*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

## Summary report

February 2012

**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.

**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.

We 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?***

We visited two residential rehabilitation services and three care homes and talked to 57 patients/residents and 23 of their relatives.

We also talked to managers and interviewed 39 staff involved in providing care.

The places we visited vary in their purpose – from rehabilitation lasting weeks to care lasting many years. This influences older people's expectations. There is also a variation between older people with different degrees of physical or mental capacity about how much choice they think they have or can be safely given.

## 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.

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

***"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***"

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.

***"The staff  are wonderful, extremely kind and patient"***

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

***"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"***

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

**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.***

**Recommendations for providers and commissioners 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.***

**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.