

Enter and View Activity

Ashridge House, Boston

Thursday 26 October 2023



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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 Ashbridge Care Home Residents / Service Users and Staff Team for their co-operation and support in this Enter and View activity.

Disclaimer

Please note that this report relates to the findings by the Healthwatch Lincolnshire Representatives during the visit to Ashridge Care Home on Thursday 26 October 2023. This report is not a representative portrayal of the experiences of all Residents / Service Users.



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" visits to NHS health and social care services.



- The Local Government and Public Involvement in Health 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 and have a current DBS check.

Enter and View is important because:

- it can give seldom heard people a voice
- gather more detailed information
- help with joint working
- provide more evidence
- identify best practice.

The aim of the visit is primarily to listen to the feedback of the Service Users, their families, carers and staff and observe service delivery and the facilities available for Service Users. 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 Residents / 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

Priory Adult Care Services (formerly Craegmoor and Amore Care) provide a range of specialist residential and supported living services to support adults aged 18 and over with a **learning disability**, **autism**, **brain injury**, **Prader-Willi Syndrome**, **behaviours that challenge** or a **mental health** condition.

The aim of Priory Adult Care Services is to enable the people that are supported to achieve their goals, believing passionately that regardless of the challenges they face, everyone can accomplish extraordinary achievements with the right care in the right environment.

All of the support packages on offer are tailored to the individuals needs to help them develop vocational, social, education and life skills so they can progress to a more independent future. Priory Care also create pathways through residential settings to community living, delivering positive outcomes for both the funders and people using their services.

Ashridge Care Home

Ashridge is an eighteen-bedded specialist service situated in a suburban area of Boston, Lincolnshire. The service is close to local amenities and within easy access to public transport links. The Team at Ashridge do everything they can to improve the health and wellbeing of the people they support, including those with learning disabilities. As a team, they are focused on building positive outcomes for everyone that uses their services.

Their dedicated support team provide 24-hour care and support to the people who live in the home. Each member of the team is committed to delivering the highest standard of personal care, ensuring that everyone at Ashridge receives the support and attention they deserve.

Information Extracted from website:

https://www.prioryadultcare.co.uk/find-a-location/ashridge/

Fees and Funding



There are several different ways in which a Priory Adult Care Service can be funded. This includes:

• Local Authority Funding This is where the Local Authority (typically the local 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 will cover both accommodation and support, the NHS
 assessment will cover the 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 does mean 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 the share of staff time.



Glossary and Abbreviations

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 or neurodiversity, mental health issues as well as the people who care for them.
Active Listening	To listen, to hear and discuss what has been said.
Announced Visit	A visit planned by Healthwatch and the place being visited.
Anonymous	Not naming people and not being able to identify individuals in the report.
Authorised Representative	An Authorised Representative is a trained Volunteer who participates in Healthwatch Lincolnshire's 'Enter and View' activities, alongside other Healthwatch Lincolnshire Volunteers and Staff.
Autism	Autistic people may act in a different way to other people. They may: find it hard to communicate and interact with other people, find it hard to understand how other people think or feel, find things like bright lights or loud noises overwhelming, stressful or uncomfortable, get anxious or upset about unfamiliar situations and social events, take longer to understand information or do or think the same things over and over again.
Brain Injury	Traumatic brain injury (TBI) happens when a sudden, external, physical assault damages the brain. It is one of the most common causes of disability and death in adults. TBI is a broad term that describes a vast array of injuries that happen to the brain.
Care Home	Provide accommodation and personal care for people who need extra support in their daily lives.
Communal Area	Areas that everyone uses, such as dining rooms or lounges.
Confidentiality	Respecting private information.
E+V	Enter and View.
ICC	Lincolnshire County Council.



Learning Disability Mental Health	A learning disability is to do with the way someone's brain works. It makes it harder for someone to learn, understand or do things, is a reduced intellectual ability and difficulty with everyday activities. For example, household tasks, socialising or managing money which affects someone for their whole life. Mental health is a state of mental well-being that
	enables people to cope with the stresses of life, realize their abilities, learn well and work well and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.
Prader-Willi Syndrome	Prader-Willi Syndrome is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural challenges. It's usually noticed shortly after birth.
Residential Home	A home with social-work supervision for people who need more than just housing accommodation, such as elderly people, children in care or adults with learning difficulties.
Specialised Residential Care Services	While all Care Homes offer accommodation and personal care, there are specialist types of Care Homes that offer additional services for residents with greater needs. Care Homes can be run by private companies, local councils or charitable organisations.
Supported Living Services	Supported Living Servies can help if the person does not want to live in residential care, but they are finding it difficult to cope at home. They are a combination of suitable accommodation (including your own home) with some form of personal care (such as help with cooking or washing). Some supported living homes are shared by 2 to 3 people with similar health or disability needs. Staff will usually visit the home to help the person with day-to-day activities (getting out of bed, going to college or work and doing simple tasks such as shopping, housework or repairs). They may also help with administrative tasks or personal care.



