



INNOVATION AGENCY
Academic Health Science Network
for the North West Coast

healthwatch
Lancashire

The Mum's Test

Good Practice Observations from Lancashire's
Residential Care & Nursing Home Sector



Introduction

The care and nursing home sector delivers a crucial service, supporting those who need residential or nursing care in a place other than their own home. In Lancashire there are hundreds of facilities providing such care and in September 2015 Healthwatch Lancashire launched an innovative visit and assessment programme using a team of trained authorised representatives, all of whom have undertaken relevant training and an enhanced DBS (Disclosure and Barring Service) check.

The team uses a simple question to assess residential care and nursing homes:


‘Would I be happy for my mum, dad, brother, sister or any loved one to be cared for by this home?’. We call this ‘The Mum’s Test’.

Nursing and residential care homes should provide their residents with compassionate care in a safe environment where staff know their residents and residents know the staff; where residents feel comfortable, safe and are well cared for. Residents, their families and carers should have their voices heard, be involved in the care provided, and have their opinions sought and respected.

It is important to remember that these establishments are homes, where residents live. They are not hospitals or clinics. They need to provide welcoming, friendly, stimulating, clean and safe environments where their residents want to live, because for some, this will be for the rest of their life.

Since the launch of the programme in 2015 the team have visited more than forty establishments in Lancashire and have spoken with many residents and staff together with resident’s family and friends. During visits the team gathered information about the nature and quality of care and services provided and have observed much good practice and have used their experience of The Mum’s Test to compile this report and a supporting checklist - Healthwatch Lancashire’s Guide to Choosing a Care or Nursing Home.

We hope these documents may assist those undertaking their own ‘Mum’s Test’ when seeking a suitable nursing or residential care home. In addition, we hope this document may also assist managers or owners of residential care or nursing homes when comparing their facilities and services with others, and that it may provide ideas for further improvement.



Sheralee Turner- Birchall, Chief Executive Healthwatch Lancashire

Good practice:

During its Enter & View visits to care homes, Healthwatch Lancashire observed and heard about what people choosing a care home, or currently living in a care home, thought was good practice. We share these findings within this document.

Contact with the home

All contacts with the home whether by phone, email or face-to-face should be answered in a welcoming, polite and friendly manner. Phone calls or emails should be answered promptly and visits should be easy to arrange. It is helpful if there is an informative website and/or a brochure or leaflet which includes helpful information such as:

- Contact details for the home, including the name of the manager and other senior staff.
- A 'Guide to Care' or similar eg. a 'Residents Charter' - this document provides details of what residents can expect if they decide to reside at the home.
- Recent feedback from current or former residents, their family and friends.
- The latest Care Quality Commission (CQC) report - this can also be found on the CQC website: www.cqc.org.uk and it should also be available to read at the home, preferably on public display.

External Environment

First impressions are important. The property should look well maintained, be clearly signposted from the road and should have adequate parking areas for visitors, residents and staff with designated disabled parking spaces or drop off and pick up areas close to the care home's main entrance(s) plus a disabled access ramp, if appropriate.

If visitors will be using public transport to visit residents it is important to check that there are bus stops and railway stations close by.

Also, check whether there are other local amenities such as shops and parks as these can provide interesting places for residents to visit for short excursions.

Garden areas should be secure, well maintained, accessible for wheelchair and walking frame users and equipped with appropriate seating areas. Features such as raised planter beds, hanging baskets, bird feeders, potting sheds and greenhouses are an asset. Where appropriate, residents with an interest in gardening could be encouraged to help with garden maintenance, possibly with the help of relatives and other volunteers. Features such as summer houses provide residents and their guests the opportunity to enjoy the full extent of the grounds in a sheltered and private environment.

Public Areas

Sanitising hand gel should be provided immediately you enter the home. All public areas, including corridors and bathrooms should be clean, odourless, well-lit with suitable floors and carpets which are in good condition and subject to regular deep cleaning. The home should be kept at an appropriate ambient temperature for the time of year, not too warm and stuffy or cold and draughty.

The home should be well maintained and decorated to an acceptable standard. Features including bookcases, artwork, pictures and photographs, flowers and ornaments create a welcoming homely feel.

