

Enter and View Activity

Beckfield Care Home, Heighington, Lincoln

11 July 2024

Executive Summary

Healthwatch Lincolnshire visited Beckfield Care Home

The visit to Beckfield Care Home was an announced Enter and View visit by Oonagh Quinn, Healthwatch Involvement Officer, and two Authorised Representatives, Julie Emmott and Wendy Cottam.

On this visit, a relatives survey (Appendix 2) was piloted along with a residents and staff survey (Appendix 1 and Appendix 3). Staff were given the opportunity to complete the survey before the visit. Residents and relatives took part in a voluntary one-to-one interview with a member of the Enter and View Team.

Environmental Observations

- The home is in a quiet residential village near to Lincoln and is an old building adapted for residential care.
- The front doors were secured with a coded lock for access and exit.
- Residents located upstairs in the building are more mobile.
- The home has 24 rooms. An empty room is for booked respite and another room is shared between two residents.
- There were two main lounges: one quiet room and one for activities and watching TV. The main activity lounge was at the end of a corridor and led out onto the gardens. It housed equipment and served as a meeting room, training room and staff room.
- The dining room area was also used by residents and we observed puzzles, games and conversations between residents and staff.
- Building maintenance includes a carpet replacement programme and room refurbishment as availability allows.

Key Findings

Interview participation: 11 residents took part in the interviews - one male, 10 female. Three relatives were interviewed and two members of staff completed a survey on the day.

Residents

- The residents who were interviewed had lived at the care home for between one month and two years.
- Residents felt that they are treated with dignity and respect by staff. The staff supported them to live as independently as they could and encouraged them to make their own choices in relation to food on the menu and activities. Participation was encouraged.
- Residents felt that they were listened to, had a good choice of food on the menu and were offered a wide range of activities, including visitors and entertainers.
- A few residents expressed that they missed living in their own property but accepted that they needed more support and needed to feel safe. They all expressed that they were looked after and cared for by the staff, who they described as professional, approachable, friendly and caring and they felt safe.

Relatives

- All the relatives interviewed expressed that their loved one was happy, safe and well looked after.
- The relatives expressed that communication between the care home management, senior staff and care staff was very good. There was a range of communication: in person, by telephone (if required), noticeboards and display boards.
- The relatives all expressed that the interactions between the staff and their loved one was always very positive. Their loved one was shown dignity and respect. Staff were professional, approachable, friendly and caring.

Staff

- Staff said the key to the success of the care home was teamwork and communication. Both said that management, senior staff, residents and relatives all made positive contributions in the best interest of the residents and they all worked together to support the resident.
- Information and communication boards displayed a varied amount of information and messages for the benefit of staff, residents and their relatives.

- Both staff members felt that the communication between hospital staff and the care home staff team was good in relation to resident hospital admissions and discharge to and from the care home.

Recommendations

General

- The Registered Manager and staff to plan personalised care to ensure people have choice and their individual needs and preferences are met.
- The Registered Manager and staff to continue to offer a wide range of choice in activities to reflect cultural differences and preferences. Encourage residents to participate but be respectful of the residents' decisions if they choose not to participate.
- Registered Manager and staff to work closely with professionals and local groups to build effective working relationships.
- Registered Manager and staff to work to integrate the service and build on links with the local community, such as schools and nurseries, church and faith groups and local businesses.
- The Registered Manager and staff team to make connections with alternative methods of transport such as community care schemes to encourage independence. This could be useful when arranging appointments that are not eligible for non-emergency transport or a relative is unable to escort the resident.

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Healthwatch Lincolnshire is your health and social care champion. We make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care. We are part of a national network of 152 local Healthwatch in England.

We have three main areas of work:



- **Listening to feedback** - we listen to people's experiences and we seek out views as part of larger research projects. Healthwatch has legal powers to undertake Enter and View visits to NHS services and care settings. This is to observe and hear how users are experiencing the services.



- **Influencing Providers and Commissioners of Health and Social Care** - we also spend a lot of time building relationships and attending meetings within the local health and care system so that the patient's voice can be heard in the right places, at the right time.



- **Advice and information** - we help people to navigate health and care services.

Your experiences matter, we strive to be a strong voice for local people to help shape how services are planned, organised and delivered.

Acknowledgements

Healthwatch Lincolnshire would like to thank Beckfield Care Home residents, relatives and staff for their co-operation and support in this Enter and View activity.

