

Healthwatch Islington Report



Care Home Visits



December 2014

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1. Introduction

About Healthwatch Islington

Healthwatch Islington (HWI) is a user-led independent organisation that is part of the community, led by local volunteers. HWI is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.

HWI gathers views from the local community; reports these views to the people responsible for local services; engages local people in decisions about services; and monitors services. As part of its work to gather views it has the right to visit services.

HWI also gives local people information about local health, care and related complaints services.

About Enter and View

Under Section 225 of the Local Government and Public Involvement in Health Act 2007, Healthwatch have a right to 'Enter and View' publicly funded health and social care services. This right enables Healthwatch to observe service delivery and to gather the views and experiences of service users and staff. All Enter and View team members hold a current, enhanced level Disclosure and Barring Service (DBS) police check. They have undertaken a specific training course, including guided visits, in Enter and View. HWI has developed a protocol for visits which can be seen on our website: healthwatchislington.co.uk



Local Healthwatch gather views on people's experiences of health and social care services, one of the ways they can do this is by visiting local services.



Why Healthwatch Islington decided to visit care homes

HWI, acknowledging that care homes are home to vulnerable local residents, designed a plan for visits to a selection of homes to gather the views of residents and observe the service delivered.

Our predecessor, Islington Local Involvement Network (LINK) visited several care homes for older people in 2011-12. (<http://www.vai.org.uk/wp-content/uploads/2012/04/Islington-LINK-Enter-and-View-report-Care-Homes-March-2012.pdf>)

2. Methodology

We developed a plan for a series of visits to care homes that were not imminently scheduled for inspection by the Care Quality Commission and had not been recently inspected. We liaised with the Care Quality Commissioner as regulator, and with the Local Authority commissioner to avoid any duplication of work.

Each of the four homes below received one announced visit (where the date and time of the visit is notified in advance) and subsequently one unannounced visit (where homes are advised that we are planning to visit, but not the exact time and date). At least two volunteers were involved in each visit. Homes are listed with the care provider in brackets:

- Muriel Street (Care UK)
- St Ann's (Anchor)
- Highbury New Park (Care UK)
- Lennox House (Care UK)

We focused on residents' access to primary care, nutrition and activities. Each visit lasted around four hours and the Enter and View teams tried to speak with as many residents and staff as possible, but were unable to speak with all. The team spoke with staff about access to medical services, observed a meal time on each visit and looked around the homes.

HWI is only able to report on what was seen on the day and the answers that were given by the people interviewed. Many residents had severe dementia who found it difficult to answer all questions. Where residents' comments are quoted these are verbatim.

Since the introduction of the Care Act, members considered how visits could consider how the Deprivation of Liberty Safeguards are employed within homes. Our Chief Officer will follow this up with London Borough of Islington.

3. Interviews with Care Home Managers and Senior Lead Nurses and care workers

Each home has their primary care provided by a designated GP practice (Muriel Street - Killick Street, St Ann's - Archway Medical Centre, Highbury New Park - Miller Practice, Lennox - Archway Medical Centre). Each is visited by a dentist on a six-monthly basis with ad hoc visits if needed. Podiatrists visit every six to eight weeks. Arrangements are made for an optician to visit at least once a year and to visit all new residents; these visits cover diabetic eye screening. Residents can opt to stay with their own optician.

Across care homes staff are released for training as and when required. All staff have access to training which includes: dementia, diabetes awareness, nutrition, continence, Health and Safety, effective communication, manual handling, safeguarding (protecting people against abuse and neglect) and End of Life care. Homes, where appropriate, encouraged trained staff to train others within the

home. Highbury New Park reported that they are currently taking part in two research programmes. The first is Management of Anxiety, Dementia and End of Life Care which is a 2 year programme. The other is How Dementia Affects Eyesight.

All homes employ a range of staff including Activities Co-ordinators, a registered nurse on duty throughout the night, care workers, and house-keeping staff. Muriel Street reported no staffing issues at present. All homes have a manager or duty manager available at weekends.