All public areas should be accessible, where possible, by wheelchair users and for those mobility issues and homes should have adequate storage arrangements to make them uncluttered and free from trip hazards. Emergency exits should be clearly identified.

Reception Area

The home should be secure with no unauthorised access. Doorbells and intercoms should be answered promptly. Visitors should be greeted in a welcoming, polite and friendly manner and be required to sign in on arrival and sign out on departure.

The reception area should have a notice containing the names and photographs of key workers and contact details for the manager. It is helpful, if space permits, that this area contains seating which can be used by visitors and residents. The ambience should be welcoming.

Notices of the home's social activities and events, with up-to-date information, should be displayed in a dementia friendly form using pictorial images.

There should also be helpful information for visitors, relatives and residents about key issues e.g. procedures for making complaints, raising concerns or passing on compliments.

It is also helpful to have other information displayed too e.g.:

- Notices which identify staff who are 'Champions' e.g. The home's dementia awareness champion.
- A resident's guide to the home, which contains in-depth information about the home and services provided.
- Results of recent visitor surveys together with feedback forms for completion.
- Leaflet rack(s) containing relevant factsheets e.g. Dignity in Care, Mental Capacity Act.
- A 'Residents Charter'.
- *The most recent Care Quality Commission (CQC) report.*

Corridors

Corridors should be wide enough to accommodate wheelchairs and walking aids and have handrails.

Where appropriate, these should be painted in a contrasting colour to the walls, to assist residents experiencing dementia.

There should be clear signposting to emergency exits and key areas such as toilets, bathrooms, lounges and dining rooms. Where appropriate these should be 'dementia friendly' with pictorial representation.

Cleaning cupboards and storage rooms that are accessed directly from the corridors should be secured with keypads or kept locked.

Furnishings and pictures/features on the walls should be interesting and stimulating for residents and create homeliness. Seating in corridors (if wide enough) for residents to sit and rest or chat with other residents can be helpful for encouraging socialisation or provide a quiet spot for residents to simply sit, rest and watch the world go by.

Some residential care and nursing homes use street names for their corridors to help residents with orientation. Others 'theme' their corridors and use pictures and photographs relating to particular interests or hobbies, and some use wall murals of local historic scenes.

Wordles (visual depictions of the words) created by residents to describe the home can be displayed on walls to provide an interesting feature which helps to personalise otherwise uninteresting corridors and other public areas.

For residents affected by memory problems there should be support to personalise doors to their own rooms to aid easier identification. This could be done by displaying residents' names and photographs.

Posters mounted on the back of residents' doors giving the name and photo of the resident's keyworker, care plan coordinator or stating "I like to be called...." also help new staff to get to know residents' preferences, and for residents and

relatives to know about their care plans and designated key worker(s). If there is more than one floor, there should be a lift or chairlift.

Toilets and Bathrooms

Toilets and bathrooms should be clean, odour free, easily identifiable and accessible. They should have the necessary adaptations that, where appropriate, should be dementia friendly with contrasting colours for toilet seats, handrails and pictorial signage. Appropriate handling equipment e.g. hoists should be available and well maintained.

Doors to toilets and bathrooms should be in contrasting colours so they are easily identifiable.

Toilets should have a sufficient supply of toilet rolls, soap, hand sanitizer, disposable towels and bins for their disposal. Water temperature should be appropriate.

Cleaning rotas or checklists for staff to sign, with the date and time when staff check or clean the room, should be displayed and up-to-date.

Lounges, dining and other public areas

Lounges, dining areas and other public spaces should have a good standard of decoration and ambience as these areas are particularly important to create a comfortable, homely and stimulating environment for residents. Call bells should be accessible.

Examples of what we have seen, and what residents have said they like and enjoy are listed below:

- Ornaments, display cases, books & bookcases, photograph albums, fish tanks.
- Furnishings that contribute to reminiscence and familiarity.
- Sufficient seating for the number of residents in the home.
- Views overlooking well maintained gardens and focal points and/or patio doors which open onto a secure garden where residents could sit outside in good weather and/or a pleasant conservatory.