Details of Visit

Details of Visit	
Service Address	Ashridge Care Home 14 Tower Road BOSTON Lincolnshire PE21 9AD
Service Provider	Priory Adult Care Services Registered Manager: Laura Shinkins General enquiries 01205 366922
Dates and Timings	Thursday 26 October 2023 10.30 am to 3 pm
Healthwatch Representatives	Oonagh Quinn Healthwatch Involvement Officer HWLincs Volunteers / Authorised Representatives: Maria Bright Ann Morgan



Methodology

- Healthwatch Lincolnshire, as part of their Engagement Programme, wanted to include the voice of Residents / Service Users 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 / Service User and Staff Survey, designed by our Research and Insight Officer was used to collate feedback.
- The Involvement Officer and Authorised Representatives were invited to the Care Home to talk to as many Residents / Services Users on an announced visit.
- Staff were given the survey to complete independently to complete.
 Residents / Service Users were invited to talk to the two Healthwatch
 Representatives in designated communal areas such as the lounge,
 kitchen and dining room so that conversations could take place.
- The Care Home Manger invited individual Residents / Service Users to take part in the survey. All Residents / Service Users were made aware that they had a choice to participate in this activity.
- Each Resident / Service User then spoke to one of the Healthwatch Representatives who documented their discussion on the Resident / Service Users Survey. No personal details were recorded and a limited range of demographics were noted.
- Seventeen Residents / Service Users took part in the interviews: 3 males, 12 females and 2 where gender was not recorded.
- Eleven members of staff completed a survey on the day.



Findings / Observations

On the day of the visit, all Healthwatch Authorised Representatives were made to feel welcome by the Staff and Residents / Service Users.

- 17 Residents / Service Users volunteered to be interviewed and 10 members of staff completed the staff survey. Safe and familiar areas within the Home were made available to the Authorised Representatives to interview the Residents /Service Users, such as the communal lounge, dining area and kitchen.
- Each Resident / Service User took part voluntarily to be interviewed, with only one Resident / Service User not feeling comfortable to complete the interview and this was respected by the Interviewers.

On arrival, all Healthwatch Authorised Representatives had their photo ID checked and were asked to sign in and were offered a drink. The Home was very tidy, clean and the communal areas were very informal and welcoming. The fish tank in the lounge area was very calming.

Residents / Service Users Feedback

General

- Seventeen Residents / Service Users took part in the voluntary interviews: 3 males, 12 females and 2 where gender was ""not recorded.
- Of the seventeen Residents / Service Users we found that: 3 had lived at the Home between 4- 6 months, 1 for 7 to 9 months, 2 between 1 and 2 years and 11 for 2 years or more.
- Nine of the Residents / Service Users rated the Care Home as very good, with 6 rating it as good, 1 no comment and 1 as poor* (*this resident was feeling poorly on the day and Authorised Representatives were made aware they could be very negative in their comments on such days).
- Residents / Service Users when asked about the staff where an opinion
 was expressed said that the staff did a "good job" and they were
 happy at the Home. Eleven of the Residents / Service Users did not
 make a comment.
- Ten Residents / Service Users expressed that the staff treated them well, as individuals and with respect. They felt that they could go to the staff team and raise any concerns or issues and that they would be listened to. All seneteen Residents / Service Users said that they felt that the Manager would listen to their concerns and try to get the issue or concern sorted out. Only one Resident / Service User said that they had



- raised a concern and that they had it dealt with in a good way which had reassured them that they had been listened to and taken seriously.
- Residents / Service Users felt that they had lots of staff to support them and encouraged them to live as independently as they could.
- Visitors are encouraged to come to visit at anytime and Residents /
 Service Users are supported to keep in touch with friends and family.

