healthwatch
Isle of Wight

Home From Home

A Healthwatch report on Quality of Care within residential care and nursing homes on the Isle of Wight - October 2016

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The authorised Enter and View volunteers who contributed their time and observation skills to carry out planned visits to residential care and nursing homes.

Healthwatch Portsmouth engagement officer who partnered with Healthwatch Isle of Wight to conduct an Enter and View visit.

Registered managers who completed the survey and those who facilitated our visits.

Summary

Treating people with dignity and respect doesn't cost anything.

Healthwatch Isle of Wight is an independent consumer champion for health and social care services. During 2015 we began to receive an increasing amount of negative feedback from the public around the quality of care provided in some nursing and residential care homes on the Island. The public also chose `Quality of Care in Residential/Nursing Homes` as one of the topics they would like us to look at in more detail, through our annual prioritisation survey.

Our team of Healthwatch authorised representatives (enter and view team), visited 13 nursing and residential care homes across the island to look at the quality of care provided to older people and they spoke to staff, residents and their families about their experiences. (This was 14% of the total number of local residential care and nursing homes)

We met with family and friends of people who live in residential care or nursing homes to listen to their experiences and to look at sharing good practice and learning lessons when things have gone wrong.

We also created a survey for registered managers of care and nursing homes to look at the pressures they face on a daily basis and to identify how they can be better supported in their challenging role.

We found a vast difference in the quality of care provided in nursing and residential care homes across the Island. Some homes had a clear vision and strong leadership which contributed to a culture of continuous quality improvement and a desire to improve the quality of life of the vulnerable people they support. Other managers and their staff seemed to be drowning in a wave of bureaucracy, paperwork and staff shortages leading to an inevitable drop in standards and a poor quality of care.

Some staff we spoke to felt that there were not enough staff on duty to meet the needs of residents and this was often worse during the evening, at night and weekends.

Most homes offered a range of activities for their residents, but the quality and quantity of activities offered varied enormously amongst the homes and not all managers demonstrated an understanding of the need for meaningful stimulation and the effect this can have on a person's quality of life.

40 registered nursing or care home managers (50%) completed our anonymous survey and we were able to identify some trends about the support they receive in their role and their ability to steer and maintain a good quality of care within their residential environments.

50% of managers who completed the survey said they felt valued or extremely valued, but 10% did not feel valued at all –

"You have to value everyone else but there is no one to value you – you just have to get on with it."

A high percentage of managers were able to align their own perspective of their service with their current Care Quality Commission rating.

"Of course I feel the new inspection model is more focused on the residents. I think they are getting it right now."

People who shared their experiences with us included family members and residents and they were often left traumatised by the issues they had experienced. Concerns around basic care needs not being met, restrictions on food and drink, their family member wearing other people's clothing often signified wider issues within the culture and leadership of the home.

"Mum wears other people's clothing and some of them, I notice, wearing hers"

External quality monitoring systems can pre-empt issues of poor care and prevent services from deteriorating. A system and process to support care home managers is essential to ensure the effective delivery of person centred care and to ensure there is a continual drive for quality improvement. Several homes have closed on the Island over the last few years and this is an outcome which can have a hugely detrimental effect on those residents who lived there, often for many years.

"To neglect someone's quality of life is significant. We don't give it enough significance."

We should be ambitious about the expectations we have for older people, expecting the best possible service and not accepting the worst. Not just ensuring that basic needs are met but that people`s quality of life is good, regardless of where they chose to live.

The care and support of older people will affect us all either personally or through members of our family so it is vital that we get it right, first time, for everyone.

This is nothing less than people deserve.

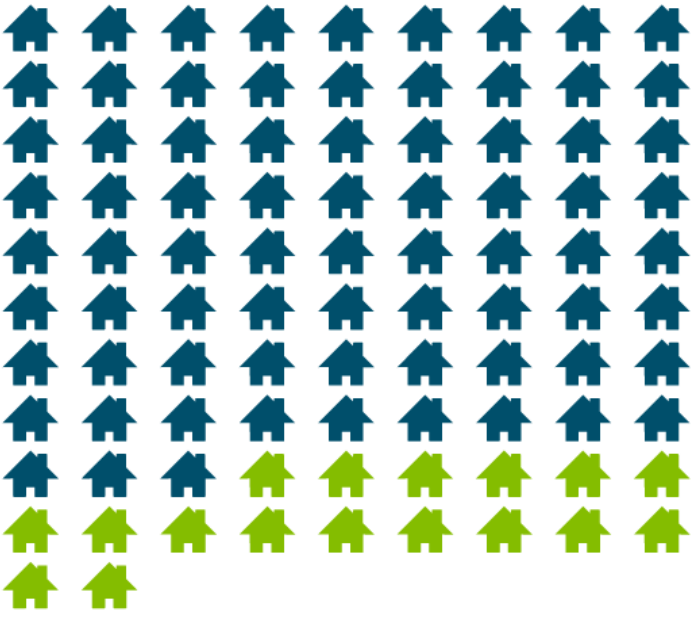
Background

Healthwatch Isle of Wight is the “consumer champion” for local health and social care services. It was created in April 2013 through legislation bringing in a Healthwatch organisation in each local authority area of England. Feedback from the public is used to identify and share good practice and to highlight improvements that need to be made to health and social care services. Healthwatch Isle of Wight is supported by a team of paid staff, and an enthusiastic and proficient group of volunteers.

Healthwatch Isle of Wight relates to all health and social care services funded for Isle of Wight residents. The principal focus of this report is `Quality of Care` within residential care and nursing homes.

Throughout the course of 2015, Healthwatch Isle of Wight received increasing amounts of feedback from members of the public, expressing concerns around the quality of care provided within a significant number of residential and nursing homes on the Island.

Towards the end of 2015, Healthwatch found that of the 92 Isle of Wight residential and nursing homes registered with the Care Quality Commission, only 17 had been inspected under their new inspection model and had their reports published.



Homes not inspected under the new inspection model (as of July 2015)

Homes inspected under the new inspection model with published reports (as of July 2015)

Of those 17, only 3 (18%) were rated as good, 8 (47%) as requiring improvement and 6 (35%) were rated as inadequate.

CQC ratings of the 17 Isle of Wight Care Homes inspected under the new inspection model (as of July 2015)

Outstanding (0%)

Good (18%)

Requires Improvement (47%)

Inadequate (35%)

Put quite simply, we felt that this was not good enough.

This compared to a ratio of 58% of homes on the mainland who have been inspected under the new CQC inspection model and are rated as good, with only 8% rated as inadequate (as of July 2015).

Approximately 400,000 people live in care homes in England and there are around 900 people on the Island currently living in a residential care or nursing home. Some of these people have dementia, Alzheimer's disease, learning disabilities, mental health or physical health problems and require significant support to manage day to day activities. People who live in care and nursing homes are known to be increasingly experiencing multiple, co-existing health and care conditions and their needs are becoming much more complex and critical.

The National Institute for Clinical Excellence has produced guidance for commissioners and providers around the care of older people, (Older people with social care needs and multiple long-term conditions)[1] which emphasises the need for care plans to include ordinary activities outside the home (whether that is the care home or the person's own home), for example, shopping or visiting public spaces. It stresses the need for activities to reduce isolation and to build people's confidence by involving them in their wider community. It goes on to specify that '*Person centred care should ensure that the person is supported in a way that is respectful and promotes dignity and trust'.*

Specific recommendations for care home providers suggest that they need to:

- Identify ways to address particular nutritional and hydration requirements.
- Ensure people have choice of things to eat and drink and varied snacks throughout the day, including outside regular meal times.
- Ensure the care home environment and layout are used in a way that encourages social interaction, activity and peer support, as well as providing privacy and personal space.
- Ensure people are physically comfortable, for example, by allowing them control over heating in their rooms.
- Encourage social contact and provide opportunities for education, entertainment and meaningful occupation.

This and other NICE guidance stresses the importance of having a good, clear care plan for people, clearly stating their individual needs and wishes. This will then provide the structure from which staff can develop support which is tailored to the person. The provision of activities and social interaction is also key to preventing social isolation and a deterioration in cognitive function, as well as developing confidence in the individual and thus positively impacting on their quality of life.

Supporting vulnerable adults is a key strategic priority for the Isle of Wight Council as well as the development of a model of quality that meets people's expectations and protects some of the most vulnerable people in our society.

Specific NICE guidance: `Older people in care homes` [2] clarifies what local authorities can achieve by helping to improve the health and wellbeing of older people in care homes, particularly with regards to the following:

- Ensuring wellbeing and safeguarding responsibilities are met.
- Reducing the cost of care.
- Helping tackle inequalities.
- Meet indicators in the Adult Social Care Outcomes Framework.

The National Minimum Data Set is run by Skills for Care and is an online data base on the adult social care workforce. It is the leading source of workforce intelligence and holds information of around 25,000 social care establishments and 700,000 across England. Home managers are encouraged to input data on staff training, recruitment and retention and this intelligence can then inform government and strategic body policy. The NMDS enables organisations and members of the public to access local and national data relating to adult social care, enabling people to benchmark against other localities and against other organisations within the same locality.

According to the NMDS (August 2016), 60 social care organisations from the Isle of Wight (including domiciliary care, residential and nursing homes) had inputted data about their staff, pay, recruitment and retention and training.