- Dining tables set with table linen, crockery and napkins, creating an enjoyable dining experience and where appropriate, with contrasting cloth and crockery for patients experiencing dementia.
- Small tables arranged in a café style and dining rooms that have been themed as bistros and cafes.
- Hot and cold drinks, including water, freely available throughout the day.
- Flexible mealtimes.
- Some homes have benefitted from having chilled drinks machines, and small kitchenettes or 'snack areas' to serve light refreshments eg toast, sandwiches, fruit and biscuits/cakes, offering flexibility and choice around eating. In some homes visitors were also welcomed to use these facilities too.
- Vending machines (snacks and drinks) for residents and guests to use.
- Specialist dementia sensory area in a lounge (or a dementia unit, if required). A variety of sensory units have been seen including: 'Inside' gardens, dedicated light and sound areas, sensory gardens.
- Walls made visually interesting, for example, with nostalgic prints, display of vinyl LP's, wall murals depicting local historic scenes.
- Seating areas in lounges, dining rooms and foyer arranged in such a way as to promote social interaction.
- Television with satellite stations, radios and CDs.
- Quiet areas with seating, for those who preferred not to socialise.
- Magazine racks with recent publications and bookshelves with an appropriate collection of books, use of the home library service with talking books and books with large print/pictures.
- Weatherboards, menus and activity schedules in large print and pictorial images to promote inclusivity for those affected by poor vision, dementia or English as a second language.

- Fresh and/or artificial flowers and arrangements.
- Resident's artwork decorating the lounge / dining area.
- In-house hairdressing salon or regular visits from a hairdresser/barber.
- A movie room or area decorated in the style of an old cinema.
- A social room themed as a pub.
- A reminiscence lounge containing vintage items from a bygone era e.g. furniture, lamps and a cabinet with crockery and ornaments.

Where appropriate, significant consideration should be given to making an area or room(s) appropriately dementia friendly.

Activities

Stimulating and interesting activities should be provided preferably by a dedicated Activities Coordinator.

Examples of activities are:

- Board games, jigsaws and packs of cards, with versions suitable for those with poor vision.
- Quiz nights.
- Chair based exercises.
- Pet therapy sessions.
- Singing and other musical sessions.
- 'Fish and Chips' suppers.
- Knitting and sewing groups.
- BBQs.
- Raffles.
- 'Sweet-Shop' area where residents can purchase confectionary.
- Trips to local places e.g. Blackpool to see the Illuminations, trips to the local pub or ice-cream parlour.
- Bingo.

- Tea parties with cupcakes.
- Birthday parties with celebratory cake.
- Themed nights e.g. Cinema nights.
- Pool table.
- Football table.
- Keyboard.

Resident and Staff Interactions

There should be:

- Sufficient staff to allow attentive and responsive care.
- Staff who address residents by their name who know residents' likes and dislikes.
- Staff who are easily identifiable, with their name on their work clothing or uniform.
- Call bells which are attended to in a timely manner.
- Friendly interactions between residents and staff.
- Staff to help residents at mealtimes.
- Time for staff to interact and listen and chat to residents.
- Where possible, volunteers to help both staff and residents.

During our Mum's Test visits, we spoke to many residents to find out what they liked or disliked about their home.

Residents told us they liked:

- To feel safe.
- Kind, helpful, attentive and friendly staff who know them well.
- To be treated as individuals.
- Staff they could talk to if they had any concerns or worries.
- To be treated with dignity and respect.
- Choice about when they go to bed and get up in the morning.
- A buzzer to summon help in public areas, and when in bed at night.
- Being able to go to the local shops.
- Being allowed to bring furniture and/or personal items from home.
- Being able to lock their rooms to prevent people from wandering in uninvited, and for staff to knock on the door and wait to be invited in, where appropriate.
- Satellite television.
- A quiet lounge in addition to a more sociable area.
- A garden where they could sit out in good weather.
- Good home cooked food with a choice of an imaginative and varied menu.
- An all-day breakfast option.
- Drinks available at all times.
- Breakfast in bed.
- Choice of where they ate their meals - in the dining room or in their own rooms.
- To pursue their own hobbies or interests.

- Trips, outings and regular entertainment.
- Chairs that are close enough to be able to talk to fellow residents.
- Their religious needs catered for.
- Being able to join in with housework and day-to-day activities within the home e.g. gardening, DIY and other projects of choice.
- Fresh fruit.