Homes listed a variety of activities which took place including trips, visits from volunteers, visits to places of worship, cake-making, exercise, singing, crafts, hairdressing, visits from a petting zoo and bingo.

All homes record food preferences and requirements in residents' care plans and assess residents on arrival to see whether they need assistance with eating. All residents have their food intake monitored. A variety of food is available at each meal. In St Ann's home the Manager was planning to organise an autumn 'taster session' where the catering team would cook a range of new foods for residents to try and feedback. Some homes stated that they had an on-site chef and that all meals are prepared on site, though this was not asked of all homes.

There are monthly relatives and residents meetings which people are encouraged to attend at each home.

4. Observations and resident interviews within each home

4.1 Muriel Street

The Enter and View team made their pre-arranged announced visit on 24th April 2014 and their unannounced visit on 9th September 2014. On both visits, the team visited every floor of the care home including to observe meal times and activities.

Interviews were held with staff and, as far as practical with residents, many of whom had severe dementia and found it difficult to answer the questions. On the first visit, the team spoke to a relative of one of the residents. Information from these interviews is included in the main body of the report.

Environment

The Enter and View team had planned an unannounced visit to Muriel Street care home on 17th July. However, staff on duty were not aware of the role and remit of Healthwatch and the team were not permitted entry. This situation was subsequently resolved in discussions between the care home manager and Healthwatch.

The Enter and View team on both the announced and unannounced visits observed the entrance and communal areas to be clean, tidy and inviting with displays to

make them bright and cheerful. The foyer had a water dispenser, sofa, weekly programme of events and, on the second unannounced visit, menus for that day's meals that were up to date and comprehensive. The home seemed well maintained; and on the second visit, builders were renovating the first floor dining room.

There are three or four communal rooms on each floor. Chairs were arranged round the edge of the room with some positioned near windows. At the end of the corridors there are also small groups of chairs arranged so residents can look out onto the street. This was popular with residents who especially liked being able to watch children walking to their local school.

Each floor was bright and well furnished with pictures on the walls. The tables in the dining area had brightly coloured cloths and table decorations. Each floor had notice boards listing events, activities, monthly residents meetings, meal times and staff on duty.

The free local weekly newspaper was available in each common room and the team observed this being handed out to some residents.

On earlier visits to Muriel Street, a persistent smell of urine in the corridors on one floor had been noted. This smell was no longer present and the team only noticed occasional smells from the bedrooms, but this was when linen was being changed.

The March 2014 Care Quality Commission Inspection Report of Muriel Street noted that some bathrooms were being used for storing wheelchairs and mobile hoists. The team did not observe this. The toilets observed were clean, with paper towels in an accessible place.

Ambience

On the unannounced visit, the team were welcomed by the Manager who had only been in the post for a week, but appeared competent and already had a good grasp of what the home needed. The Enter and View team observed a positive staff attitude towards residents. On the second visit, the team interviewed one of the nurses in charge and they explained how staff were trying to create a family atmosphere throughout the home. The team assessed that between the first and second visits there had been changes in ambience for the better and, on one floor in particular where the nurse who was interviewed was in charge, the atmosphere was especially good and relaxed with regular interaction with the residents that was reassuring, friendly and constructive.

Residents tended to move around their floor of residence freely. There were key pads to exit each floor and for access to the lift.

A resident's son spoke highly of the care and cleanliness within the home. The residents interviewed said that they found staff friendly, and those wanting to engage and speak to staff felt confident and able to do so.

Meal times

Lunch was observed on the first visit and breakfast served at 9am was observed on the second visit. Choice of food was available at both meals including hot and cold food for breakfast. The food looked appetising and residents appeared to have sufficient to eat. Residents said that they were generally happy with the quality and variety of food on offer.

Before breakfast and as new staff arrived for the duty handover, they came into the common room to introduce themselves and talk to residents. The team saw evidence of residents being treated with respect when staff gently persuaded some to move to the dining room for breakfast, but there was also the option of taking breakfast in their room, if the resident preferred. Their preference seemed important. The team observed staff patiently providing assistance with eating to residents.

