity. Homes should take steps to stop residents from becoming isolated or lonely while respecting their privacy and choice.*

At St John's Wood.....

The **management** told us that there are lots of activities including singing, reading and hand-ball as well as having a band come in on occasion. The manager told us that there are four activities coordinators and the home has a variety of daily activities designed to stimulate the minds of residents.

That manager told us that residents can make suggestions for activities that they want to do and some are asked what they want to do, particularly those with capacity to make suggestions. The manager told us that sometimes the residents "just want to be quiet". The manager told us that one resident doesn't speak

English but that they have a carer who has the same mother tongue who works a few days a week and that the home makes sure to involve the resident in non-verbal activities that the resident enjoys.

Staff told us about activities which take place in the home including drawing, toys, ball games, music, dance, singing, yoga, art and toys. Staff told us that the activities coordinator comes in to do activities with residents. Two staff members told us that many residents don't have the capacity to make suggestions for activities and two staff members told us that the activities coordinator involves residents in decision making.

One staff member said the activities coordinator comes to the home 3 - 4 times a week. We asked staff how they involve all residents in the activities, even those with additional needs or who are shy. Staff told us that some residents can't get involved in the activities due to their severe health conditions but that some people like to watch TV and have control of the remote and some non-verbal residents are engaged using alphabet charts. Another staff member said that as

most residents are bed-bound on their floor they didn't think the question was applicable.

One **family** member told us about singing, yoga and exercise activities available and felt that activities are tailored to their relative's needs. A second family member said that activities were not appropriate for their relative due to their health condition but that they thought some craft activities took place. A third family member said that the activities coordinator comes once a week to the unit but said they "don't see any activity going on there at all. I've been at all times of the day. I don't see anything: nothing at all. {My relative is} always just in the bed. There's not enough to stimulate them there. It's so sad really." The family member also said that the garden area was unsafe for residents with mobility issues as it has an uneven concrete floor.

Two **residents** said that they didn't have any hobbies in the home, but one of them had been on a day trip at some point. A third resident said that they liked watching TV and reading but that "TV takes precedence".

A fourth resident said that they like sewing, mixing with friends and shopping, though it was not clear whether these activities take place in the home or not.

Does St John's Wood meet Independent Age's indicator?



Not clear. Management told us that there are daily activities in the home but it was not clear to us the extent to which these activities reached all floors on a daily basis and involved the residents.

One family member had deep concerns about the level of inactivity of the relative though another family member, with a different care regime, commented favourably on the activities.

8. **Make sure that you can see a GP or other health professional like a dentist, optician or chiropodist, whenever you need to. You have the same rights to see a health professional promptly if you are living in a care home as you would if you were living in your own home. Ask the care home about 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?**

At St John's Wood.....

The **management** told us that a GP comes twice a week and the home provide a list of residents to visit. The deputy manager also told us that they make appointments for residents who need a dental check-up and residents go out to visit them.

Staff told us that the GP comes weekly and/or when needed. Staff told us that the dentist comes in when needed. One staff member said that they hadn't seen the chiropodist for a year while another said that the chiropodist comes every two weeks and a third said the chiropodist comes every 4 - 6 weeks.

All **family** members agreed that a GP came in weekly to see residents. One family member said that their relative is taken to see a dentist and another family member said that their relative never sees a dentist and that they had struggled to get a chiropodist's appointment.

Three **residents** said they hadn't seen a GP recently, with one adding that they hadn't needed to. A fourth resident said that the GP comes in every week. One resident said that they go to the hospital to see the dentist and a second said that they weren't sure what happened about seeing a dentist.

Does St John's Wood meet Independent Age's indicator?



Yes, but... Most people we spoke to agreed that the GP comes in regularly. We were not able to ascertain whether there is regular access to dental services for preventative care or regular access to chiropody.

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

At St John's Wood.....

The **management** told us that the home has church services and that they have a resident with another religion that they don't cater for whose family help them to pray; we were told that the resident doesn't follow the religion's dietary requirements so no provision is made for that. The manager told us that they don't have any vegetarian residents but that a vegetarian diet could be accommodated.

Staff told us that one resident comes and goes as they please and visits the mosque regularly and another resident is dressed in a head scarf because of a family request to do so. One staff member said that the home caters to vegetarians and people who don't like fish and three staff members said that the home can provide a diet without pork. Another staff members told us that the residents without English can rely on their family and that the home has regular Holy Communion and caters for people of the Jewish faith.

One **family** member told us that the home can put religious icons in the residents' rooms and that they thought the food was tailored to people's religion. A second resident said that they were asked about religious requirements when their relative moved in.

One resident told us that staff take them to church on Sundays and another said that they didn't need any special help.

Does St John's Wood meet Independent Age's indicator?



Yes, fully. We were told that St John's Wood caters for people's religious needs. We did not gather enough information to judge whether the homes caters for people's lifestyle needs.

- 10. Show that they're always looking to improve.** *You 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 you do this - for example, by putting you in touch with a residents and relatives group, or allowing you 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 between residents, relatives and staff.*

At St John's Wood.....

The **management** told us that feedback from residents or relatives would be welcomed as long as it would benefit the residents and that any suggestions would be "taken on board and worked on". The manager told us that if a resident or family member wanted to make a complaint they could do so to the manager, or a nurse or the central offices who have a complaints team. The manager gave an example that if there was a complaint about a residents' care they would contact social services and create an action plan to rectify the problem. When prompted, the manager confirmed that the home follows a procedure when a complaint is made.