Disclaimer

This report relates to the findings by the Healthwatch Lincolnshire Representatives during the visit to Beckfield Care Home, Lincoln on Thursday 11 July 2024. This report is not representative of the experiences of all residents or relatives.

What is Enter and View?

Healthwatch Lincolnshire has the statutory right under the Health and Social Care Act 2012 to carry out Enter and View (E+V) visits to NHS health and social care services.



- The Local Government and Public Involvement in Health Act 2007 (amended via the Health and Social Care Act 2022) makes Enter and View possible.
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 makes sure service providers allow Healthwatch entry to observe services.

Healthwatch Lincolnshire staff and volunteers (known as Authorised Representatives) work together to carry out these visits. Authorised Representatives are recruited, trained, have a current DBS check and photo ID.

Enter and View is important because it can:

- give seldom heard people a voice
- help with joint working
- identify best practice.

The aim of the visit is to primarily listen to the feedback of the residents, their families, carers and staff and observe service delivery and the facilities available for residents or relatives. The feedback and observations are then collated into a report including any suggestions or recommendations. The care provider has the opportunity to comment on the report before it is published.

Enter and View is **NOT** an inspection. It is a standalone activity to engage with service users and listen to their voice about the service that they are accessing.

A service can be visited for several different reasons such as:

- the public has provided feedback about the provision
- it is part of a rolling program of visits to similar services
- a service is running well and good practice could be implemented in other places.



Background

Beckfield Care Home

Beckfield Care Home is owned by Allington Healthcare Limited.

It is registered to provide accommodation for 27 older people, some of whom may be living with dementia.



In its last Care Quality Commission (CQC) Inspection (November 2019), it was rated 'requires improvement' overall but was rated good in caring and being effective.

The main concern of the service at Beckfield Care Home is the residents' quality of life. The philosophy of Beckfield Care Home is to look after the residents in a caring and sympathetic way, so that their privacy and dignity are respected. The aim is to promote and encourage active independence where possible.

Beckfield House has 24 bedrooms: 13 single en suite, eight single rooms, one double room en suite and two double rooms. All rooms comply with size regulations as stated in the national minimum standards, standard 23. There are television and telephone points in the bedrooms. Private telephone connections can be arranged. Long term residents can bring their own furniture.

There are five separate toilets on the ground floor and three toilets on the first floor. A bathroom with hoist facility is available on both floors.

There is a large private garden which the residents use.

Website Description

Beckfield House is a beautiful, late Victorian Arts and Crafts style former Gentleman's Residence with an attractive modern annex. It is set in pleasant gardens in the quiet village of Heighington, just four miles from the Cathedral city of Lincoln.

The house has modern, full gas-fired central heating. Accommodation is in both single, shared and en-suite rooms, the majority at ground floor level. In addition, there is a spacious dining room, three large comfortable sitting rooms one leading directly onto a patio area. A recent extension, completed in Jan 2008, has improved facilities further by adding eight single en-suite bedrooms, a hairdressing salon, and the additional lounge and dining area.

The home is well equipped with moving and handling equipment and all of the main bathrooms have integrated hoist in the baths. The stairwell has been fitted with a chair lift for access to the first floor.

Full laundry facilities are included in the cost of accommodation as are such personal items as towels, flannels and soap.

There is a varied menu and special dietary needs, both medical and cultural can be catered for when prior notice is given. Drinks are freely available throughout the day.

Hairdressing and chiropody services are available for a small extra charge.

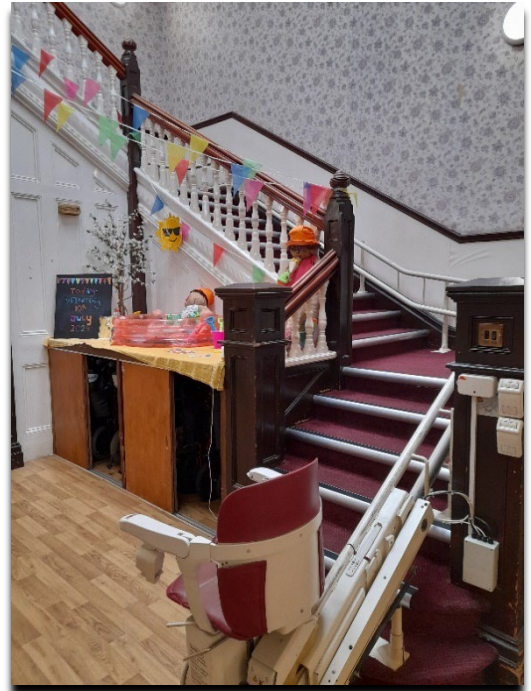
We have a varied entertainments programme.