Activities

There were notice boards on each floor, advertising monthly and weekly activities programmes. Activities included visits to the cinema and sessions designed for people with dementia. Staff reported that it is not possible to take residents out to local day centres because one to one supervision is needed and staffing levels do not allow for this.

Residents who were interviewed said that they welcomed and enjoyed the activities, especially the visits outside the home. One resident said "I have quite a few friends which is good. The bus takes us out. It's nice here actually". Despite the difficulty of interviewing those with dementia, a number spoke positively about the care home and the attitude of its staff. Two residents described the recent trip to Buckingham Palace which was very much enjoyed with participants "treated like royalty".

On the second visit, the team observed residents taking part in a quiz led by a member of staff whose well-chosen questions encouraged stimulating interaction between the participants. As an example of the relaxed atmosphere, residents were also actively encouraged to correct the member of staff's pronunciation of the names of popular entertainers included in the quiz!

A mobile library regularly visits the care home and plans are being considered to introduce visits from a mobile shop.

The garden

After asking for the door to be unlocked, the team accessed the garden on both visits. There were lots of seats and several raised beds which did not seem to be

used for planting, either by residents or staff. The team felt this was a missed opportunity to encourage residents to plant bulbs or flowers. On both visits, there is an unkempt and potentially risky area within the garden that the team felt should be roped off.

4.2 St Ann's Care Home

The team made their announced visit on 6th May 2014 and their unannounced visit on 18th August 2014.

Observations

Ambience

The home was quiet, clean and tidy, with no trip hazards. There were pictures on the walls and flowers on display on some tables. The team were warmly welcomed to the home and encouraged to look round at their leisure. Visitors were encouraged to come at any time and the manager seemed open to any suggestions for improving services at the home.

Toilets and bathrooms smelled clean. Staff were pro-active in tidying areas when residents vacated them. The home was well-lit and there was background music on the ground floor. It was warm on the day of the announced visit, windows were open and fans on, so it was not uncomfortably hot.

Staff interacted in a friendly way with residents using their names; smiling and offering help where needed. Residents were not rushed by staff in moving, eating or during activities.

Meal times

Staff offered residents help where needed during lunch, including with deciding what to eat (though they did not decide for residents) and more food and drink was offered as well as condiments. Tables were clean and tidy with napkins. Music was playing, windows open and two staff on hand to offer help. The atmosphere was relaxed and conducive to eating.

Although the March 2014 CQC Inspection Report of St Ann's had noted that residents were not always given support to transfer from their wheelchairs for lunch but the team observed staff helping residents out of their chairs to eat.

On the second visit a resident was assisted to drink. The team thought this was slightly rushed although the carer was gentle and respectful when speaking to the resident. One resident was sitting on their own and sleeping on and off during the meal. The temperature was comfortable and atmosphere relaxed. Several residents were eating in their rooms and those that needed it were being fed.

Environment

On the first visit there was a slight smell of urine, though this was confined to the area around the laundry room. There were three common rooms on each floor, most had TVs on, but it was possible to find a quiet place too. Chairs were set out in various ways depending on the activities taking place; some were laid out around the edge of the room and others were grouped together for discussions. Space was made for wheelchair access in all rooms. A free newspaper and books were laid out in some rooms.

The team observed residents moving freely around using lifts to move between floors. A small trolley was making the rounds offering residents refreshments.

The garden was a little overgrown which made it difficult to see handrails and could scratch people passing by. At the time of the visit there were no residents in the garden.

Activities

A range of activities were advertised on the notice boards. Notice boards were displayed at eye-level for those standing and may have been harder for wheelchair users to see. Eleven residents were playing Bingo at the time of the visit with four members of staff. Residents were encouraged to take part, but not everyone wanted to do so. One resident was being kept company by a staff member while the bingo took place, and others were supported to complete their bingo cards.

The team were informed that during the week before the second visit a local zoo had visited the home and residents had handled exotic animals such as snakes.

Since the first, announced visit photos had been displayed showing residents playing table football and making a football themed quilt during the World Cup. The team observed residents having their hair cut and treated.