Details relating to 1380 social care staff and managers on the Island were recorded and reports generated from the website indicate that in December 2015, the average hourly rate for a care worker in the statutory sector on the Isle of Wight was £10.49 and in the independent sector the average was £6.90. During the same period, the NMDA shows that 51.3% of care workers on the Isle of Wight left their role. This turnover is much greater than the average across the South East area (31.1%).

The NMDS confirms that the average age of a care worker on the Isle of Wight is 40 and this is similar to the average for the South East, which is 41. However, 19% of care workers were aged 55 and over and given an estimated 2,800 care jobs in total, this could mean 550 may retire over the next decade.

As of December 2015, there were 16 vacant positions for a registered manager on the Isle of Wight, which equates to a vacancy rate of 13.8%. This is broadly similar to the average for the South East (12.2%) but it is concerning to learn that for those registered care providers that had a vacant post for a registered manager, 10 had been vacant for more than six months. Coupled with this, around 29% of registered managers on the Island are aged 55 or over which could mean, for the whole sector, around 27 retiring over the next 10 years.

Recently, there have been some high profile cases where the quality of care has been poor. In particular, the publication of the serious case review findings for Winterbourne View Hospital[3] highlighted systematic failures in the provision of care. These failings included a lack of leadership amongst commissioners, who continued to move people into the home despite known service failures and concerns of relatives.

These are often isolated cases which highlight extreme failures but they also illustrate the variance in quality that can exist and it is essential that lessons are learnt to ensure similar failings do not appear on a more local level.

What makes a home good?

Quality is subjective and will be shaped by an individual's values, life experiences and character. One person may value a peaceful, quiet existence, another may prefer life in a busy urban setting where life is constantly evolving and changing. It is very difficult to have a 'one size fits all' approach to quality.

What we do know though, is that the perception of 'quality' is very personal.

'My Home Life: promoting quality of life in care homes'[4] is a report which concludes a three year study of care homes across the UK, to identify best practice based on the principles of voice, choice and control. It was the culmination of a collaborative initiative between the Joseph Rowntree Foundation, Dementia UK, Age UK and City University and the report mirrors much of what we have found locally. It states that relationship-centred care is key to improving care and support in nursing and residential homes and suggests that the three main components of maintaining identity, shared decision-making and creating community are key actions that are needed to improve quality in care homes.

The 'My Home Life' study into quality of life in care homes suggests that to achieve quality of life outcomes for people in nursing and residential care it is key that each person is able to define what quality of life means to them as individuals. Integral to quality of life is what makes life meaningful, enjoyable and worth living. Any process seeking to enhance it therefore begins with the discussion of individual ideas about quality of life, what contributes to this, ways in which it can be supported and the individuals priorities within these. This may mean suspending personal assumptions and stereotypes about what older people want, and paying attention to what they are actually saying. The 'My Home Life' study also suggests that quality of care is intrinsically linked to quality of life.

Over the past few years social care providers and managers have faced a range of legislation designed to improve standards. Lower levels of funding from central government has added to the pressure they face, along with difficulties in recruiting and retaining sufficient numbers of highly motivated and qualified staff. Negative media coverage of care homes has also dented the confidence and status of care home managers.

Despite the pressures faced by all managers however, some homes are clearly providing better quality care.

Having staff who are caring is not enough. A good home requires good leadership from a manager who has the flexibility and strength to manage a unique and ever changing provision and the Care Quality Commission have recognised that if a care home does not have a registered manager, this can link directly to the quality of the service.

A good manager will not only lead by example, but will nurture and develop their staff to ensure that the care provided is truly centred around the individual. They will monitor staffing attitude and recognise that this is essential to quality care as small actions by staff can have a huge impact on vulnerable people, particularly those with more complex needs.

What Healthwatch Isle of Wight Did

When 'Quality of Care' was identified as a priority workplan topic, targeted engagement work began and this along with an analysis of our feedback identified several themes and trends that informed our work. We felt that it was important not just to listen to people`s experiences of care and nursing homes, but to reflect on why some homes are performing better than others and what can be done to support those homes that are failing.

There were three strands to our workplan:

- The collections of people's experiences
- A survey for registered managers
- Planned enter and view visits to a range of residential care and nursing homes.

The methodology we followed is described below:

People's experiences

Conversations took place with people who had experience of living in a nursing or residential care home or with a close friend or relative of a person who had. We got in touch with 6 people who had already contacted Healthwatch Isle of Wight and who had expressed a wish to be contacted. We either met up, or had telephone conversations about their experiences. We made sure that all of the people that we spoke to were talking about experiences within the last two years, to ensure that that their story was relevant to current standards. During our Enter and View visits to nursing and residential care homes, we also spoke to many relatives and residents, supporting them to have a voice and speak up about the quality of care they or their loved one was receiving.

Registered Managers survey

Healthwatch Isle of Wight carried out a questionnaire survey in 2015 which was sent to all registered nursing and residential care home managers on the Island. Questions were asked about the level of support given to home managers, training they receive, length of service, etc and was designed to identify the issues that managers face on a day to day basis and how they are supported in their challenging role. We also met and heard directly from nursing and residential care home managers. 40 registered managers completed our survey.

Enter and View visits

Healthwatch Isle of Wight has a flourishing group of trained volunteers who are authorised to undertake 'Enter and View' visits under relevant legislation. As well as having undertaken required screening checks, they are chosen for excellent interpersonal skills and levels of empathy.

The Healthwatch Enter and View authorised representatives conducted a series of visits to 13 nursing and residential care homes between November 2015 and February 2016 as specified below. The homes were chosen following consultation with the Care Quality Commission and following an analysis of the feedback we had received from the public during the previous 12 months. We decided to visit a range of nursing and residential care homes, both those we had received negative feedback about and those we had received positive feedback about, to ensure that we could not only identify where improvements are needed, but to enable us to share examples and methods of good practice.

The Enter and View representatives met several times to develop the questionnaire pro-forma and to carefully plan each visit. The pro-forma was tested to ensure the representatives would be able to obtain a better idea of the quality of care provided. The Local Authority and Care Quality Commission were informed of the schedule of our visits.

The Healthwatch Isle of Wight manager attended the Isle of Wight Registered Care Homes Association meetings on three occasions to discuss this piece of work and to address any concerns or questions that care home managers may have had.

Prior to the visits, each home manager was contacted to inform them of the nature of the visit and giving them at least two weeks notice of the proposed time and date. Posters explaining about the visit were sent to the home to put up to let staff, residents and visitors know what was happening and how to get in touch with us.

Based on feedback we had previously received from the public, we structured each visit around four themes:

- Provision of activities
- Complaints procedures
- Person centred care
- Mealtimes

Following each visit, an Enter and View report was developed and sent to each home for an accuracy check. A table of the recommendations made for each home, can be seen on the following pages.

Name of Home	Date of visit	Recommendations
Fallowfields Residential Home, Ryde	12/11/2015	1. A key worker system should be put in place to ensure every resident has a named worker with individual responsibility for their particular needs and wishes. 2. A more structured approach should be taken to the provision of activities, with a visual guide being offered to residents to enable them to prepare for planned activities. 3. A member of staff should be given responsibility for the co-ordination of activities and for the auditing of their effectiveness.
Broadhurst Residential Home, Sandown	19/11/2015	1. A maintenance regime should be developed to ensure redecoration and refurbishment of the home is continually progressed. 2. Cleaning schedules should incorporate the need to shampoo carpets/upholstery regularly to reduce unpleasant odours. 3. Activity provision should be enhanced to ensure activities are continued in the absence of the co-ordinator.
Vecta House Nursing Home, Newport	20/11/2015	1. Senior staff from Vecta House should link with similar homes on the Island to share good practice and broaden links with the local community.
The Briars Residential Care Home	01/12/2015	1. Staff to ensure that upstairs corridors are clutter free. 2. To continue with the good practice of offering residents a variety of stimulating activities and experiences.
Little Hayes Rest Home Totland Bay	02/12/2015	1. Menus should include pictures of the food to support residents with cognitive problems to make an informed choice.

Name of Home	Date of visit	Recommendations
Northbrooke House Nursing Home, Havenstreet	09/12/2016	1. The management team from Northbrooke should continue with the good practice observed during the visit and share their expertise with health and social care partners.
Blackwater Mill Residential Home, Blackwater	16/12/2015	1. The key worker system should be expanded to ensure every resident has a named worker with individual responsibility for their particular needs and wishes. Residents and family members should also be made aware of who the named worker is. 2. Activities should be delivered more frequently and planned around the needs and preferences of individuals. Feedback from residents should inform the development of this system. 3. Training should be expanded to include specific training around the needs of different groups of people and should include the delivery of person centred care. 4. Menus should be displayed in a prominent position and should include pictures of the food to support residents to make a choice. 5. Shifts should be carefully planned to ensure appointments and planned activities are factored in and mealtimes should be flexible to accommodate people's needs and preferences. 6. The administration of medication should not impact on the resident's enjoyment of their meal and consideration should be given as to the timing of this (with appropriate medical advice).
Autumn House Care Home, Sandown	11/01/2016	1. Senior staff from Autumn House should link with similar homes on the Island to share good practice and broaden links with the local community. 2. Consider making the Autumn House Facebook page private to protect privacy of the residents, particularly those who are unable to consent to the sharing of pictures. 3. Menus should include pictures of food to support residents to make a choice.