For your medical treatment, there are two local GP practices that visit the home and they hold their own clinics for diabetes and minor operations, etc. There is also excellent support from the community and district nurses.

Service Specialism

Beckfield House is a residential care home for the elderly, including people living with dementia, in the Lincoln area. The residential care home offers accommodation, long term, short term, respite and day care to persons of both sexes with dementia and older persons needs whose general physical and mental health does not warrant their admission to a nursing home.

www.beckfieldhouse.com



Fees and Funding

A placement at Beckfield Care Home can be funded by:



- **Local authority funding** This is where the local authority (typically the council) agrees an amount to fully fund a person's support, whether it is in a residential placement or as part of a supported living package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support.
- **Joint funding between local authority and NHS** This is where an individual has a Continuing Healthcare (CHC) assessment. In this instance, funding will be split between the local authority and the NHS. The funding package is agreed following joint assessments of the person's needs and healthcare needs. The local authority element of the funding covers both accommodation and support. The NHS assessment covers continuing healthcare needs.
- **NHS funding** It is possible that an individual's health needs are such that the NHS will fully fund a person's support package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support.
- **Individual / personal budget** This is where the local authority allocates a specific amount of money for a person's support needs. The amount is determined by an assessment of the person's needs and means. The person will also need to agree a support plan to show how and where the money will be spent, whether they decide for the local authority to choose services for them or if preferred to have direct control of the budget themselves – e.g., a direct payment.
- **Direct payments** This is where the person receives an amount directly from the local authority and can choose how to spend the money on their support. Choosing a direct payment gives them maximum flexibility with their support package but they have to manage the money themselves. Fees are calculated based on the assessed needs of an individual. Each fee will include a staffing element, based on the hours of support assessed and required. In some instances, the staff support may be shared with other individuals, and in this situation the individual would only pay for their share of staff time.

Glossary and Abbreviations

Active listening	To listen, to hear and discuss what has been said.
Adult social care	Adult social care aims to help people stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities, mental health issues or are neurodivergent, as well as the people who care for them.
Announced visit	A visit planned by Healthwatch and the place being visited.
Anonymous	Not naming people.
Authorised Representative	An Authorised Representative is a trained volunteer with a current DBS in place who participates in Healthwatch Lincolnshire's Enter and View activities, alongside other Healthwatch Lincolnshire volunteers and staff. All Authorised Representatives have photo ID.
CQC	Care Quality Commission The Care Quality Commission is the independent regulator of health and adult social care in England. Its role is to ensure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve.
Care home	Provides accommodation and personal care for people who need extra support in their daily lives.
Communal area	An area that everyone uses, such as dining rooms or lounges.
Confidentiality	Respecting private information.
Day care	Adult day care is a planned program of

	<p>activities in a professional care setting designed for older adults who require supervised care during the day, or those who are isolated and lonely. Adult day care centres enable seniors to socialise and enjoy planned activities in a group setting, while still receiving needed health services. At the same time, they offer family caregivers respite from caregiving duties while knowing that their loved one is in a safe place.</p>
Dementia	<p>Dementia is an umbrella term for a range of conditions associated with damage to the brain or brain cells (neuron). This means the brain cannot work as well as it should. Dementia can affect a person's ability to remember, think and speak. It also affects how they feel and behave. The most common types of dementia include Alzheimer's disease, vascular dementia and dementia with Lewy bodies. Dementia is not part of the natural ageing process.</p>
EDD	Estimated date of discharge.
E+V	Enter and View
LCC	Lincolnshire County Council.
National minimum standard (NMS)	The national minimum standards (NMS) are designed to ensure that care provision is fit for purpose and meets the assessed needs of people using social care services.
National minimum standard for a single room (Section 23)	The National minimum standard for a single room: minimum of 12.5 square metres of usable floor space, with head space of at least two metres. (This excludes en suite toilet and hand basin facilities.)
Nursing home	A nursing home is a facility for the residential care of older people, senior citizens, or disabled people. Nursing homes may also be referred to as care homes with skilled nursing facilities or long-term care facilities.
Residential home	A home with social work supervision for