 Many have opportunities to go out into the community independently with friends and family as well as join in activities with the staff and other Residents / Service Users.
- Residents / Service Users access community resources such as the hairdresser or the barber as they do not have people coming into the Home.
- All Residents / Service Users expressed that they did not have problems with access to GPs, Nurses, Opticians, Dentists or Chiropodists when they needed them.
- Residents / Service Users expressed that the food was good and many enjoyed preparing their own meals in the kitchen with their support worker. They are encouraged to eat in the communal dining room, but sometimes one or two like to eat in their own room where it is much quieter away from all the noise. Each individual is supported in their choices.
- Residents / Service Users expressed that there were a number of
 activities going on both in the Home and outside of the Home. They
 have access to a minibus and they can go out with support staff. On
 the day of this visit a group were going into the local garden centre for
 a coffee after lunch. All activities are optional and Residents / Service
 Users are encouraged to take part in them where they are interested.
- There are regular monthly "Your Voice" meetings where Residents / Service Users have an opportunity to discuss menu choices and activities. They are asked by staff on a regular basis about their suggestions for both the menu and activities such as day trips.
- When asked what they liked about the Home, the Residents / Service
 Users expressed the Manager and the Staff Team, as well as their rooms
 and being treated fairly. They felt listened to and that the staff
 understood them.

 The Residents / Service Users would like to have more day trips organised.

"Visitors can come anytime. They can ring and let me know when they are coming. My boyfriend comes on the bus to Boston fortnightly and I meet him in town.

"It's quiet here. I like quiet and I get out of the way when they are shouting or making lots of noise."

"I like my room and I am very happy here at Ashridge."



Staff Feedback

General

- The information provided by all the Staff Team was very consistent. No one gave any conflicting information.
- Ten Staff members completed the Staff Survey on the day.
- Of the staff team that had completed the survey, we found that 4 staff had been employed at the Home for more than 2 years, 5 between 1 and 2 years and 1 for less than 6 months.



- Visitors are encouraged at anytime but are asked not to visit too early or too late due to Residents / Service Users morning and bedtime routines.
- Residents / Service Users are encouraged to use as many of the community resources as possible such as hairdressers or barbers as they do not have these services come into the Home.
- Overall, the Home does not have issues with accessing services such as GP, Nurse, Dentist or hearing test appointments for the Residents / Service Users. Each person is encouraged to attend their appointments at the relevant location within the community. The Home has a care coordinator at the GP surgery who helps them get quick access to the GP and a Chiropodist that visits the Home every six weeks.
- However, what has been frustrating over the last six months is that the
 Home has found the lack of knowledge and adaptability of the Health
 Services. For example, the Home have had numerous occasions where
 they have contacted the Hospital Trust and explained the additional
 needs of an individual, then supported the Resident / Service User to
 their appointment to find that no adaptations have been made. It is
 very frustrating for the staff and Resident / Service Users.
- Residents / Service Users have monthly Our Voice meetings where menu and activity choices are discussed. They are encouraged to share their ideas and suggestions. Some of the Residents / Service Users also have the opportunity on a regular basis to plan and prepare their own meals in the kitchen with appropriate support from staff.
- There is a daily menu with at least two options at meal times. If the Resident / Service Users do not want either of these an alternative will be offered. Some are able to do their own cooking which is encouraged by the staff team with support. There are snacks and drinks available throughout the day and Residents / Service Users can buy their own snacks and drinks to have in their rooms. Staff encourage Residents / Service Users to eat / drink healthier options as part of their diets. The cook has a weekly meeting with Residents / Service Users to discuss their choices and may need to make suitable



- modifications for those on special diets while taking into account their preferences.
- There are a range of activities on offer both inside the Home and out in the community. The Residents / Service Users are encouraged to take part in as many as they wish according to their interests and capabilities. Some choose not to take part in group activities and this choice is respected by the staff. The Residents / Service Users also plan day trips to the seaside and holidays to Blackpool, Skegness and Norfolk have been popular.
- Recruitment is a continuous process and eleven staff have been recruited within the last twelve months, with ten still working at the Home. If all staff are on duty, as expected, the day will run very smoothly. However, due to sickness, this can have a direct impact and can be disruptive to the routine of the Residents / Service Users whilst the Home arranges cover. This also has a direct impact on funding.
- Some Residents / Service Users need more attention than others and
 therefore this has a direct impact on the level of staffing requirements,
 skill and knowledge levels needed within the staff team. With less staff,
 this will directly affect the amount of 1:1 time available for all Residents
 / Service Users. With high demands and / or staff shortage this can
 impact on the type of activity that can take place to keep everyone
 safe and the staff may have to restrict some of the activities during this
 period of time.

"At the moment, we have good staffing levels so there is a good quality of care provided."

"Staff levels can be reduced due to sickness and holiday times. This can lead to agency being used which can be a challenge. Care is also high quality despite any issues with staffing levels."