Name of Home	Date of visit	Recommendations
The Croft Residential Care Home, Freshwater	12/01/2016	1. Senior staff from The Croft should link with similar homes on the Island to share good practice and broaden links with the local community.
Victoria House Care Home, Newport	15/01/2016	1. Menus to include pictures of the food to support residents to make an informed choice. 2. The management team from Victoria House should continue with the good practice observed during the visit.
Cameron House Care Home, Ryde	22/01/2016	1. Menus should be displayed in communal areas of the home and should include pictures of the food to support residents to make an informed choice. 2. A redecoration schedule should be developed for communal areas of the home to create a brighter environment. 3. An activities schedule should be developed in line with individual needs to ensure that all residents have the opportunity to participate in meaningful activities on a regular basis. 4. Memory boxes could be developed to include pictures, items from the past, sensory objects to provide stimulation for individuals.
The Elms Nursing Home, Bembridge	08/02/2016	1. Notices of activities and menus should be written in a larger font and illustrated if necessary to improve accessibility for those with sight or cognitive difficulties. 2. Care should be taken by staff during mealtimes to ensure all residents receive the support they need, when they need it. 3. Fluids should be encouraged for all residents and proactive strategies developed to support those who may be reluctant to drink.

Name of Home	Date of visit	Recommendations
Polars Care Home, Newport	25/02/2016	1. Sufficient staff must be available during all shifts, particularly during the evening and weekend, to ensure that residents do not have to wait for support. This is especially important for those residents who choose to stay in their rooms. 2. More time should be made available for the provision of activities, particularly on an individual basis, and activities should be meaningful and based on individual preferences and wishes. 3. All staff to wear name badges which are suitable for people with cognitive problems (yellow background, with black writing). 4. The desk should be removed from the communal lounge and staff encouraged to complete documentation with participation from individual residents.

What Healthwatch found

Conversations with people

Conversations were held with six people who had contacted us about their experiences of nursing and residential care. All six people had concerns about the quality of care provided within some homes and these related to basic care needs not being met, rigid, inflexible routines followed by some staff and around the provision of activities and stimulation provided for older people.

Family members told us that they felt disempowered and helpless as they did not want to make a fuss or move their relative to a different home because of the disruption and upset this would cause. Some felt that staff were not unkind but rather they did not have the time or skills to adequately support people with additional needs, such as those with dementia, mobility problems, sensory problems etc.

"You are family, but you are made to feel grateful because the staff are working under difficult circumstances. It is very difficult to know your rights".

Although most care staff attend mandatory training such as Health and Safety, Food Safety, Safe Moving and Positioning, other more specific training such as dementia awareness, positive behaviour support and effective communication is neglected, meaning that staff can struggle to cope with the needs of someone with more complex disabilities.

"Staff(s) training, skills and awareness of dementia isn't good enough. The lack of input for vulnerable people is shocking"

The relatives and friends we spoke to felt an overwhelming sense of guilt and responsibility for the wellbeing of their loved one and had feelings of anxiety on a regular basis when they could not be assured that their relative/friend was being adequately supported

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"It's not fair on ……. They (staff) are out of their depth"

"I went away for Christmas but felt dreadful the whole time. I would feel so much better if I knew she was being cared for…"

Lack of stimulation and lack of meaningful activities was an issue that meant people's skill levels deteriorated and increased their dependence on others.

Four of the people we spoke to were concerned that the provision of activities was a low priority for care staff, particularly if they were short staffed or busy.

Another theme that emerged was the lack of individualised care. Basic requirements, such as ensuring that residents were supported to wear prescription glasses and hearing aids, were not followed. Misconceptions were made about one person's cognitive ability because he could not recall what day it was. It was not considered that this may be difficult to comprehend when there is no daily paper, clock or calendar to refer to.

One person we spoke to felt that any decline or change in health was attributed to `old age` , rather than staff trying to identify contributory factors, such as a health or psychological needs. Personal items such as tissues or sweets could not be accessed by the person because they were left in the bedroom or were out of reach.

Another relative was particularly upset because she often found her mother wearing other people`s clothes

"Mum wears other people's clothes and some of them, I notice, wearing hers."

Clothing gives people a sense of identity and familiarity. It does much more than just keep us warm, clothes express our personality and mood and clothes often have strong emotional significance. This is why it is so important for residents to wear clothes which they feel familiar and comfortable with – this is one of the few methods they may have left to assert their individuality and their sense of identity.

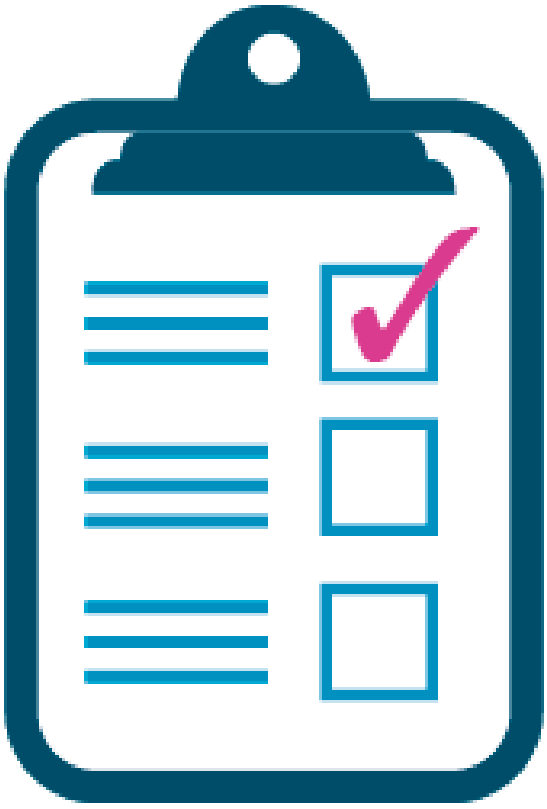
Several relatives we spoke to were unwilling to make a complaint in case it adversely affected the care of their loved one and were unsure about who else they could go to for advice and support. They felt that more information from the care home manager (such as an information booklet or leaflet explaining the rights of residents and their relatives/friends, following admission to a care or nursing home) would be useful.

Results of Registered Managers Survey

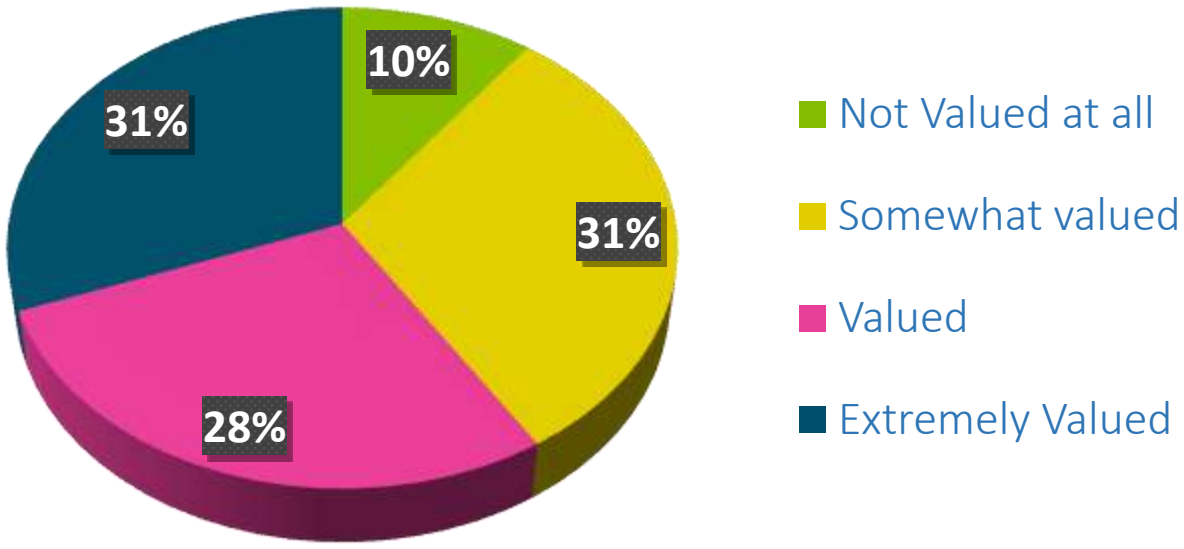
Surveys were sent out to 92 residential care and nursing homes in October 2015 and registered managers were asked to complete the survey, although it should be noted that not all homes had a registered manager in place at this time. The surveys could either be completed online or as a hard copy. – A copy of the survey can be found in Appendix 1.

40 Registered managers completed the survey. This was undertaken anonymously and through analysis of the responses, we were able to identify some trends occurring in their responses and feelings about their ability to oversee and maintain a good quality of care within their residential environments. With recent significant changes to the ways homes are regulated and inspected and economic factors placing further pressures on managers (the implementation of the Nation Living Wage, introduction of organisational pension schemes, etc), we felt that it was essential to identify why some homes are failing and others are succeeding and providing a 'good' or 'outstanding' level of care.

Care and nursing homes on the Island vary enormously in terms of size, physical environment, location, etc. and it was interesting to note that `quality` is not necessarily determined by the size or location of the home.



Question 1: How valued do managers feel?



Most managers who completed the survey felt either valued or extremely valued, although 31% felt only somewhat valued and 10% not feeling valued at all.

> *"I feel valued and supported by my organisation".*

Some of the managers that chose to add further comment identified that their lack of feeling valued lay with negative encounters with external bodies such as the local authority, the local press and the Care Quality Commission. Furthermore, three registered managers responded stated that they didn't feel valued within the home and that this derived from the lack of support from providers and sometimes their staff team.