	<p>people who need more than just housing accommodation, such as elderly people, children in care, or adults with learning difficulties.</p>
<p>Respite care</p>	<p>Respite care is a service that can be planned or in the case of an emergency a temporary care service provided to caregivers of a child or adult. Respite programs provide short-term and time-limited breaks for families and their unpaid caregivers.</p>
<p>Specialised residential care services</p>	<p>While all care homes offer accommodation and personal care, specialist care homes offer additional services for residents with greater needs. Care homes can be run by private companies, local councils or charitable organisations.</p>

Details of Visit

<p>Service Address</p>	<p>Allington Healthcare Limited 5 Yeomans Court Ware Road Hertfordshire SG13 7HJ</p> <p>Private limited company Company number 03873649</p>
<p>Service Provider</p>	<p>Beckfield Care Home Station Road Heighington Lincoln LN4 1QJ</p> <p>Registered Manager Hannah Flint</p> <p>General enquiries 01522 790 314</p>
<p>Dates and Timings</p>	<p>Thursday 11 July 2024</p> <p>10.30am to 3.30pm</p>
<p>Healthwatch Representatives</p>	<p>Oonagh M Quinn Healthwatch Involvement Officer</p> <p>Authorised Representatives:</p> <p>Wendy Cottam Julie Emmott</p>

Methodology

Healthwatch Lincolnshire, as part of its engagement programme, wanted to include the voice of residents of care homes in gathering their views on health and care services. This was part of the Enter and View visits to registered care homes known to the local authority and adult social care services at Lincolnshire County Council.

A resident, relative and staff survey, designed by our Research and Insight Officer was used to collate feedback (Appendices 1-3).

The E+V was an announced visit to Beckfield Care Home and arrangements were made directly with the care home manager for the Healthwatch Involvement Officer and Authorised Representatives to attend.

Staff had access to the survey to complete independently before the visit and hard copies were available on the day. Residents were invited to talk to the three Healthwatch representatives in the communal dining room and lounge areas of the care home.

Residents were made aware that they had a choice in whether they participated in this activity as it was voluntary. Residents were asked if they were happy to talk to the Authorised Representative. Oral consent was given in the presence of a staff member.

Each resident then spoke to a Healthwatch representative who recorded their discussion on the resident survey. No personal details and a limited amount of demographics were recorded.

Relatives were made aware that they had a choice in whether they participated in this activity as it was voluntary. Relatives were asked if they were happy to talk to the Authorised Representative. Oral consent was given in the presence of a staff member.

Relatives could complete the relative survey independently and return the survey to the Healthwatch representative.

Eleven residents took part in the interviews: one male and 10 females.

Two members of staff completed the survey on the day.

Three relatives took part in the interviews.

Findings / Observations

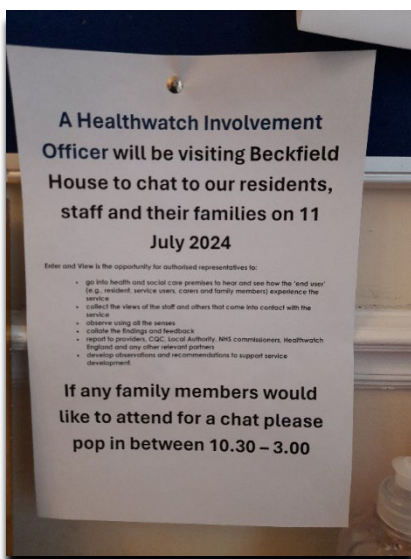
Environmental Observations

- The home is in a quiet residential village near Lincoln and is an old building adapted for residential care.
- The front doors were secured with a coded lock for access and exit.
- Residents located upstairs in the building are more mobile.
- The home has 24 rooms. An empty room is for booked respite and another room is shared between two residents.
- There were two main lounges: one quiet room and one for activities and watching TV. The main activity lounge was at the end of a corridor and led out onto the gardens. It housed equipment and served as a meeting room, training room and staff room.
- The dining room area was also used by residents and we observed puzzles, games and conversations between residents and staff.
- Building maintenance includes a carpet replacement programme and room refurbishment as availability allows.

On the day of the visit, the three Healthwatch Authorised Representatives were made to feel welcome by the staff, residents and relatives.



Safe and familiar areas within the home were made available to the Authorised Representatives to interview the residents and relatives, including communal dining room and lounge areas.



On arrival, Healthwatch Authorised Representatives had their photo ID checked and were asked to sign in and offered refreshments. We were given a tour of the home and introduced to staff. A notice above the sign-in book had been put up to make relatives aware of the date and time of the announced visit.