The manager told us that potential residents and their family can be shown around the home but that they don't talk to current residents or family, they "just come and view".

One **staff** member told us that the manager would "listen" to suggestions and two other staff members said that they would direct people to the manager or their line manager if residents or family came to them with suggestions. One staff member told us that people who want to make a complaint "go and speak to the nurse or the manager or CQC (Care Quality Commission)". Two staff members said that they would try to resolve the complaint and if that was not possible then they would pass it on to the manager. A fourth staff member said they didn't know the complaints procedure as normally they "talk things through" without having to make a complaint so they hadn't seen the process happen.

Three staff members said that potential residents and their family can talk to current residents and their family before moving in and a fourth said that they can observe what happens in the home.

Two **family** members said that any suggestions they gave to staff would "be considered" or "taken on board" and that they would be supported, or "100% supported" to make a complaint. A third family member said that they felt staff "wouldn't like it" if they made a suggestion, and would be dismissive. The family member outlined some complaints they had made which were solved by the manager and felt that they could go to the manager with complaints.

No **residents** had any suggestions about how to improve the home, with one resident commenting that they "don't think there are any ways to improve it," another saying they were "not sure" and a third commenting "I'm happy, I see my daughter every day".

Does St John's Wood meet Independent Age's indicator?



Not clear. While most staff did say that they would alert a senior member of staff to a complaint, it was not clear to us that all staff knew the complaints procedure or would escalate complaints up to the management. Feedback from family members and residents about how suggestions would be received was mixed. It was not clear to us that potential residents and their family are encouraged to spend time in the home before moving in or to speak to current residents and family. It was not clear that the home is proactive in seeking out feedback.

4 Service provider response

Healthwatch Camden recommendation:

We would like the home to clarify the procedure for monitoring residents' needs and responding to changes. We would like to see the home ensure that all staff are aware of the procedure.

St John's Wood said:

Nurses are aware of the procedure and are aware of reporting changes to the appropriate department, carers are aware that if there is a change in a resident's condition to report it immediately to the nurses, this is explained to carers during induction and also at every staff meeting which takes place on a monthly basis.

Healthwatch Camden recommendation:

We would like to see the home engage with residents and family members about the way the home is run in a much more systematic and sustained way. We would like to see the home establish a regular residents' and relatives' meeting which includes a feedback framework to alert participants to the progress of action points and the outcomes of the meetings. We suggest the home could also employ discussion groups, 1:1s, surveys and comments boxes to more proactively encourage feedback from residents and family members.

St John's Wood said:

We had another relatives' meeting in September 2016 and I will send you the minutes in another email. The next relatives' meeting is scheduled for end of January 2017.

We also do quarterly surveys and our head office is doing one this month which will be published. I have also bought a suggestion box which will be received soon.

Healthwatch Camden comment We received the minutes of the September 2016 relatives' meeting and revised our report to reflect this.

Healthwatch Camden recommendation:

We would like the home to clarify the timetable of the activities programme for the entire home. We suggest that there may be room to increase the time and effort spent encouraging and supporting residents to take part in the activities. We would also suggest that individual activities care plans are established for residents and that the home takes steps to tailor activities to residents' specific interests.

St John's Wood said:

We currently have four activities coordinators and I have advertised for a fifth activity co-ordinator. Currently we are doing weekly planners and this will include individual activities tailored for their needs.

Healthwatch Camden recommendation:

We were not able to ascertain whether residents have regular access to preventative dental care or chiropody. We would like St John's Wood to clarify the last point.

St John's Wood said:

The GP visits every Monday and Tuesday. We also have a chiropodist who visits once a month, and dental visits are by appointments or emergencies because they do not visit the home. Where required we will take to resident to visit the dentist.

5 Background

5.1 What is enter and view?

Part of the local Healthwatch programme is to carry out enter and view visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

5.2 Strategic drivers

As part of our work, we aim to seek out the voices of those people who can be least heard: which includes people living in residential care homes. Many elderly people who are not able to live independently are residents of either nursing homes or residential care homes. In Camden there are currently seven residential care homes for older people. A total of approximately 400 people are resident in these homes. Residents of care homes are, almost by definition, seldom heard with little choice and control. They live in an environment that is often isolated from the wider community and any expression of their needs, wants, preferences and experience is likely to be mediated by a third party - whether care home staff or relatives. Local people have told Healthwatch Camden that they want us to do some work ensuring that the voices of people in residential care are heard.

5.3 Methodology

Two Healthwatch volunteer authorised representatives and one member of staff spoke to staff, residents and their relatives using a set of pre-prepared questions which follow the theme of the ten Quality Indicators drawn up by Independent Age (see “Purpose of visit”). The questions have been designed to draw out information on the ten key topics and have been tailored according to the audience. We spoke to five members of staff including the Deputy Manager, three family members and four residents. Not all individuals were asked or responded to each question. Authorised representatives made notes of their conversations. These notes form the basis of this report.

We agreed the visit with this service in advance and sent posters to be displayed to advertise our visit to residents, their relatives and staff. Authorised Representatives wore ID name badges and made sure to gain individuals' agreement before asking the questions and verbally explain the role of Healthwatch Camden and the purpose of the visit. We have discussed our findings with the provider and they have been given opportunity to add context to what was observed and contributed at the time.

5.4 Acknowledgements

Healthwatch Camden would like to thank the service provider, service users, visitors, staff and volunteers for their contribution to the enter and view programme.

5.5 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time