Resident Interviews

Many residents had severe dementia so found it difficult to answer all questions. Where residents' comments are quoted these are verbatim. The team spoke to six residents during each visit.

On both visits residents mentioned taking part in a range of activities though some mentioned watching a lot of TV. Some reported not being able to go out or on trips because they were too frail. Several stated that they used the garden when the weather was nice. Those interviewed found it easy to talk to staff in the home and had access to a telephone.

Residents on both visits were happy with the range and quality of food on offer. Residents felt that they were offered support to eat if it was needed. On the second visit residents also mentioned that there was always a good choice at mealtimes and if they changed their minds this wasn't an issue.

Residents were happy with their relationships with staff and one resident mentioned that staff always call them by their first name which they liked and that there was always a staff member on hand if they needed help.

4.3 Highbury New Park

The team made their announced visit on 2nd May 2014 and the unannounced visit on 15th July 2014.

Observations

Ambience

Members noted that the home was clean and tidy with a homely feel. Staff were friendly and welcoming. Staff addressed residents by their first name. Staff seemed happy and interacted well with residents. Residents were treated with dignity and respect. One staff member helped a resident sit down from their Zimmer frame and was gentle and respectful. A resident was observed being transferred from a wheelchair to a lounge chair using a mechanical hoist and staff were gentle and respectful.

Environment

There was music playing in communal areas and during the meal time. The banister of the stair case was slightly sticky on the second visit. White handrails were clearly visible against a dark background. The temperature seemed comfortable, though one resident mentioned feeling cold.

On the second visit the lock on the first floor toilet door was not working and the assisted bathroom felt cold but was not in use during the visit. Staff informed the team that a heater would be used as needed.

Also on the second visit the team noticed some unpleasant smells around the ground floor reception area and first floor tea room which was locked during the visit. The team raised this issue with the Manager and were told that clinical waste is removed from reception in the morning and the smell would be gone by afternoon. The tea room was not in use during this visit (it was in use during the announced visit), but could be booked by relatives for a family gathering (and was used by the team on this day).

Activities

Residents were offered newspapers and magazines and could read these in a quiet, relaxed environment. Though the weather was bad on the day of the first visit, residents mentioned using the garden on days when the weather was nicer.

There were posters displaying the activities on offer. On the first visit the team saw a group exercise class taking place and bingo was scheduled for later the same day. Residents were seen playing dominoes, having their nails cut and reading during the visit. Whilst some residents seemed to be seated in the communal areas for the majority of the visit, others moved around. The single male resident on the first floor left his room for lunch only.

On the second visit the team saw residents playing dominoes, knitting, watching TV and making masks for a BBQ later that week. Residents were encouraged to take part and assisted where appropriate. A hairdresser came in later in the morning.

The garden was not in use by care home residents, and was locked on the day of the visit. Attendees at the neighbouring day centre were using the garden.

Meal times

Lunch was served during the first visit and breakfast during the second. Residents were able to eat at their own pace. During the lunch they were served different courses at different times depending on what they wanted. Staff helped residents to eat where needed, cutting up food for and feeding one resident who needed help. Help was regularly offered including offering condiments and napkins. Though there were only two options on the menu, staff did offer choices of vegetables for example. Some residents ate in their rooms.

Resident Interviews

Many residents had severe dementia so found it difficult to answer all questions. Where residents' comments are quoted these are verbatim. The team spoke to three residents during the first visit and four during the second.

Some residents liked living at the home two would have preferred to be in their own homes, though not because of anything wrong with the home itself. Residents mentioned knitting, listening to the radio, going out to the market, cake-making, dancing, going to church and the cinema as activities they took part in. One mentioned that they can request specific newspapers and that these are brought in to the home. Another mentioned wanting more to do, such as going out.

On the second visit all four residents said that they used the home's garden, but only one said that they had recently been on a trip. This resident said that they "missed their freedom" although residents felt encouraged to do as much for

themselves as they could. Two residents said that they didn't take part in many activities, but two said that they were involved in activities in and out of the home.