> *"You have to value everyone else but there is no one to value you. The line manager tries to support me but you just have to get on with it".*

It is clear that in an already pressured role, some managers feel that they are not supported to meet the changing quality expectations from regulated bodies, twinned with the pressures from providers to meet financial expectations. However, the majority of registered managers do feel valued overall.

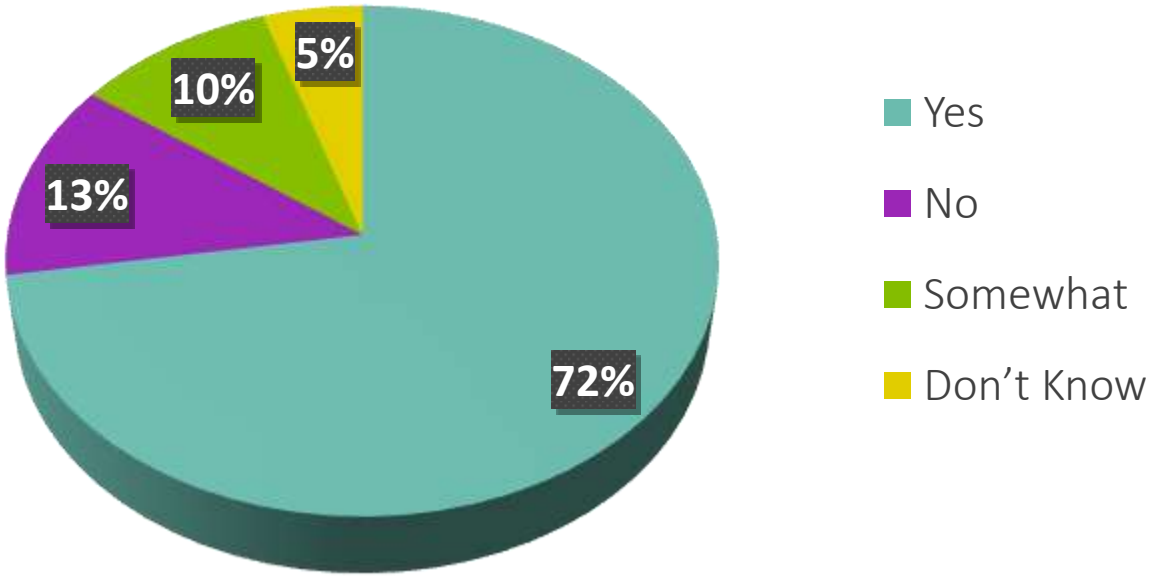
As questions progress, we will be able to break down further where registered managers feel confident in providing quality care and also whether their own views on their service are mirrored by external quality auditing and benchmarking.

Question 2: How long have you been a Registered Manager within your current organisation?

Of the registered managers completing this exercise:

41% had worked within a managerial role for more than ten years,
28.2% for more than five years
23% for between one and five years and
8% less than 12 months

Question 3: Do you feel that your current CQC rating accurately reflects the level of care you provide?



A high percentage of registered managers aligned their own perspective of their service with their current Care Quality Commission rating.

"Of course, I feel the new inspection model is more focused on the residents. I think they are getting it right now. It's the relationship that's the most important thing".

10% of Registered Managers felt that that their most recent CQC rating did not reflect the level of care that they provided:

"They state the care is good but other areas require improvement"

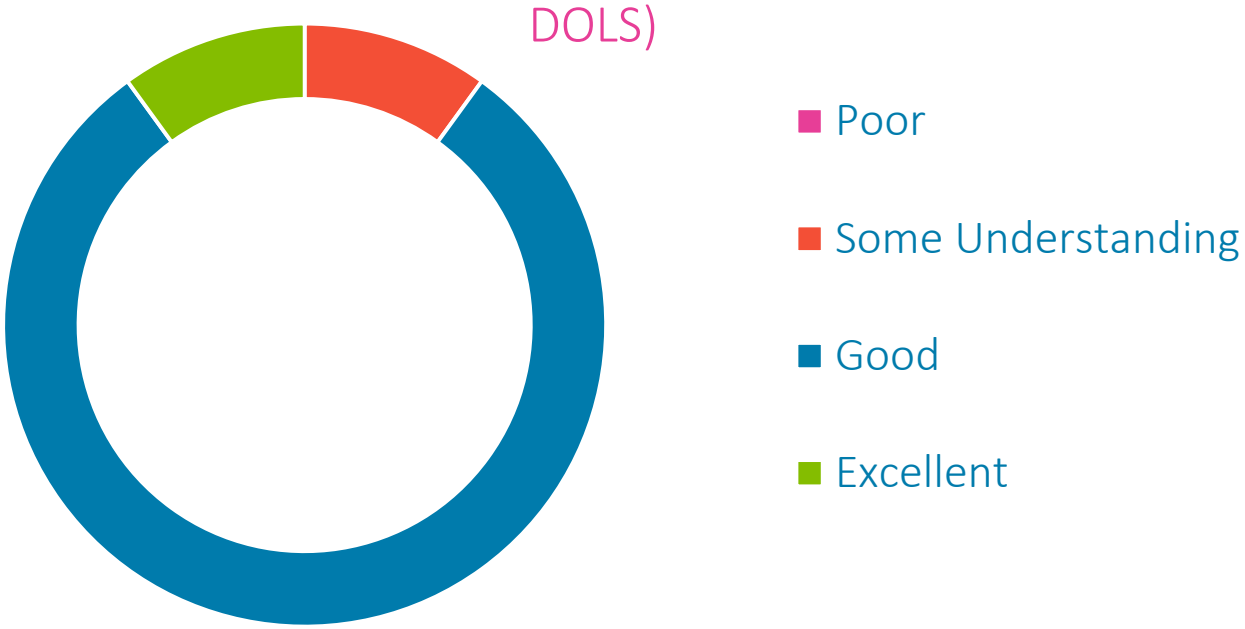
Six managers felt that if they had achieved a 'good' in one of the five KLOE's (Key Lines of Enquiry), they did not understand how overall, they had achieved a lower rating. It was also seen to be an issue, that some concerns considered to be 'minor', would later result in a reduction in rating to one of the standards. 'Caring' is seen by many of the registered managers to be the most important topic, rated by the Care Quality Commission.

Question 4: How do you rate your knowledge and understanding of the following:

	Poor	Some Understanding	Good	Excellent
MCA and DOLS	0	4	32	4
Current CQC Inspection Model	1	3	33	3
Care Act 2014	0	15	24	1

The Mental Capacity Act and Deprivation of Liberty Safeguards, the current Care Quality Commission inspection model and the Care Act 2014 were chosen for comment as they have as a whole made significant changes to the way that residential care and nursing homes are regulated.

Knowledge and understanding of: Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DOLS)



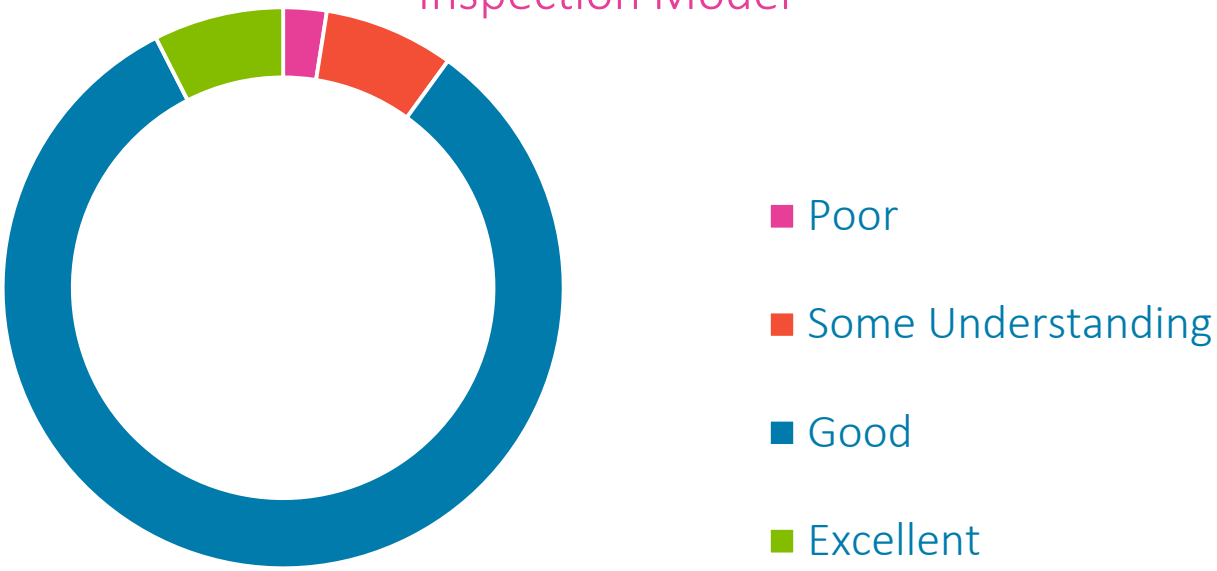
Many recent inspection reports have identified that there is a lack of understanding of the Mental Capacity Act and some home managers have not identified when an application for a Deprivation of Liberty Safeguards should be sought. Of the responses to MCA and DOLS, 32 of the 40 Registered Managers felt that they had a good understanding of the Mental Capacity Act and of the Deprivation of Liberty Safeguards, 4 felt that they had an excellent understanding, and 4 felt that they had some understanding:

> *"I have attended MCA and DOLS training but it's a grey area and not clear cut, everyone's in the same boat".*