Recommendations

General

- Some foods and activities can improve wellbeing for people living with mental health conditions or issues, as well as learning difficulties. Are training and qualifications offered to the Cook and the staff Team to support the Residents / Service Users?
- How supportive is the Local Authority to the Home in ensuring that enough funding is allocated to each individual Resident / Service User to provide the hours that individual has to meet their needs?



Service Provider Response

"Thank you for this.

The Priory Group are able to offer a wide range of training and qualification opportunities to their staff team covering:

- Mandatory Modules (including cyber security, data protection, confidentiality, deprivation of liberty, safeguarding, diversity and inclusion, emergency first aid, fire safety, infection control, introduction to health and safety, moving and handling, people handling)
- **Competencies** (including administering medication, community support, oral care, safeguarding, support planning, completion of notes, donning and doffing, controlled drugs)
- Required (including Control of Substances Hazardous to Health COSHH, client monies, food safety for food handlers, awareness training including Asperger's, Autism, Learning Difficulties, Mental Health, maintaining professional boundaries, Oliver Gowan Training)
- **Health Related or specific areas** (such as creative moods, diabetes and insulin administration, dysphagia, epilepsy, metal health, Parkinson's).

There are also a number of qualifications that can be offered:

- Level 2 Adult Care Worker / Customer Service Practitioner / Production Chef
- Level 3 Business Administrator / Customer Service Specialist / Facilities
 Management Supervisor / HR Support (CIPD), Lead Adult Care Worker /
 Learning and Development Practitioner / Senior Chef production Cooking /
 Team Leader / Supervisor
- Level 4 Lead Practitioner in Adult Care.

Support from Local Authority

"Those Residents / Service Users that I have admitted I have made sure they have been admitted with the correct number of allocated hours that they need as they are complex individuals. The core funding is very generic and does not look at the individuals themselves. We are on Lincolnshire banded rates with a staffing ratio of 1:5 during the day and 1:7 during the night. We have made many cases to the local authority in regard to mobility deteriorating, health deteriorating and behavioural concerns for those that have lived here a number of years. Regardless of the business cases we make and evidence we provide, it is incredibly hard to get any additional funding for these individuals because we have managed for so long. We continue to analyse our incidents each month and we have highlighted to Priory the need for this piece of work to be prioritised moving into the New Year to ensure we provide the best support we possibly can with all the resources possible to ensure that our residents live their life."

Laura Shinkins

Registered Manager – Ashridge Care Home, Priory Adult Care



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 Commission (CQC) Report

https://www.cqc.org.uk/location/1-133287819

Lincolnshire County Council

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

Appendices

- Appendix 1: Resident / Service User Survey
- Appendix 2: Staff Survey



Appendix 1: Resident / Service User Survey

Enter and View Survey – Care Homes

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 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 or Email: info@healthwatchlincolnshire.co.uk

none. 01203 820892 0/ Email: Injo@nearthwatchincomsnire.co.uk								
irstly, 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/rela	I am a friend/relative of a resident and these are my views							
1. How long have y	ou lived in the Care Homo	e?						
Less than a month	n	nonths	2 years+					
\Box 1 – 3 months	10 – 12	2 months	Prefer not to say					
4 - 6 months	☐1 - 2 ye	ears						
2. How would you	rate your care? Please circ	cle the face which best re	presents your feelings.					
Very good	Good	Poor	Very poor					
Please briefly give the reason(s) for your rating:								



Your Care	Yes	No	Don't know	Comments
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?		I	l	
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. A) Do you have any co	ncerns arc	ound staffi	ng levels?	
B) Is there a reason(s) for experienced any impac	-		_	evels? (For example, have you seen or s?)