In the lounge area, residents were playing games and completing puzzles such as wordsearches, watching TV or having conversations with staff and other residents. The Activity Coordinator was setting up an area for hand massage and nail

painting.

Residents Feedback

General

- Eleven residents took part in the interviews: one male and 10 females.
- The residents that took part in the interviews had lived at Beckfield Care Home between one month and more than two years: one was less than a month, two between one month and three months, two between seven and nine months, three between ten months and one year and three between one year and three years.
- All residents expressed that they were very happy at Beckfield Care Home. They all rated their care as very good and felt safe.

One resident said: "They look after you well even though you would rather be in your own home. I had lots of falls and it was becoming unsafe for me to be at home. Here I feel safe and cared for and there is always someone to talk to."

All residents felt that they were treated with dignity and respect by the staff. They also said that the staff are very friendly and helpful. All said how the staff supported them to adjust to living in the care home and that they were given time to adapt.

All the residents felt that the staff would listen to them if they had an issue or concern. Every resident said that they would speak to their relatives first and then go to the manager or staff member to resolve the issue or concern.

All residents felt that they were listened to and supported to participate in all aspects of the care home including making choices about the food on the menu and activities. They were encouraged to participate but were respected if they chose not to take part. They expressed that there was a varied programme and there was always something to do. They could spend time in the garden or go on trips such as visiting local garden centres, shopping or visiting friends and relatives. There is no minibus so this could cause some issues when a group of people wanted to go out at the same time.

The residents also liked that the home arranged visitors such as singers and other entertainers to come into the home. They also had visits from local schoolchildren. This was particularly popular as many had grown-up grandchildren or great grandchildren that they did not see as often as they would like so they appreciated spending time with young people.

Sometimes the residents felt that there were not enough staff on and that they might need to wait a while for someone to attend to them. This did not

happen very often and all residents said that the staff were kind and thoughtful and worked hard to support them. The staff always found time to have a chat with all residents.

All residents knew that there was a hairdresser that they could make an appointment with. Staff would remind residents about their appointment as well as keeping their relatives informed.

All residents said that booking appointments to be seen by GPs, nurses, chiropodists and hearing checks seem to be done in a timely manner. The only concern was being treated or seen by a dentist which was more challenging for the staff or their relative to organise.

All residents thought that the food choices on the menu were very good. They said that the food was always served at a good temperature, was tasty and home cooked. There was a good variety and each had their favourites. The most popular was the roast dinners. Drinks and snacks were also available throughout the day, all you had to do was ask and a staff member would get you what you needed. If on the occasion you did not want what was on the menu, the staff offer an alternative.

When asked what they liked about the home, all residents said that they felt safe, listened to and cared for. Some residents were now closer to their family and friends so could have more visitors without worrying about long distances travelling to see them.

A few of the residents expressed that they missed their own home. Some had lived most of their adult lives in their own home and were supported by the staff to settle in and adapt to their new living situation. They all agreed that it was safer for them to be in the care home than living on their own. One resident said that they missed their old neighbourhood as they had lived there for more than 50 years and knew everyone. Some residents had come to the care home for respite and knew that it was not safe for them to go back to their own property. They had liked being at the care home and had made the decision that they would stay and be supported. For them, it was important that their relative was part of the decision making process and information was shared with them throughout the process.

One resident said: "I have everything I need here - company, good food and visits from my daughter. I am happy - very happy. I am so well looked after."

Relatives Feedback



General

- Three relatives took part in interviews.
- No relatives completed the relative survey independently.
- All three relatives expressed that their loved one had been living at Beckfield Care Home between four months and nine months.

Relatives expressed that they were very happy with the support and care that their relative received.

One relative said: "Beckfield Care Home is very personal and the staff are attentive, very supportive of their relative. The process of respite to permanent care cannot be faulted – from both the staff and adult social care."

Another said: "I visit every other day. My relative is happy and it feels like home. The manager discussed with me as a family member all the financial aspects of paying for the care home and facilities. I am given updates on a regular basis."

All relatives felt that the residents are always treated with dignity and respect. All of the staff interact with the residents in a very positive way, regardless of their role at the care home.

Relatives felt that they could speak with the manager or any member of staff if they needed to raise a concern or issue. All staff were very approachable and supported their relative to live a full and happy life. The staff were always very positive around the residents even during stressful times.

Communication was rated as very good by all three relatives and they all mentioned that the staff kept them informed by a variety of methods: daily updates (when required) in person or by telephone, one to one meetings, noticeboards and information boards and resident meetings.