Many comments regarding the Mental Capacity Act and Deprivation of Liberty Safeguards related to the time that it can take to receive an authorisation:

> *"I submitted some in June (2015) and only two have been done (authorised) so far. We don't even get an acknowledgement that they have received them".*

Knowledge and understand of: Current CQC Inspection Model



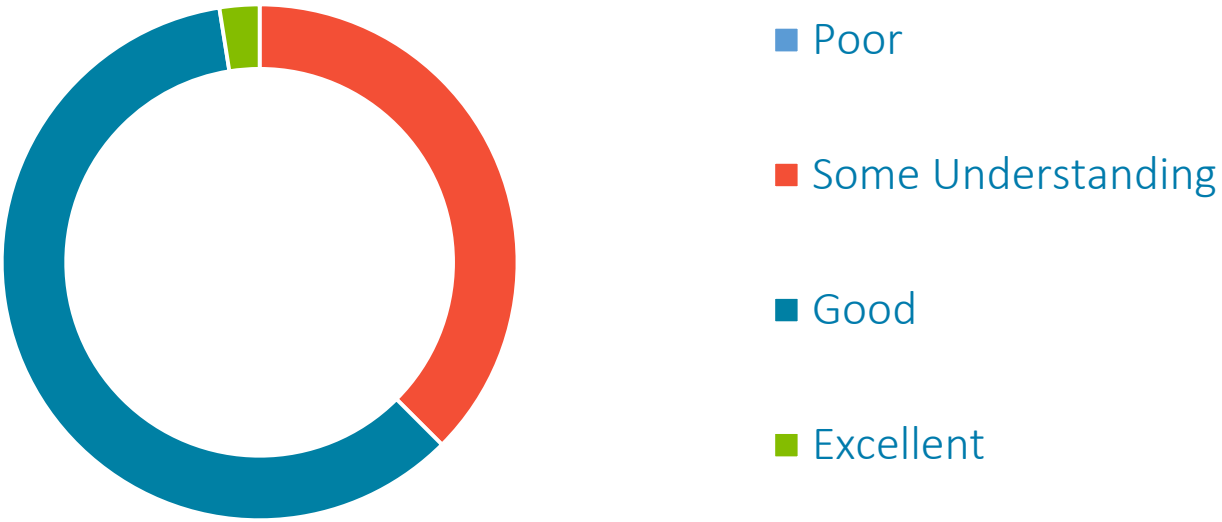
Of the 40 responses to knowledge and understanding of the current CQC inspection model, 33 Registered Managers stated that they had a good understanding of the inspection model, 3 stated that they had an excellent understanding, 3 stated that they had some understanding and 1 Registered Manager stated that they had a poor understanding. One Registered Manager chose to elaborate further by stating:

> "Unfortunately I do not have time to sit and read documents etc on every subject especially when they constantly change them ie CQC".

Lack of time does seem to be a reoccurring trend within the feedback gained from many of the registered managers. However, there has been a lot of positive feedback relating to managers feeling supported particularly with the availability of extra training and having a good level of understanding where the new Care Quality Commission inspection model is concerned:

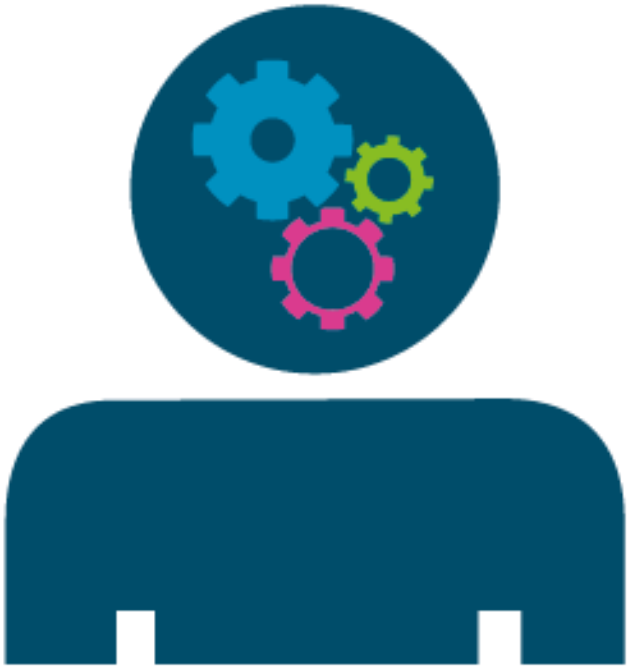
> *"We were all well prepared for the new CQC model. We were aware of the KLOE'S and checked that everything was up to date".*

Understand and knowledge of: Care Act 2014



Fewer registered managers stated that they had a good or excellent understanding of the Care Act 2014, than with the Mental Capacity Act and the new CQC inspection model. Many registered managers recognise that there is a lot of information to retain and that they need to continue to update their knowledge:

> *"There is so much information, there is always more to learn".*



Question 5: Support required to develop understanding of key guidance and legislation

The registered managers were asked what would enable them to gain a better understanding of the Mental Capacity Act, Deprivation of Liberty Safeguards and CQC requirements.

77% of Registered Managers undertaking this survey, felt that workshops on each subject would be key to improving their knowledge:

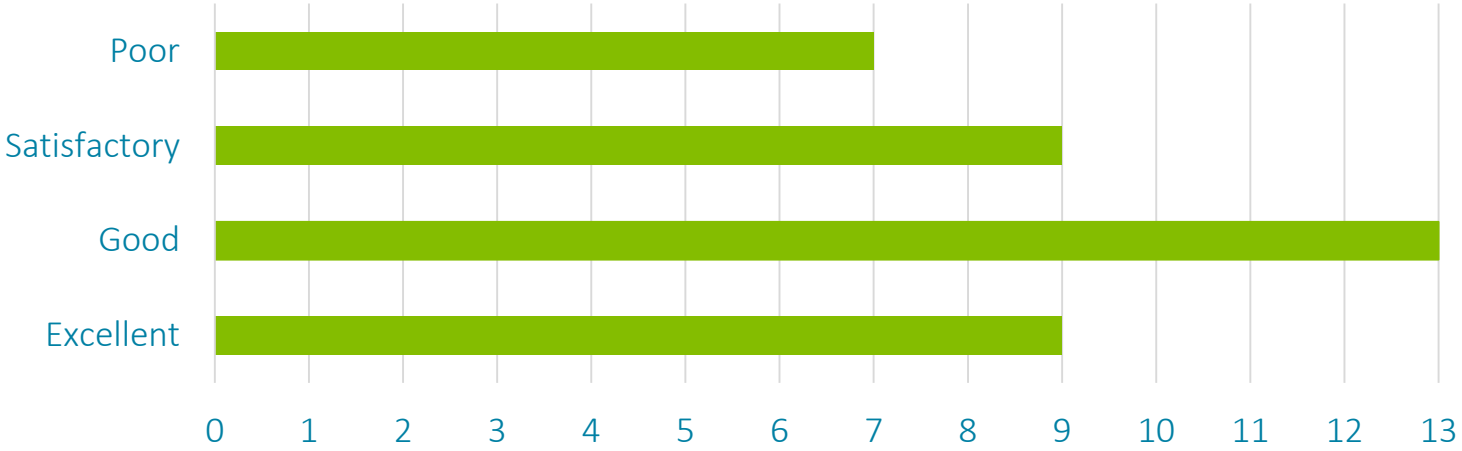
> *"I think the best way to learn is from scenarios and other's experiences".*

However, the majority of extended feedback that we received for this question related to registered managers feeling that they could really benefit from support from other managers:

> *"Support from other managers would be good but it would depend on their level of knowledge. I would be interested in a Registered Managers Support Group".*

Again, some registered managers felt that lack of time was an ongoing issue in making it more difficult for them to undertake the relevant training and that the cost of the national minimum wage increase, has made it more difficult to pay for training and staff time.

Question 6: How would you rate the level of support given to you in your role as Registered Manager?



38 of the 40 registered managers answered this question. The majority of the managers who responded felt that they received a good or excellent level of support, although it is important to note that 1 in 5 managers (18%) felt they are given a poor amount of support. It is important to consider these figures against the initial responses about whether registered managers felt valued. 1 in 5 managers (18%) feeling that they receive a poor level of support is quite significant. 16 registered managers (41%) had only felt somewhat valued or not valued at all within their current organisation. This, combined with such a high percentage of individuals feeling they receive a poor level of support, indicates that a supportive network for the registered managers is key to raising morale, potentially raising understanding and thus knowledge within their role and also to ensure that registered managers are not isolated and unsupported with the entire stresses of an ever changing and ever pressured sector:

"The Registered Managers role can be very lonely, because the buck stops with you".

However 13 registered managers (34%) did feel that they received a good level of support and many praised the support from providers and other managers:

"Excellent (support) from Deputy Manager and staff, good from directors".

Question 7: What support would help?

We asked managers how they felt they could be more supported in their role and a significant majority of managers felt that needed more support from the local authority.

More support from the Local Authority	24	(69 %)
More support from your provider	13	(37%)
More staff	12	(34%)
Better pay	10	(28%)
More training	8	(23%)

There were a number of comments about the level of fees paid by the Local Authority. Several managers felt that they struggled to provide a good service due to the fact that fees paid by the Local Authority are not enough to pay staff the wages they deserve.

