WANDSWORTH LOCAL INVOLVEMENT NETWORK (LINK)

What older people - and their relatives - think about the care they get in Wandsworth's hospitals and residential and nursing homes

Full report

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February 2012

1.Why we asked older people what they think about the care they get in hospitals and care homes

Older people in hospitals and care homes can be in a vulnerable position and are therefore one of Wandsworth LINk's top concerns.

We are in the unique position of being able to ask people directly about the care they get - from our lay, non-professional perspective.

So we decided to focus on the quality of older people's care as part of our 2011/12 work programme.

2.What we did

We chose to use the power given to LINKs to "Enter and View" services to see for ourselves how care is being given to older people.

For this Enter and View project , we:

- Set up a team of 4 trained volunteers to undertake the visits and talk to older people - and their relatives- about their care;
- Met with people involved in the provision, funding and regulation of care to older people in Wandsworth's hospitals and care homes to understand current policy and practice;
- Decided to focus our visits on the key issue of ***dignity***, asking;
    - ***what is it like for older people staying in hospital and care homes?***
    - ***do older people feel they can be themselves?***
    - ***do they and their relatives feel involved in decisions about them?***
    - ***and do they and their relatives think that the care they get feels joined up?***
- Designed how we would conduct the visits and interviews;
- Selected a range of five wards/homes to visit taking account of:
    - Recent inspections by the national regulator, the Care Quality Commission (CQC);
    - Information that agencies hold on what they know about the quality of local services.
- Visited these wards/homes and talked to 57 patients/residents and 23 of their relatives. We also talked to managers and interviewed 39 staff;
- At a separate event, we logged the experience of 12 carers who have older relatives living in care homes or staying in hospital.

3.What we found - overview

The older people - and their relatives – to whom we spoke are generally positive about the care provided. Most think they are getting good care and in many cases excellent care.

This matches the finding of the regulator, CQC, which has recently inspected older people's wards at St George's and Kingston Hospitals and judged both to be compliant against standards relating to older people's dignity.

There is room for improvement in several areas to make older people's stays even more dignified and personalised to them.

4.What we found – the detail

On specific aspects of the care being given across the wide range of services visited ,we found :

What is it like staying here?

Nearly all the older people we talked to feel safe and say that staff come when needed. They appreciate the help they get with washing, dressing and bathing when they need it.

"***The hallmark about this place is that everything that can be done to provide dignity is done***"

They also like that the place is kept clean and that their clothing and bedding is laundered regularly. It is important to them that continence needs are met appropriately and they rely on staff to ensure they receive appropriate medical care and therapies.

In some settings we heard that services such as hairdressing and foot care are given lower priority. And there was less awareness of the significance of disability such as sight loss.

Older people are able to be themselves

Considerable effort is being made by very committed staff to ensure that older people receive personalised care, often in the face of significant challenges relating to older people's physical and mental state of health.

"We tried several homes but could not find one that understood her condition and moods like this one"

"They make her feel special and that this is her own place"

During short term stays in hospital and rehabilitation settings the focus was mostly on personalised care and therapies but efforts were being made to broaden the range of other activities.

The overwhelming majority of older people praise the responsiveness and kindness of the staff looking after them.

"I think it's wonderful here : the staff are **responsive** ***on the whole and are***

***good listeners about my likes and dislikes*"**

And the family and friends we spoke to are generally very pleased with the level and type of care being provided for their relatives. They particularly value staff who have good communication skills and have time to talk and get to know them.

We observed that providers are making a lot of effort to make mealtimes a pleasant experience with homely facilities and settings and careful feeding arrangements.

Choice of food is judged by most residents and patients to be good. The best homes are flexible, allowing some to eat in their own rooms if this is what they want.

Serving arrangements at lunch time are in several places a little institutional and could be improved.

<u>Older people are involved in decisions about their care</u>

Despite providers showing a welcome energy in helping older people to be engaged and active we found in some care settings that a significant minority of older people do not find arranged activities relevant for them. Some of their requests for something they would like to do seem realistic and might be met with some imagination.

"*I am limited by physical disability and am not keen on the activities that I find childish"*

"The home has responded to some of my requests but I still feel bored"

We recognise that there is a difficult balance to be struck between encouraging older people to take part in activities which they can manage safely but are often banal and leaving them alone.

We conclude that a more personalised approach to providing activities is needed.

<u>Older people and their relatives think that care is " joined up"</u>

We found a very small number of examples where older people feel that their transfer between care settings has been poor or premature. We can see the risk that this number may rise - e.g. as there is more pressure to move people out of hospital as soon as possible.

We found that a key to success in providing good care relates to the leadership and management style of the person in overall charge.

Most of the places we visited have clearly identified leaders who know about the people they care for individually. They support staff by getting directly involved when they need to and they set the ethos of good care practice across

a range of different staff groups.

Relatives want to be able to talk to someone who is up to date with the health and welfare of the individual they are enquiring about.

"I find it difficult to get a verdict about his prospects"

Some relatives say that they find it confusing as to who they can approach to find out how the person they are concerned about is getting on. This is more a problem in short term care settings where relatives do not know the staff and needs addressing.