Visitors were encouraged at any time and if they are there at mealtimes, they can enjoy a meal with their loved one. Residents could receive phone calls and letters and were encouraged to stay connected with family and friends.



Relatives felt that the activities provided promoted residents' physical, mental and social wellbeing. Each resident was encouraged to contribute ideas and to participate in activities that were taking place.

Relatives were able to arrange appointments without too many problems (GPs, nurses, chiropodist, hearing checks in particular. However, access to dental services was very challenging.

All three relatives said that they felt that their relative was cared for and supported by the staff at Beckfield Care Home. They all expressed that it was the best decision they had made as to support their loved one. All lived within a reasonable distance of the care home and were able to spend a lot of time with their loved one and know that they were happy and supported.

Staff Feedback

General

- No staff completed the survey on the day of the visit.
- Two staff completed the survey prior to the visit.

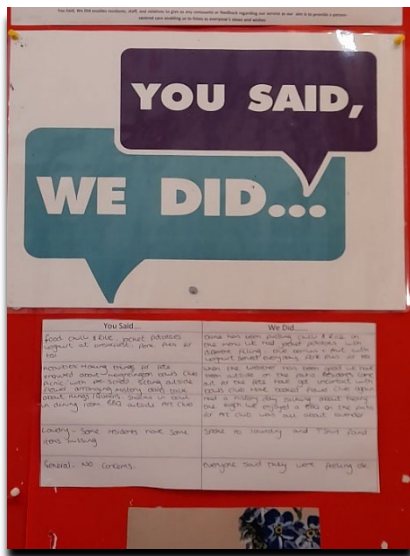
The staff felt that the care home was able to get appointments with the relevant services when the residents needed them. Both the home and relatives could book these appointments and that communication between relatives and the care home was good.

Both staff members expressed that the key to success at the home was teamwork and good communication between management, senior staff and residents and their relatives.

They said that communication with residents and relatives supports the resident to live the best life they could.

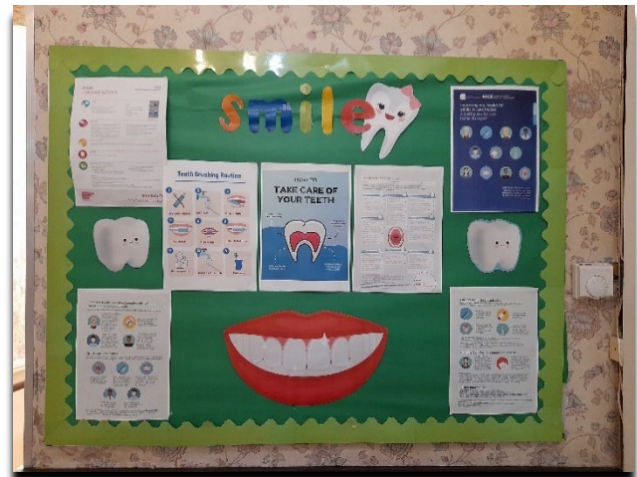


The staff members felt that communication was very effective and they had a number of ways of providing information to the residents and their relatives including orally, one to one meetings and noticeboards. They displayed cards of appreciation from residents and relatives.



They also used a “You Said, We Did” board for issues or concerns. This was placed in the main corridor for all to see.

There are several themed information boards. The photograph shows the staff team raising awareness of oral hygiene and dental practices for their residents and relatives. These information boards are changed on a regular basis.



Discharge from Hospital

Overall, the staff felt that the care home had good communication with the hospital. Relatives also kept the home informed about the progress of their loved one and any discussions concerning discharge back to the home.

Staff said that management and senior staff were available to support the staff team with updates around discharge from hospital. Health professionals could be contacted via telephone.

Recommendations

General

- The Registered Manager and staff to plan personalised care to ensure people have a choice and to meet their individual needs and preferences.
- The Registered Manager and staff to continue to offer a wide range of choice in activities to reflect cultural differences and preferences and encourage residents to participate but be respectful of the residents' decisions if they choose not to participate.
- Registered Manager and staff to work closely with professionals and local groups to build effective working relationships.
- Registered Manager and staff to work to integrate the service and build on links with the local community, such as schools and nurseries, church and faith groups and local businesses.
- The registered manager and staff team to make connections with alternative methods of transport for their residents to encourage the independence of their resident such as Community Care Schemes. This could be very useful when arranging appointments such as medical appointments when they were not eligible for non-emergency transport or a relative was not available to escort the resident to their appointment.