> *"To make sure the staff are able to do what is now expected of them, the fees we are now paid by the Local Authority need to be increased. The job is so demanding and for some of the staff they are only on minimum wage but expectations by those who regulate the service are for degree level".*

Other comments focused on the difficulty managers had in recruiting staff, lack of support from home owners/directors and the amount of documentation needed to be completed by managers and care staff. Although one manager commented:

> *"Better pay doesn't always make you a better manager. It's about the quality of the person".*

Several comments were made in relation to the need for more specific training for home managers, particularly around the Mental Capacity Act as some managers felt that this training was aimed more at care staff and social workers.

Some managers expressed concerns about the lack of support from the care or nursing home owner (provider), meaning they were left to manage a huge number of job roles on their own, including; recruitment, supervision and training of staff, managing the budget, organising food shopping, developing and maintaining quality assurance and health and safety systems, etc.

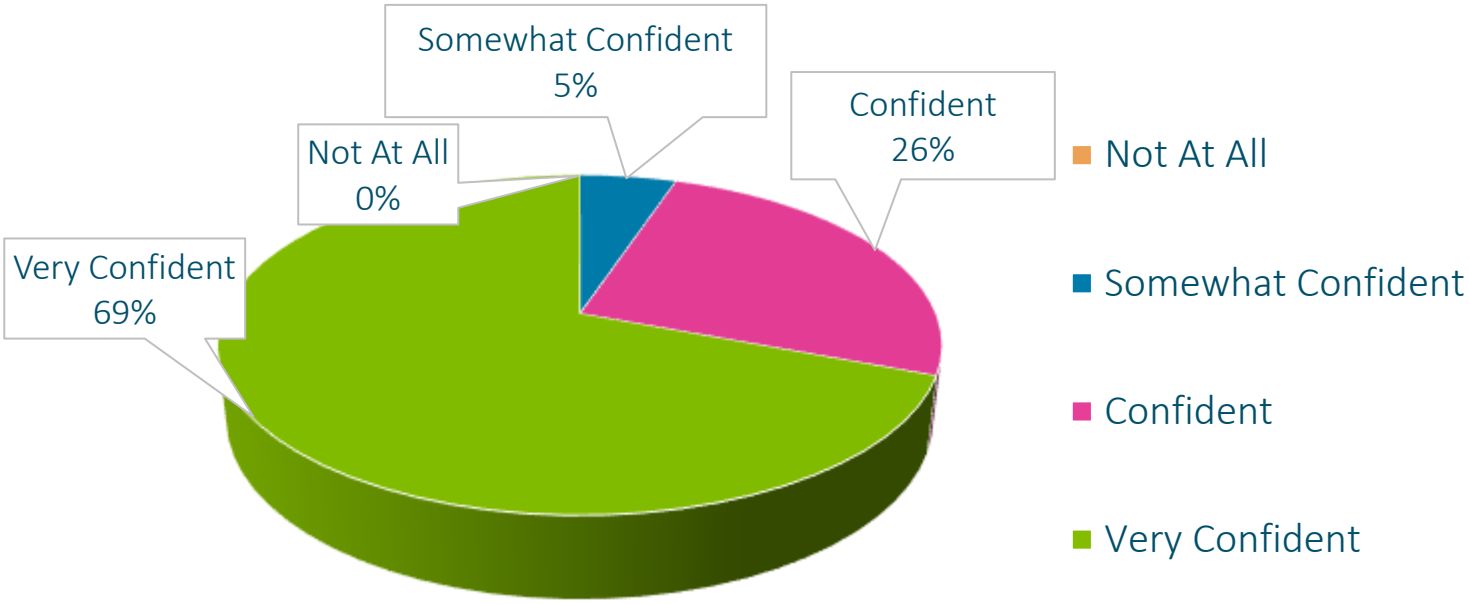
Question 8: Do the following external auditors carry out quality assurance checks in your home?

Auditing of systems and processes within the home is an important quality assurance resource and it is useful to see what external support registered managers source out to ensure that they are meeting requirements and improving their service. The results were as follows:

Fire Officer	37 (93%)
Medication Specialist	32 (80%)
Infection Control Specialist	7 (18%)

Some additional comments indicated that managers valued the audits completed by local pharmacies and the Medicines Management Team (CCG). Several managers commission an external health and safety consultant to complete health and safety audits and one manager confirmed that staff from the Isle of Wight NHS Trust had completed an infection control audit several years ago, but they were aware that resources in the Trust have not been enough to allow support in the community this year.

Question 9: How confident do you feel in raising concerns with your provider?



The relationship between a manager and provider of a service is integral to the success of the home. The provider will develop the strategic vision for the home and the manager has responsibility for the operational delivery of this vision. Any division or breakdown between the two will inevitably lead to reduced quality of the service.

The vast majority of managers stated that they were either confident or very confident in raising concerns with the provider, although two respondents stated that they were only somewhat confident.

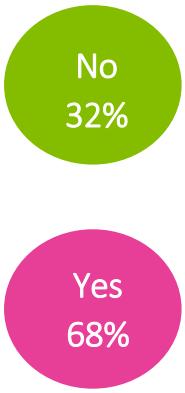
There were three negative comments made about escalating concerns to providers:

"I don't always get listened to!!! And when it goes wrong I'm in the firing line, even when it is all in writing".

However, most managers felt that they could approach their provider or line manager with any concerns.

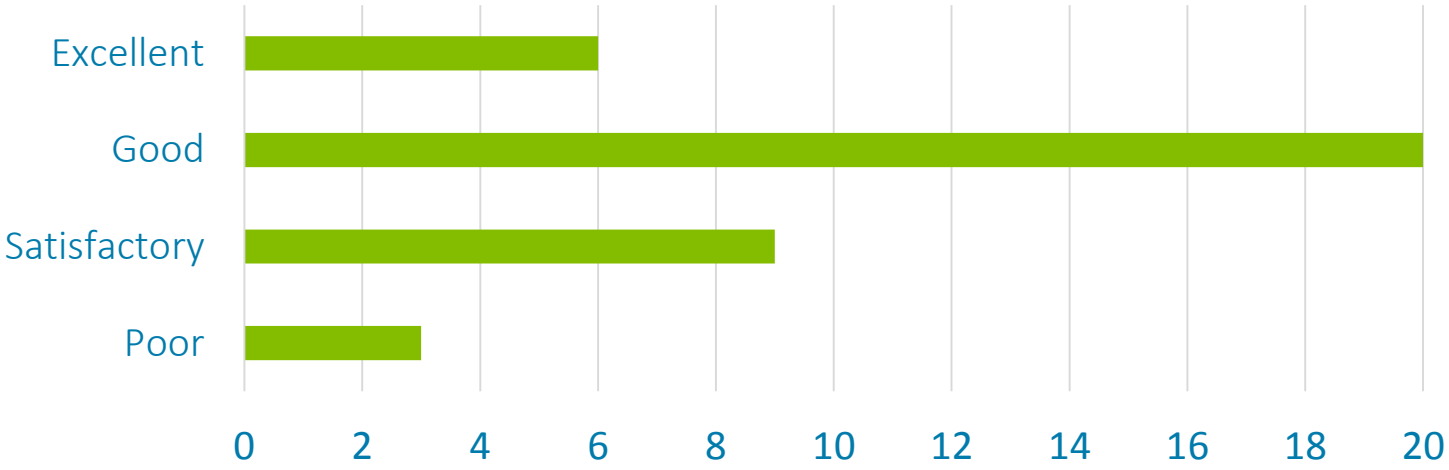
"I know exactly who to take concerns to, if I wasn't happy I would escalate this."

Question 10: Do you feel you have enough autonomy over your homes budget?



The results show that almost a third of managers felt that they did not have enough control over the home's budget. It is interesting to note that the majority of these managers had earlier indicated that they either felt somewhat valued or not valued at all within their organisation.

Question 11: How would you rate your relationship with the local Safeguarding Service?



38 of the 40 Registered Managers chose to answer this question. There were 24 comments made whereby managers chose to elaborate on the reasoning for their response.

There were 10 comments with negative feedback about registered manager's relationship with the local safeguarding service. One individual stated:

> *"There needs to be feedback following a safeguarding incident with the outcome".*

This corresponds with some previous comments made initially from some registered managers regarding feeling valued and supported. However, 20 registered managers (52.6%) felt that they had a good relationship with the safeguarding service and many commented on the clear and supportive advice given by the team:

> *"I feel confident that if I raise a concern, it's dealt with in a good manner that has the residents at its centre".*

Question 12: How useful did you find the Local Authority self-certification monitoring?

The self-certification monitoring tool was designed by the Local Authority to support care and nursing home managers to provide an up to date record of how they are meeting current legislative and contractual requirements, with the idea that it could potentially be used as a checklist for providers and registered managers, to ensure they have implemented the right systems and processes. The form was sent out to home managers in 2015 and all managers were asked to send the completed form back to the Local Authority.

This question prompted the highest response of negative feedback. There were a very high percentage of managers who felt that the tool was not useful at all and this is explained further in the comments added:

> *"Was very time consuming. I have only ever had one quality assurance visit (from the IOW Local Authority), in 25 years".*

8 registered managers stated that they did not know what this question was referring to and were unsure if they had completed it. One manager felt that it could potentially be a useful auditing tool, but several managers were concerned that they had not had any feedback after completing the audit form and therefore felt that it had been a poor use of their time.

Question 13: How many hours are you contracted to work per week?

On average, the registered managers who participated in the survey were contracted to work a 35-40 hour week with on call duties, with the vast majority being contracted to work 40 hours per week.

Question 14: Do you work hours in addition to your contracted hours?

A significant factor to note is that most managers (85%), regularly work hours in addition to those they are contracted to work.