Residents have told us that they didn't like:

- Buzzers going off constantly especially at night, disturbing their sleep.
- Meals which lacked variety, imagination and were repetitious such as, soup and sandwiches being served for lunch every day. They want food served at an appropriate temperature.
- Not being allowed to go out without supervision (unless required) and staff not being available to take them.
- Homes that were too quiet - they want 'a bit of something going on'.
- Not being able to use the garden because staff don't take residents outside.
- Other residents who 'wander' and come into their rooms uninvited.
- Impatient staff.
- Being told when to get up / to go to bed - residents want to choose this for themselves.
- Being bored because there are not enough stimulating activities and trips.

We also spoke to resident's relatives to find out what they wanted from the care / nursing home.

Residents have told us that they want:

- Their relative to feel safe.
- To be made to feel welcome when visiting their relative.
- To be kept informed about their relative and involved in care plans, health matters and appointments.
- To know what the arrangements are for their relative in the event of an emergency.
- To be satisfied with the level of support their relative receives from other local health services such as GPs, dentists, pharmacies, and district nurses.
- To be kept informed if their relative becomes ill.
- To have their concerns addressed promptly, and to be informed of the outcome(s).
- To know what activities their relatives are participating in, and that there is a range of interesting social activities provided.
- Patient and caring staff.

Residents have told us that they don't want:

- Their relative's clothes to go missing and others appearing in their place.
- Loss of other personal items e.g. false teeth and hearing aids.
- Call bells ringing all the time, which suggests they are not being answered in a timely manner.
- Relatives rooms not being cleaned properly or often enough.
- Inconsistent service and staffing.
- Staff who don't have enough time for residents.
- Their relative being left alone in their room all day except for meal times.
- Poor communication between staff on different shifts and at handover.

In addition, we spoke to care and nursing home staff.

Staff told us they want:

- Enough staff on duty and a constant workforce.
- To be supported to carry out person centred care.
- Sufficient and good quality training.
- To be happy working at the home.
- Being confident enough to recommend the care home to a close relative because of the good service provided.
- Managers who are supportive and ‘hands on’ if required, working with staff if areas for improvement are identified.
- Sufficient cleaning staff.

Staff told us they don’t want:

- Reliance on bank staff who don’t know the residents well.
- To be so busy that they cannot engage with the residents properly.

Other aspects of best practice we have seen in some of Lancashire's nursing and care homes include:

- Residents receiving an allocated 30 minutes per week of 'My Time' - this is one to one uninterrupted time with a member of care staff.
- Residents encouraged to create a 'My Life' book of their life history and experiences.
- Faith areas / corners.
- Care / nursing home owners who visit the home on a regular basis and are aware of the standard of care being provided
- Patient Champions e.g. 'Men's Well Being Champion', 'Hearing Loss Champion', 'Sight Loss Champion', 'Diabetic Champion', 'Safeguarding Champion' and a 'Dementia Champion'.
- Advanced Primary Care or Specialist Nurse Practitioners who visit the home.
- A symbol displayed on some doors of high need residents, to remind staff not to 'flutterby', but to pop in on their way past residents who cannot leave their rooms. This promoted interaction for these residents and ensured their needs were met.
- Residents being able to use their existing dentist or be registered with a dental practice that had agreed to take on patients from the home.
- Denture repairs undertaken locally and urgent dental repairs being done promptly.
- Dentists who cater specifically for residents affected by dementia.
- All staff (including housekeepers and kitchen staff) receiving training in essential skills such as moving and handling so that they can step in to help with residents, if required.
- Own bank staff to cover for staff sickness / holidays.
- Qualified chef/cook to provide meals for the residents.
- iPads used to update care records which provide immediate updates throughout the day.

- A 'memory tree' dedicated to former residents.
- Supporting residents to complete an 'Advanced Care Document' outlining their preferences for care at end of life.
- An on-site shop.
- Visits by a chiropodist.
- BBQ area in the garden.
- Daily newspapers.
- A regular newsletter for residents, relatives and carers.
- Birthday celebrations for residents.
- A 'Beauty Room' for pamper sessions.
- Visits by a manicurist / hairdresser.
- Dedicated kitchen, cleaning, gardening and maintenance staff.
- Doll therapy.
- Relaxing nostalgic music playing in the background.

If you would like more information about this report, or want to speak to a member of the Healthwatch Lancashire team please call 01524 239100.