Service Provider Response

***Provided by Beckfield Care Home (Allington Healthcare Limited)**

At the time of publication, there was no formal response from the management of Beckfield Care Home.

Distribution

The report is for distribution to the following:

- Care home management team
- Lincolnshire County Council adult social care contract team
- Lincolnshire Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- NHS England
- Healthwatch England and the local Healthwatch network

Published on www.healthwatchlincolnshire.co.uk

Additional Information

Latest Care Quality Commissioners (CQC) Report August 2019

www.cqc.org.uk/location/1-120601325

Lincolnshire County Council

www.lincolnshire.gov.uk/adult-social-care

Appendices

- **Appendix 1: Resident Survey**
- **Appendix 2: Relative Survey**
- **Appendix 3: Staff Survey**

Appendix 1

Enter and View Resident Survey

Healthwatch have a legal power to visit health and social care services to see them in action. This power to 'Enter and View' services is a statutory function of Healthwatch and allows us collect service user and staff feedback on services. This feedback allows us to highlight good practice and make recommendations to services on how they can improve.

All feedback provided is anonymous. The feedback will be used to identify areas where the care home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

telephone 01205 820892

Email: info@healthwatchlincolnshire.co.uk

Firstly, who is completing this survey:

- I am resident, and these are my own views
- I am a friend/relative of a resident and these are their views
- I am a friend/relative of a resident and these are my views




1. How long have you lived in the care home?

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than a month | <input type="checkbox"/> 7 – 9 months | <input type="checkbox"/> 2 years+ |
| <input type="checkbox"/> 1 – 3 months | <input type="checkbox"/> 10 – 12 months | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 4 - 6 months | <input type="checkbox"/> 1 – 2 years | |

2. How would you rate your care? Please circle the face which best represents your feelings.

			
Very good	Good	Poor	Very poor

Please briefly give the reason(s) for your rating:

Your Care				Comments
	Yes	No	Do not know	
3. Do your carers treat you with respect and dignity?				
4. If you were unhappy with your care, could you tell someone?				
5. Who would you tell?				
6. Have you raised any concerns about your care previously?				
7. Do you feel your concerns were taken seriously?				
8. Are you asked for your feedback about the care home?				

9. Over the past six months have you noticed any changes in your care? (Prompts: This might be changes (positive or negative) in your routine, activities or personal care needs.)

10. Have you felt things have improved, stayed the same, or gotten worse?

Improved

Gotten worse

Stayed the same

Is there anything else you would like to tell us?

11. Do you feel like your needs and preferences are still being met as well as they were before?

12. How do you prefer information to be given to you? e.g. would you prefer to speak to someone, by a newsletter or suggestion box.

Visitors

13. Are you able to stay in contact with family and friends over the phone?

- Yes
- No
- Not sure
- Prefer not to say/ N/A

14. When can visitors come to see you?

15. Do people come into the home e.g., to do your hair?




- Yes
- No
- Not sure
- Prefer not to say

Access to services

16. When you need to, are you able to access the following: (please tick)




	Always	Sometimes	Never	Not sure	Prefer not to say / N/A
A GP or Nurse					
A Dentist					
A hearing check					
An Optician					
A Chiropodist					

Tell us more if you wish below:

Food and Drinks				Comments
	Yes	No	Do not know	
17. Do you enjoy the meals and drinks you have?				
18. Are you involved in deciding what food and drinks you have?				
19. Are you able to get snacks and drinks when you want them?				
20. Is there anything else you would like to tell us? (in relation to food and drink)				

21. What is your favourite thing about living here?

22. If you could change one thing, what would it be?

Activities				Comments
	Yes	No	Do not know	
23. Are you asked about the different hobbies or activities you would like to do?				
24. Are the activities in the home fun and interesting?				
25. Are there ever any days out e.g., to the seaside?				
26. Is there anything else you would like to tell us about? (in relation to activities)				

Tell us a bit about you!

*By telling us a bit about you we can see if all residents are treated the same or if some groups of people have different experiences. **This information is strictly confidential and you will not be able to be identified from your answers.***

If you are a friend/relative of a resident, please answer the following questions in relation to the resident.

27.What is your gender?

- Woman
- Man
- Prefer not to say

28.Can you tell me how old are you? alternative, do you know how old you will be next birthday?

If you would prefer not to say, please leave blank.