Views on the food were mixed, with some residents enjoying it and others not. Most reported having a choice of options at meal times.

4.4 Lennox House

The team made their announced visit on 15th May 2014 and their unannounced visit on 10th July 2014.

Observations

Ambience

The team found the home to be pleasant with a friendly, welcoming entrance that was inviting to visitors. Tea and coffee was offered to the team. The temperature and atmosphere were pleasant in all areas visited.

On the second visit though the home was generally clean and tidy including bedrooms although there were some food stains on the walls in the dining area which looked fairly new. The team did report a slight smell of urine on the first floor by the dining room hatch and that some floors were sticky.

Meal times

The team did not observe a meal on the first visit. On the second visit the team observed lunch which was served from 12:30pm. Residents were seen eating soup and sausage and mash. Residents were given enough time to eat and were encouraged to eat independently, but offered assistance when needed. The team heard one resident banging his spoon repeatedly before lunch. This person was asked to stop banging a few times by staff, but continued to do so until another resident sitting next to them became distressed and started shouting.

Menus are displayed in the communal areas. There are three options for lunch and dinner each day on a four week rolling menu.

Environment

Communal areas include a dining room, library, lounge, common room, garden and quiet room. At least one common room per floor was quiet, without a TV. There was also a room with books and magazines. Chairs were grouped together in common rooms. Residents moved freely between the rooms.

The garden had raised flower beds. A community garden project to improve the garden and involve residents is being undertaken.

There was a relaxed, friendly environment. Relationships between staff and residents were observed as being relaxed, friendly and caring, paying respect and attention to residents.

Activities

There were activity notices posted on the walls with a morning and afternoon activity advertised for each day, covering a range of activities. There were two upcoming trips advertised too: a picnic in Finsbury Park and a visit to St Mary's Church. All activities displayed were local.

On the first visit the team did not see activities taking place. There was a mobile trolley and the shop was open. On the second visit the team saw a sing along session involving three members of staff and nine residents who were all encouraged to take turns in starting a song of their choice. There was no pressure to get involved, but there was encouragement from staff. Staff and residents were holding hands and were very respectful to each other throughout.

The second visit took place on a rainy day so the team did not witness residents using the garden, but they were informed by residents that it was often in use.

Resident Interviews

Many residents had severe dementia so found it difficult to answer all questions. Where residents' comments are quoted these are verbatim.

The team spoke to seven residents on the first visit and six on the second. Most reported being happy in the home, though there were mixed reactions.

Residents reported a lack of activities in the home. Activities which residents cited taking part in included listening to the radio, doing exercises, barbecues, watching films and reading newspapers and books. Some residents felt as though they "didn't do much" and only one resident said that they left the home to "go to the shops". One resident mentioned that they only leave the home if a visitor comes to take them somewhere.

Only one resident said that they used a telephone to contact family or friends and this resident had a personal telephone in their room. Other residents said that they didn't use a telephone at all.

Those who answered generally found staff friendly and one resident who didn't speak to staff said that this was because they had no reason to, rather than because they didn't feel able.

The food had mixed reactions from 'fine' to 'dreadful', one resident stated that they did not like some of the options, though generally residents reported enough variety. One resident reported not being offered a choice at mealtimes.

5. Summary of findings

Ambience

- Homes were generally welcoming to the visitors, clean and quiet,
- Staff interacted well with residents across the homes,
- Generally residents reported being happy in the homes,
- Generally residents found staff across the homes friendly and approachable,

Meal times

- Staff reported that dietary requirements were catered for and there were usually menus available on display in each home,
- Residents were seen eating in communal spaces and bedrooms and being offered help to eat in both locations,
- Most, though not all, participants were happy with the range and quantity of food available,

Environment

- Generally homes were clean, though there was a slight smell of urine in one specific area of one of the homes on both visits and one home on one of the visits,
- In two homes the gardens could have been better managed, furniture was set out but no residents using the garden and some of the garden was overgrown,

Activities

- Posters were displayed showing activities on offer. Residents were seen taking part in games, exercise and haircutting across some of the homes (though activities were not witnessed on all visits),
- Newspapers and magazines were available,
- Several residents reported not being able to go outside, though in one home residents talked of a recent visit from a petting zoo,
- Several residents reported not having access to a telephone (staff stated that residents did have access to a phone if needed),

- Suggestions that not all residents were satisfied with the range of activities on offer.