> *"I regularly come in early and go home late."*

Only one manager commented that they were not on contracted hours and most stated that they are regularly 'on call' and available to advise or support their staff.

> *"The responsibility is mine at all times and I am always on call to advise my senior staff."*

Many of the managers who commented felt that they have to work additional hours on a regular basis, just to ensure that they do not fall too far behind with paperwork and to keep up with the demands placed on them.

Age range	Number of managers	Percentage
18 – 24	1	0
25 – 34	5	12.5
35 – 44	6	15
45 – 54	15	37.5
55 – 64	12	30
65 - 74	2	5
75 +	0	0

Question 15: What do you feel would make life easier for you as a registered manager?

Below are some of the responses from Registered Managers:

"Having a point of call in the LA (Local Authority) to ring in a crisis. We used to have a list of numbers to ring but there is no one to contact now"

"Increased fee rates for resident placements which would enable us to put in more resources for residents"

"More support for our residents from the Local Authority as they do not have regular care reviews"

Many of the comments reflected a frustration felt by the managers around the levels of paperwork they have to complete on a daily basis and how they have to balance this with all other aspects of their role. Excessive paperwork was felt to be a contributing factor to the stress felt by managers, particularly the number of different reports that have to be produced for different organisations (ie the Care Quality Commission, the Local Authority, the Clinical Commissioning Group, home owners/directors, etc).

One manager felt that good quality care needs to be recognised. They commented that the media generally reflects poor care provision and good care homes are seldom mentioned.

Problems in recruiting and retaining sufficient numbers of staff was common and added to the pressure felt by managers and a significant number of managers felt that they would benefit by networking with other managers to share experiences or "thrash things out".

Enter and View visits

The Healthwatch Isle of Wight Enter and View representatives visited three nursing homes and ten residential care homes between November 2015 and February 2016. We also spoke with many other registered managers and staff during the same period. The Enter and View visits were each conducted by two Enter and View representatives between 11.00am and 2.00pm. The representatives began by introducing themselves to the home manager and going through the format of the visit. They then had a conversation with the manager to discuss the homes complaints procedure, how the home promotes 'person centred' care, how the manager gains feedback from residents on the quality of the care provided, activities that are available to residents, mealtimes and individual diets, staff training and quality improvements planned for the home.

The lunchtime period was observed by the representatives to enable them to assess the choice and quality of meals, general atmosphere of the mealtime and the privacy and dignity afforded to residents.

During the course of the visit the representatives endeavoured to speak to a number of residents, their family and to staff members.

On completion of the visits, a report was produced and sent to the home manager for an accuracy check. They were also given the opportunity to provide a response to our recommendations.

The difference in quality of each home was significant and several themes were evident from an analysis of the reports. Some of the homes we visited placed activities as a high priority and activities were tailored to suit individual needs.

Good Practice: Vecta House

Objects of interest are placed within the communal areas of the home to activate interest and engagement from individuals. A Victorian iron wheel with cog for example, is available for people to explore and is an opportunity particularly for men to use their strength to move the cog.

There were several outside areas, accessible to individuals. These supported a feeling of space and stimulated all the senses, with colour changing lights, fragrant plants and herbs and coloured rockery.

Several homes we visited had established strong links with the local community and welcomed visits from local primary schools and other organisations. This enabled residents to feel connected to their local community and to be able to develop relationships with someone other than their family members or care staff.

Other homes did not value the provision of activities or stimulation for older people and in one home we visited, activities were provided on a day to basis, but only if sufficient staff were available, with no planning or activity menu for residents to choose from.

The quality and cleanliness of the environment was also varied and some of our recommendations to care home managers reflect this. Most of the homes we visited were clean and comfortable, with bright spaces for people to move freely.

When looking at the quality of the environment we were more concerned with the environments that were spacious and homely where the residents appeared comfortable in their surroundings, rather than specifically looking at the quality of the furnishings and fittings, unless we found the layout or décor of the home to be particularly unfriendly to dementia sufferers.

The Enter and View representatives observed lunchtime at each home they visited and again, they were met with a varied picture. For most homes, the mealtime was a relaxed, unhurried affair, with a good choice of meals and drinks offered to residents.

Good Practice: Merrydale

Staff take care to ensure that lunchtimes are an enjoyable experience. The tables are laid using matching cutlery and tableware and napkins are folded into decorative shapes. A choice of drinks is offered during the meal, including water, a choice of soft drinks and sherry. Vegetables, including potatoes, are served from hot dishes at the tables to ensure everyone receives the portion size they want. A good choice of meals is offered and the chef regularly updates the menu to accommodate seasonal foods and individual preferences.

It was evident that where staff felt under pressure and were struggling to cope with their workload, this reflected in the quality of the mealtime experience.

In one home we visited, the lunch we observed was rushed and people were not given sufficient time to enjoy their meal. Portion sizes were not tailored to the preferences of the individual and there was a lack of conversation and staff to resident interaction at the dining tables.

Most of the homes we visited however, were able to demonstrate the provision of person centred care, where the resident's wishes and needs are paramount and each person is both treated and valued as an individual.

Good Practice: The Briars

The home promotes a vision of creating communities where life is worth living and where older people can thrive. As a result, staff have established close links with a local primary school and pupils regularly visit residents at the home. The children have recently undertaken a project at the Briars where they have created an Olympic area in the garden. This encompasses flags from each country and flower beds have been planted with the colours of the Brazilian and British flags. The children have also made a medal board, so residents can keep a tally of the medals awarded to each country.

Recent CQC Ratings

Recent inspection results from the Care Quality Commission (Oct 2016), indicate that there has been some improvement in the quality of care provided in local residential care and nursing homes, although there are currently 12 homes without a registered manager.

CQC inspection ratings of Residential and Nursing Homes **Locally** (October 2016)

- Outstanding (0%)
- Good - 54 (68%)
- Requires Improvement - 25 (32%)
- Inadequate (0%)

CQC inspection ratings of Residential and Nursing Homes **Nationally** (October 2016)

- Outstanding (1%)
- Good (72%)
- Requires Improvement (25%)
- Inadequate (2%)

This is an encouraging sign, but we must not allow ourselves to become complacent or lose the drive to ensure all residential care and nursing homes are equipped to deliver high quality services to all residents across the Island.

Conclusion

Adult social care has the power to transform people's lives, so we must all believe that an outstanding level of care is not only achievable but essential to the wellbeing of older people.

Inadequate care is quite simply not good enough and the gap in quality that currently exists amongst nursing and residential care homes on the Island needs to be reduced to ensure that all older people, regardless of their financial status, level of need or cognitive ability, receive a first class standard quality of care. This is nothing more than they deserve.

It is essential that quality is systematically and continuously reviewed by providers, commissioners and regulators, to ensure that nursing and residential care homes adapt and evolve to meet the changing needs of the people they support and continually strive to provide a culture and practice that delivers a high standard of care.

We believe that the care and support of vulnerable people will affect us all either personally or through members of our family, so it is vital that we get it right, first time, for everyone. The impact of failing to get it right for vulnerable people and the price they pay when things go wrong is too high.

Care homes face enormous pressure with a reduction in funding available for adult social care, difficulties in recruiting and retaining staff and increasing complexity of needs of the people they care for. However, there are marked variations in the level of care provided to older people on the Island.

The vast majority of care and nursing staff we spoke to were committed and respectful. Being just caring, however, is not enough. Good leadership is required to nurture and develop the staff team, to embed the values and ethos of the home and to continually monitor, evaluate and improve the quality of the service. Values such as kindness, compassion and empathy need to be placed at the heart of the organisation because simply being 'safe' is not enough either. Human beings have an instinctive need to feel loved and valued and this will only happen if care staff are given the time and the opportunity to support people to lead the lives they want to lead. Chronic understaffing can lead to a 'task centred approach' where staff become focused on completing set tasks rather than supporting people as individuals. This can lead to an inflexible regime, where staff have less and less time to spend with residents. Staff can then become 'burnt out', leading to a higher staff turnover and more disruption for residents as they have to repeatedly get to know new carers. The national and local shortage of nurses has also caused additional pressures for nursing home managers.

There is a clear need for ongoing support and specific training for nursing and care home managers. Many managers see training as a priority and regularly attend training seminars and workshops. Other managers have not attended accredited training for many years, meaning that their practice is not up to date. Peer support can be particularly productive in developing skills and delivering culture changes within care and nursing homes
Many homes only receive support when their service has deteriorated to an unacceptable level. We need to get in before this happens.

The difficulty in recruiting and retaining care home managers is evident. According to NMDS data, as of December 2015, there were 116 CQC regulated care providers on the Isle of Wight and 94 registered managers, although some were responsible for more than one location. The current registered manager turnover rate on the Island is 22.1% (this is in line with the South East region which was 22.6%).
As of December 2015, there were 16 vacant positions for a registered manager on the Isle of Wight which equates to a vacancy rate of 13.8% (this is slightly above the SE region average of 12.2%).

With the requirements of a registered managers role expanding all the time, it is not surprising that care and nursing home owners are finding it harder to recruit suitable experienced and qualified managers, particularly when many existing managers feel poorly supported and unfairly represented by the media. Lack of succession planning means that when a registered manager leaves a home, the provider is put under pressure to recruit a new manager quickly to prevent standards from dropping and to avoid possible action from the Care Quality Commission. New managers can be left to manage the home on their own with little peer support and mentoring available to them.