Thank you for sharing your thoughts 😊

Appendix 2

Enter and View Survey: Relative/Friend Survey

Healthwatch have a legal power to visit health and social care services to see them in action. This power to ‘Enter and View’ services is a statutory function of Healthwatch and allows us collect service user and staff feedback on services. This feedback allows us to highlight good practice and make recommendations to services on how they can improve.

All feedback provided is anonymous. The feedback will be used to identify areas where the care home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

Phone: 01205 820892

Email: info@healthwatchlincolnshire.co.uk




1. How long have they lived in the care home?

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than a month | <input type="checkbox"/> 7 – 9 months | <input type="checkbox"/> 2 years+ |
| <input type="checkbox"/> 1 – 3 months | <input type="checkbox"/> 10 – 12 months | <input type="checkbox"/> Not sure/Prefer not to say |
| <input type="checkbox"/> 4 - 6 months | <input type="checkbox"/> 1 – 2 years | |

2. How would you rate their care? Please circle the face which best represents your feelings.

			
Very good	Good	Poor	Very poor

Please briefly give the reason(s) for your rating:

Their Care				Comments
	Yes	No	Not sure/Do not know	
3. Do you feel carers treat residents with respect and dignity?				
4. If you were unhappy with their care, could you tell someone working in the home?				
5. Who would you tell?				
6. Have you raised any concerns about their care previously?				
7. Do you feel your concerns were taken seriously?				
8. Are you asked for your feedback about the care home?				

9. How would you rate the care home's communication with you about your relative's health and well-being? Please circle the face which best represents your feelings.

			
Very good	Good	Poor	Very poor

Please briefly give the reason(s) for your rating:

10. Do you have any concerns about staffing levels? If yes, is there a reason(s) for your concern about staffing levels? (For example, have you seen or experienced any impact(s) as a result of staffing levels?)

11. How would you rate the cleanliness of the care home? Please circle the face which best represents your feelings.

			
Very good	Good	Poor	Very poor

Any comments:

12. Does the care home cater well to the dietary needs and preferences of your relative?

13. Do you feel the activities provided promote your relative's physical, mental, and social well-being?

14. Are you able to stay in contact with your relative/friend over the phone?

- Yes
- No
- Not sure
- Prefer not to say/ N/A

15. Is there anything else you would like to share about being able to visit your relative/friend?

16. Do you know if they can access the following when needed: (please tick)

	Always	Sometimes	Never	Not sure	Prefer not to say / N/A
A GP or Nurse					
A Dentist					
A hearing check					
An Optician					
A Chiropodist					

Tell us more if you wish below:

17. Can you share any positive experiences your relative has had at the care home?

18. Do you have any concerns about the care your relative/friend is receiving?

19. Do you have any suggestions for improving the care or services provided?

Thank you for sharing your thoughts 😊

Appendix 3

Enter and View Staff Survey

Healthwatch has a legal power to visit health and social care services to see them in action. This power to 'Enter and View' services is a statutory function of Healthwatch and allows us to collect service user and staff feedback on services. This feedback allows us to highlight good practice and make recommendations to services on how they can improve.





All feedback provided is anonymous. The feedback will be used to identify areas where the care home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

Phone: 01205 820892

Email: info@healthwatchlincolnshire.co.uk

1. Are you able to access the following for residents, when needed: (please tick)

	 Always	 Sometimes	 Never	 Not sure	 Prefer not to say / N/A
A GP or Nurse					
A Dentist					
A hearing check					
An Optician					
A Chiropodist					

2. Are residents and/or their families encouraged to book appointments themselves or does the home do this? Does this impact the ability to be able to access a service?

3. Over the past six months have you seen any marked improvements in the home?

4. What current challenges do you face in your role?

Thinking about the care home as a whole, overall:

5. What is working well?

6. What could be improved?

7. Any other comments/Is there anything else you would like to tell us?

Questions about Hospital Discharge

If you have residents who are/have been admitted to hospital, we would like to understand your experience of hospital discharge. Thinking generally...

1. Are residents given an Estimated Date of Discharge (EDD)?

2. Are you kept up to date with the patient's condition?

3. How much notice are you given about the resident coming home (and how much notice would be ideal) and is the time of day of return an issue?

4. What is the communication like between health and social care and the care home, do you have a Home Help Team that supports patient care post-discharge?

5. Do residents normally return back with a complete care plan and medications, equipment etc?

6. Approx how many admissions does the home have?

7. Any other info about District Nursing, Frailty Teams or Continence Teams would be useful.

Thank you for sharing your thoughts 😊



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