6. Next steps

- Lennox House was an example of good practice in terms of maintaining their garden and involving their community in this. It would be good if this model could be rolled out to other homes if not already in place.
- At Muriel Street the top section of the garden was overgrown and potentially dangerous. This should be rectified.
- At Highbury New Park, where there was a smell coming from the waste disposal area, the home should take steps to prevent the smell from this area contaminating the rest of the home.
- HWI's Chief Officer should follow up Deprivation of Liberty Standards with Islington Council and see how HWI can best address this through its visits,
- HWI E&V team should be encouraged to undertake Deprivation of Liberty Standards training.

Appendix A: Survey questions

Staff questions

Activities

1. Can residents use a telephone in private?
 Yes No No answer
2. Can residents use the internet in the home?
 Yes No No answer
3. Are there books and newspapers that residents can read?
 Yes No No answer
4. Does a mobile library come to the home?
 Yes No No answer
5. Are there trips to the shops, cinema, place of worship?
 Yes No No answer

If yes:

- a. How do residents get there/ what transport arrangements are there?

6. What activities are there in the home?

Prompt: Physical activities/ exercise/ quizzes.

7. Is there a trolley or shop where residents can buy food and toiletries?
 Yes No No answer

Please turn over

Nutrition

8. How do residents rate the food?

9. How does the home cater for residents' dietary and cultural needs and preferences?

10. How do you support those who need help at mealtimes or with drinks?

11. What procedures do you have in place if a resident is not eating?

Questions for Interview with Resident or Carer (Care Homes)

Please Note:

The questions in **bold type** are priority questions that need to be asked of everyone (including those who may have dementia). If a person has dementia or is very frail, the questions may get a better response if asked within a conversation and not as a direct question. Or it may also be necessary to break the main questions down into a number of short and simple questions – the prompts given at each question can help with this.

The questions in *italics* should be asked whenever the person being interviewed appears to have the understanding and the interest to continue with the interview.

- 1. Do you like it here / Do you like living here?**
(If possible prompt for what they like and dislike about living here – is there anything you really like? Is there anything you don't like? Do they feel this is their home?)

Activities

- 2. What do you do during the day?**
(If possible prompt for any activities that they like and do – What did you do this morning/this afternoon? Can prompt for specific activities if we know what is provided in the home – Do you watch TV? Do you do [activity]?)

- 3. Do you read books or magazines?**
(Prompt – how they get hold of a book or magazine? Is it what they want?)

4. (If there is a garden), Do you go out into the garden? Yes
No

5. Have you been out on a trip?
(Prompt if possible for where and when was the last trip)

Additional Questions for those willing and able

7. If there are trips out from the home - Do you go on these trips? Yes
No
(Prompt – if YES – how often do they go? How do they travel there?)
(Prompt – if NO – why do they not go on these trips?)

8. Are you able to go out from the home – either on your own or with family or friends?
Yes No
(If YES – prompt if they can go outside when they want to)
(If NO – prompt why they can't go outside when they want to)

9. How do you find out what is going on here (the activities)?

Relationship with staff

10. Are staff friendly here? Do they come and chat to you?
(Prompt for if they have the time)

11. Do you find it easy to talk to staff here? Yes No

(Prompt, if possible - how easy to talk to staff? Is it all staff or just one or two? If NOT EASY, prompt to get some idea why it is not easy to talk to some staff or all staff)

Additional Questions for those willing and able

12. Do you feel that you are encouraged to do as much as you can for yourself?

Yes No

(If YES – prompt for why they feel this – they are encouraged by staff? Staff have the time? This is a friendly place?)

(If NO – prompt why not? Staff do not have the time? Staff do not have the patience?)