Many of the staff that we observed at work were committed, compassionate and caring, working hard to support people with very complex needs. However they deserve to be supported by a strong leadership team who prioritise reflective practice and continual quality improvement. Training is often provided to care staff but again, this is not enough in itself. Attending a training course or completing an ‘E learning’ session is one part of a person’s development but the training needs to be embedded into practice and there should be evidence that staff have changed their practice as a result of the training.

We need to value the contribution that older people can make to their local community and society. We need to do away with the assumption that once people reach a certain age they will become frail, hard of hearing and will need significant support. Old age is not necessarily a precursor to any of these and rather than expecting a deterioration in health and wellbeing, we should expect and encourage the opposite. Many older people lead busy, valuable lives and will never require social care services. Once a person goes to live in a residential home, they must be stimulated, supported and motivated, to keep the skills they have and generate new interests.

A good manager will promote a positive 'risk taking' approach where residents are empowered to take risks. The risks will be discussed with them and a strategy developed to minimise any dangers that may be associated with these risks, thus promoting independence and getting away from the need to rely on others.

The difference in quality, delivered within local care and nursing homes is staggering. Some homes are well led and promote a positive, inclusive and welcoming environment, where staff are 'enablers' rather than just 'care workers'. Quality of life is central to the ethos of the home and staff are nurtured and developed to ensure the highest standards are maintained. Links with the local community have been spread to promote wellbeing and a sense of identity.

In other homes, staff are under such pressure that they have become task focused, concentrating on achieving the tasks to hand, thus creating a sense of dependence and loss of dignity for the people they support

Many older people have low expectations about the quality of care they can expect in a care or nursing home and this should be challenged. The culture of some care and nursing homes is based around the need to 'care' for people and this promotes dependence on care staff. More progressive home managers have embraced the need for a more proactive model, where independence and personal skills are promoted and physical decline is not an expectation.

The provision of activities should not be seen as a stand-alone task, but rather should be integrated into the daily life of residents. Activities they are used to completing in their own home, such as laying the table, folding the linen, weeding the garden, feeding the birds should be promoted to enable residents to keep the skill they have and to promote feelings of self-worth. Joint working with Specialist Advisors, such as Speech and Language Therapists, Occupational Therapists, Mental Health Professionals etc, should be encouraged to ensure people's mobility, independence and mental wellbeing are promoted and to ensure that any decline in ability is noted and addressed.

Mealtimes are, for many, the focal point of the day and should be treated as such. Older people can lose their appetite, therefore staff must take care to make mealtimes an enjoyable experience, where people can choose food they enjoy, at a time which is preferable and convenient for them. Staff should promote a calm, relaxed atmosphere where people can eat at their own pace and socialise with others.

Healthwatch is aware that there are many homes on the Island that provide an excellent quality of care to the vulnerable adults they support. However we found there are also a number of homes that are providing unsafe and inadequate care. In this day and age, older people, who are among the most vulnerable in our society, should not be placed at risk in poor services commissioned by the Local Authority and the Clinical Commissioning Group. This is not an acceptable standard of care. Poor care is poor care and providers should be supported to improve, not merely given justification for their failure to meet 'Fundamental Standards'.

Despite the fact that many homes have been praised for the care demonstrated by their staff, good intentions and a caring approach does not ensure safe and effective care. Care Quality Commission inspection reports have highlighted a series of shortcomings from different providers and these cannot be allowed to continue.

Recommendations

Healthwatch Isle of Wight recommends the following:

Isle of Wight Council and Clinical Commissioning Group:

1. The Local Authority and Clinical Commissioning Group should develop a strategy for Quality in Nursing and Residential Care, setting out a framework for future provision and a clear expectation of what they expect nursing and care home providers to deliver.

2. Care home managers should receive a regular newsletter or briefing, detailing the training available to care and nursing staff, updates on policy and practice, signposting to free resources such as the Social Care Information and Learning Service, (SCILS) and the Grey Matter Group, etc.

3. Care home managers should be provided with a stable point of contact within the Local Authority or Clinical Commissioning Group to report an escalation of care needs to minimise the risk of placement breakdown.

4. A Managers Forum should be established to provide a network of support for home managers. This should be chaired and driven by local care home managers.

5. Commissioners should work with residential care and nursing home providers and managers to enable them to adapt to changes and implement quality improvements for example, changing the environment to become more dementia friendly, staff training advice, skilling up the workforce etc.

6. Care reviews should provide residents and their families the opportunity to comment on all aspects of their care and should consider elements such as stimulation, personal development and provision of activities.

7. The Local Authority and Clinical Commissioning Group should complete regular quality monitoring visits to care and nursing homes to ensure quality standards are maintained and these should include conversations with residents.

Residential care and nursing homes:

1. Providers should be able to evidence that they can meet the needs of local people and show a commitment to improvement and delivering quality.

2. All residents/family/friends should be given clear information about their rights, the standards of care they can expect from a care provider and where or who they can go to to make a complaint.

3. All care and nursing homes should have a clear succession plan and career pathway for staff to ensure there is a suitable process for identifying and developing key staff with the potential to fill future leadership positions within the organisation.

Healthwatch Isle of Wight look forward to working closely with the Local Authority and Clinical Commissioning Group to monitor performance against recommendations and we will conduct a review in approximately 12 months.

References

[1] NICE guidance Nov 15 (Older People with Social Care Needs and Multiple Long Term Conditions

https://www.nice.org.uk/guidance/ng22

[2] NICE guidance Feb 15 (Older People in Care Homes)

https://www.nice.org.uk/advice/lgb25/chapter/introduction

[3] South Gloucestershire Safeguarding Adults Board `Winterbourne View Hospital – a Serious Case Review`

http://hosted.southglos.gov.uk/wv/report.pdf

[4] http://myhomelife.org.uk/wp-content/uploads/2015/02/JRF-report-on-care-home-quality-of-life-summary.pdf

Appendix 1

healthwatch Isle of Wight

IW Registered Managers Survey

Introduction

Healthwatch Isle of Wight is an independent consumer champion, set up to listen to the voice of the local community.

We are interested in hearing the voice of Registered Mangers on the Isle of Wight to identify the challenges and system pressures they face in their role.
If you need this form in another format or version, please contact Healthwatch Isle of Wight on 01983 608608 or visit www.healthwatchisleofwight.co.uk

The questionnaire should take no longer than 15-20 minutes to fill in.
All results will be anonymised but the results may be shared with relevant commissioners to help improve local services

1. How valued do you feel as a Registered Manager within your organisation?

Not valued at all	Somewhat valued	Valued	Extremely valued
○	○	○	○

Comments

2. How long have you been a Registered Manager within your current organisation?

3. Do you feel that your current CQC rating accurately reflects the level of care you provide to service users?

- ◯ Yes
- ◯ No
- ◯ Somewhat
- ◯ Don't know

Please explain the reasons for your answer

4. How do you rate your knowledge and understanding of the following?

	Poor	Some understanding	Good	Excellent
MCA and DoIs	◯	◯	◯	◯
Current CQC inspection model	◯	◯	◯	◯
Care Act 2014	◯	◯	◯	◯

Comments

3. Do you feel that your current CQC rating accurately reflects the level of care you provide to service users?

- ◯ Yes
- ◯ No
- ◯ Somewhat
- ◯ Don't know

Please explain the reasons for your answer

4. How do you rate your knowledge and understanding of the following?

	Poor	Some understanding	Good	Excellent
MCA and Dols	◯	◯	◯	◯
Current CQC inspection model	◯	◯	◯	◯
Care Act 2014	◯	◯	◯	◯

Comments

5. What do you feel would enable you to gain a better understanding of MCA, Dols, the Care Act 2014 and CQC requirements?

- [ ] Training
- [ ] Workshops
- [ ] Support from other Registered Managers

Other (please specify)

6. How would you rate the level of support given to you in your role as Registered Manager?

- ◯ Excellent
- ◯ Good
- ◯ Satisfactory
- ◯ Poor

Other (please specify)

7. How do you feel you could be better supported in your role?

- [ ] Better pay
- [ ] More support from your Provider
- [ ] More support from the Local Authority
- [ ] More training
- [ ] More staff

Other (please specify)

8. Do the following external auditors carry out quality assurance checks in your home?

- [ ] Fire officer
- [ ] Medication specialist
- [ ] Infection control specialist

Other (please specify)

9. How confident do you feel in raising concerns with your provider?

- ○ Not confident at all
- ○ Somewhat confident
- ○ Confident
- ○ Very confident

Comments

10. Do you feel you have enough autonomy over your homes budgets?

- ◯ Yes
- ◯ No
- ◯ Don't know

11. How would you rate your relationship with the local Safeguarding Service?

- ◯ Poor
- ◯ Satisfactory
- ◯ Good
- ◯ Excellent

Please explain your answer

12. How useful did you find the Local Authority self-certification monitoring form ?

- ◯ Not at all useful
- ◯ Somewhat useful
- ◯ Useful
- ◯ Very useful

Comments

13. How many hours are you contracted to work per week

14. Do you work hours in addition to your contracted hours?

- ◯ Never
- ◯ Occasionally
- ◯ Regularly

15. What do you feel would make life easier for you as a Registered Manager?

16. What is your age?

- ◯ 18 to 24
- ◯ 25 to 34
- ◯ 35 to 44
- ◯ 45 to 54
- ◯ 55 to 64
- ◯ 65 to 74
- ◯ 75 or older

17. What is your gender

- ◯ Male
- ◯ Female

18. What is the postcode of your registered Home?