5.What we think needs to be done to improve the care that older people receive in hospitals and care homes

For all providers
To achieve more personalised activities in care settings, we ask;

- ***that each provider reviews the use that patients/residents currently make of the activities that are arranged;***
- ***that all residents /patients, involving relatives and social workers as appropriate, should be asked regularly about their interests and how they could be best met in the care setting they are in;***
- ***that where providers designate time for activities, that this should be shared between patients/residents who enjoy communal activities and those who do not but for whom other arrangements might be made to make them feel at home according to their interests and capacity***.

Visitors were generally pleased with the access they had to someone at the care setting to find out about their relative. But this was not universal, so we ask:

- ***that providers review how relatives can get in touch and who they can speak to and ensure that relatives are aware of these arrangements.***

Mealtimes were generally a positive experience for patients/residents but we observed in most settings that food was served up according to a list with no regard as to who was sitting where. This meant people on the same table having to wait for their food after others had been served. In one setting, plates were collected without asking whether the person eating had finished or needed help to do so.

In some settings, the television is left on during meals even though no one is

watching, or indeed can watch.
We therefore ask;

- ***that providers review how to further personalise the way in which meals are served and taken.***

6. Specific recommendations for the individual wards and care homes we visited

Mary Seacole Rehabilitation Ward, Queen Mary's Hospital

- ***Be aware of the skills mix of staff and review staffing levels as the patient group gets needier, ensuring that enough trained nurses are available to have direct and regular contact with patients;***
- ***Monitor "premature" referrals where patients are transferred from hospital but have to go back with medical complications;***
- ***Where patients do have to be re admitted to acute hospitals, review how waits can be minimised;***
- ***Review the range of incontinence aids and assess patients' incontinence needs individually;***
- ***Ensure the provision of appropriate clothing to preserve dignity at gym sessions;***
- ***In line with national concerns, review proportion of time taken up by paperwork as opposed to patient contact;***
- ***Review and clarify who relatives can talk to about a patient's progress;***
- ***Ensure that call bells are always accessible to patients;***
- ***Ask patients if they have finished eating before removing plates.***

Dawes House Intermediate Care

- ***Review how to increase physio time and rehab assistance, possibly involving healthcare support workers more;***
- ***Review how to improve language competency of some care staff;***
- ***In line with national concerns, review time taken up by paperwork as opposed to patient contact.***

Rosedene Nursing Home

- ***Continue the programme to improve the physical state and decor of the accommodation, particularly bedrooms;***
- ***Improve the dining experience of residents taking lunch in the lounge area;***
- ***Reduce the sharing of bedrooms.***

Wood House Residential Home

- ***Review activities in particular.***

Heritage Care Centre

- ***Review activities in particular.***

7.Recommendations for providers and commissioners working together

For providers collectively

We were provided by self assessments of quality by most providers we visited and these have been summarised in our evidence volume. The questionnaires used varied considerably in their coverage and frequency. This evidence of provider quality did not appear to be readily or easily available to the public, prospective users or carers. We therefore ask providers ;

- ***that they meet together and with commissioners compare how they approach this task currently and look to see how a common approach might be used as far as possible;***

- ***that what should be key elements of any quality self assessment is discussed with the users and carers;***

- ***that regardless of when a more common approach can be introduced, what is currently undertaken is analysed and published to help prospective users and their relatives.***

We were very impressed with the commitment of staff in all the settings we visited. Each setting had particular strengths and we could see how best practice might be shared. We therefore ask:

- ***that providers collectively consider how as part of training programmes, staff from different homes could spend time in other homes, noting different practices and approaches to providing care.***

For NHS and Council commissioners

Publicly available information about the quality of different care services is very scant or else is too broadly scoped to shed light on specific sites or homes. Prospective users of care services or their relatives only have information from the regulator to go on, which is increasingly limited and often not recent. We therefore ask:

- ***that commissioners should review the information on the quality of different provision they hold as part of their function and make it available to the public, following consultation on what prospective users and relatives would find useful;***
- ***that commissioners adopt promptly any national initiatives to***

improve the availability of provider quality information to facilitate choice, again following consultation;

- ***that commissioners work with local providers collectively to develop a common approach as far as possible to how they collect feedback from residents/patients, relatives and stakeholders.***

Whilst we came across only a few examples of individuals being shuttled between care settings because of premature transfers, we believe that there is a risk that this may increase, particularly with pressure on NHS beds. There is no doubt, based on our visits, that patients appreciate greatly the kind of rehabilitation services being offered and would want to get out of hospital as soon as possible. But we ask:

- ***that commissioners monitor examples of patients being re admitted to hospital from rehabilitation, intermediate care and care home settings to ensure that the right risk/benefit balance is being struck.***

8. And finally, our thanks

The team involved in this project would like to thank all the people who spent time talking to us so frankly, particularly the older people whose routines we may have interrupted.

We would also like to record our praise for the staff and managers in all the places we visited who are clearly committed to providing a personalised service to Wandsworth's older people.

We are confident that staff and managers will be open to taking on what we have found and will act on it.

9. Individual reports on services

The following reports are attached:

1. Enter and View report Mary Seacole Ward September 2011
2. Enter and View report Dawes House September 2011
3. Enter and View report Rosedene October 2011
4. Enter and View report Wood House November 2011
5. Enter and View report Heritage November 2011
6. Quality assurance report for Dawes House
7. Quality assurance report for Rosedene
8. Quality assurance report for Wood House
9. Quality assurance report for Heritage
10. Summary of CQC inspection of St George's
11. Carers' views of care homes June 2011