Meals and Food

13. Do you like the food here?
(Prompt – what they like best? What they don't like? If interview after lunch, may be best phrased in a conversation about what they ate at lunch, did they like it?)

14. Do you get enough food here? Yes No
-

Additional Questions for those willing and able

- 15 *Is there enough variety in the food?* Yes
No
(Prompt, is there something that they used to really like eating or drinking that you can't have here?)
- 16 *Do you get a choice at mealtimes?* Yes
No
(Prompt do you get enough choice)
- 17 *Do staff check that you have had enough to eat and drink?* Yes
No
- 18 *Do you need help at mealtimes to eat and drink?* Yes
No
- 19 *Do you always receive the help that you need?* Yes
No
(If NOT – why is that?)

Contact with family and friends

20. **Do you use a telephone?** Yes
No
(Prompt – if they use a telephone to ring family or friends? is it easy to do? mobile or home landline?)
21. **Do they use a computer here?** Yes
No
(Prompt – If NO, would they like to use a computer here? If YES – is it easy to use?)

Healthwatch Islington is funded by the Department of Health.
 As such we are required to monitor who we speak to.
 This is to ensure that we are involving a diverse range of people.
 Any answers given are confidential but you do not have to answer the following monitoring questions.

Are you
 Male Female Prefer not to say

Do you consider yourself to have a disability?
 Yes No

Age
 16 - 24
 25 - 44
 45 - 64
 65 - 80
 80+
 Prefer not to say

How do you describe your ethnic background?

Asian/ Asian British	<input type="checkbox"/>	Black African/Caribbean/British	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Eritrean	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	If 'other', please specify....	<input type="checkbox"/>
If 'other', please specify.....	<input type="text"/>		<input type="text"/>

White or White British	<input type="checkbox"/>	Dual Heritage	<input type="checkbox"/>
British	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>
Greek/ Greek Cypriot	<input type="checkbox"/>	Black African & White	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Black Caribbean & White	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	Other	<input type="checkbox"/>
Turkish/ Turkish Cypriot	<input type="checkbox"/>	If 'other' please specify...	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>		<input type="text"/>
If 'other', please specify...	<input type="text"/>		

Other ethnic background
 Please specify:
 Prefer not to say

Observation Checklist

Care Home visited:

Date of visit:

Members of Enter and View team:

General observations	
Does the home appear to be clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	
Are there any unpleasant smells?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	
Do the rooms feel hot and stuffy or cold and draughty?	<input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Neither/OK
Comment	

Does the home feel inviting to visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	
Do you see evidence of a relaxed and friendly atmosphere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	

Common rooms and Activities	
How many common rooms are available to residents for their use?	
Is there a quiet living room for reading, as well as one with a television?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	
In the common rooms are the chairs arranged in groups or around the edge of the room?	<input type="checkbox"/> Groups <input type="checkbox"/> Edge
Comment	

Are books and newspapers available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment (Are they up to date? What condition are they in?)	
Does the home have a garden attached or outside area available to residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment (condition, availability)	
Do residents use the garden or outside area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	
Do you see any examples of activities advertised to residents during the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment (<i>range, variety</i>)	

What activities do you see taking place during the visit?
(Include individual/ group activities)

Activities continued.....

If you see an activity taking place briefly describe what is taking place

How many people are taking part?

How do staff let people know that the activity is happening?

Are residents encouraged to take part?

Do residents move around the home or do they tend to stay in place?

- Move
- Stay

Comment

Is there a mobile shop that takes refreshments and/or goods (such as toiletries, newspapers) around?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment (<i>who provides this? Range or goods on sale</i>)	

Dignity and Respect	
Did you see evidence of residents were being treated with dignity and respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment – note any examples that you observed of good practice in residents being treated with dignity and respect	
Comment – note any examples that you observed of poor practice where residents were not being treated with dignity and respect	

Nutrition	
What meal was being served when you visited the home?	
What was the time when the meal was served?	
Are residents given enough time to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	
Did you see staff helping residents to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment	

Other observations on the mealtime? (including variety and quality of food served)