_	Yes			Not sure	
ı	No			Prefer not to	say/ N/A
11. When ca	an visitors com	e to see you?			
12. Do peop	ole come into ti	he Home e.g., to do y	our hair?		
ļ.	Yes				
Į.	No				
Į.	Not sure				
] 	Not sure Prefer not to	o say			
] [_	o say			
 	_	o say			
[_	o say			
	_	o say			
	_	o say			
[_	o say			
Access	Prefer not to				
Access	Prefer not to to services ou need to, are pwing: (please	e you able to access tick)			
Access 13. When you the follow	Prefer not to to services ou need to, are	e you able to access	Never	Not sure	Prefer not to say / N/A
Access 13. When you the follows:	Prefer not to to services ou need to, are pwing: (please	e you able to access tick)	Never	Not sure	Prefer not to say / N/A
Access 13. When you the following for Nurse Dentist	Prefer not to to services ou need to, are pwing: (please	e you able to access tick)	Never	Not sure	Prefer not to say / N/A
Access 13. When you the following or Nurse pentist earing check Optician	Prefer not to to services ou need to, are pwing: (please	e you able to access tick)	Never	Not sure	Prefer not to say / N/A
Access 13. When you the following the follo	Prefer not to to services ou need to, are pwing: (please	e you able to access tick)	Never	Not sure	Prefer not to say / N/A
Access 13. When you the follows: GP or Nurse Dentist Dearing check Optician	Prefer not to to services ou need to, are pwing: (please	e you able to access tick)	Never	Not sure	Prefer not to say / N/A
Access 13. When you the following of the following check continued by the following check check continued by the following check ch	to services ou need to, are owing: (please Always	e you able to access tick)	Never	Not sure	Prefer not to say / N/A
Access 13. When you the following the follo	to services ou need to, are owing: (please Always	e you able to access tick) Sometimes	Never	Not sure	Prefer not to say / N/A



Food and Drinks	Yes	No	Don't know	Comments
14. Do you enjoy the meals and drinks you have?			KIIOW	
15. Are you involved in deciding what food and drinks you have?				
16. Are you able to get snacks and drinks when you want them?				
17. Is there anything else you would like to tell us? (in relation to food and drink)				

				<u>, </u>
Activities	16	1	?	Comments
	Yes	No	Don't know	
18. Are you asked about the different hobbies or activities you would like to do?				
19. Are the activities in the Home fun and interesting?				
20. Are there ever any days out e.g., to the seaside?				
21. Is there anything else you would like to tell us about? (in relation to activities)				



22. What is your favourite thing about living here?
23. If you could change one thing, what would it be?
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.
24. What is your gender?
Woman
Man
Prefer not to say
25. Can you tell me how old are you? Alternatively, 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: Staff Survey

Enter and View Survey – Care Homes – Staff 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 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@healthwatchlincolnsh	nire.co.uk	
1. How long have you worked at the	is Care Home?	
Less than a month	7 – 9 months	2 years+
1-3 months	10 – 12 months	Prefer not to say
4 - 6 months	1 – 2 years	
Visitors		
2. Are Residents able to stay in con-	tact with family and friends over t	the phone?
Yes	Not sure	
No	Prefer not	to say
3. When can visitors come to see Ro	esidents?	
Do people come into the Home to do	e.g. Residents hair?	
Yes	Not sure	
No	Prefer Not to Say	
		,



Access to services

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

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

	Tell us more if you wish below:	
	Food and Drinks	
5.	Are Residents involved in deciding what food and drinks they have?	
5.	Are Residents involved in deciding what food and drinks they have?	
5.	Are Residents involved in deciding what food and drinks they have?	
5.	Are Residents involved in deciding what food and drinks they have?	
5.	Are Residents involved in deciding what food and drinks they have?	
5.	Are Residents involved in deciding what food and drinks they have?	
	Are Residents involved in deciding what food and drinks they have? Are Residents able to get snacks and drinks outside of mealtimes?	



Activities

7. Are Residents asked about the different hobbies or activities they would like to do?
8. Do you think the activities in the Home are fun and interesting?
9. Are there ever any days out e.g., to the seaside?
Recruitment
10. How often is the Care Home recruiting for frontline care staff? Continuous Every 10-12 months
Every Month Every 1-2 years
Every 2-3 months Every 2 years+
Every 4-6 months Not Sure
Every 7 – 9 months Prefer not to say

12. In your opinion, what impact do you feel current staffing levels have on Service Users/Residen Questions for Managers 13. In the past 12 months, how many frontline Care Staff have been recruited? 14. How many of these recruits are still employed by the Home today? 15. From your understanding, what are the top reasons for leaving?		
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15. From your understanding, what are the top reasons for leaving?		
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	15. Fro	m your understanding, what are the top reasons for leaving?



	16. Have you noticed anything improve about the care and services provided in the last 6 months?
	17. If you could change one thing, what would it be?
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Thank you for sharing your thoughts 😊

healthwatch Lincolnshire

Healthwatch Lincolnshire Rooms 33-35 St Georges Road Boston Lincs PE21 8YB

Website: www.healthwatchlincolnshire.co.uk

Phone: 01205 820892

Email: info@healthwatchlincolnshire.co.uk

Twitter: <u>@HealthwatchLinc</u>

Facebook: Facebook.com/healthwatchlincolnshire