



# Overview Report on Gold Standards Framework Evaluation in Care Homes in Darlington

July to September 2011

## **Introduction**

The Gold Standards Framework is a national training scheme which aims to 'enable a gold standard of care for all people nearing the end of life'. Warren Tweed, Strategic Commissioner, Adult Social Care, talked to GOLD members at the monthly Health Group meeting about being involved in some research to evaluate standards over the three-year period the training takes place. Members agreed to become involved, and volunteers were recruited to carry out the work. Between July and September 2011, these volunteers visited care homes, held interviews and observed what was happening and the environment in the homes. There was a particular focus on dignity and respect, and care at the end of life, as these are strong themes within the Gold Standards Framework. This report should be read in conjunction with the Overview Report on Gold Standards Framework Evaluation in Care Homes July to September 2011. The reports should be taken as indications of the home and provide a snapshot of what was found on several occasions in 2011. It does not provide a full and accurate picture of the care provided within the home.

## **Method**

Before the work began, the volunteers had a briefing session, two training sessions including Safeguarding Adults, what they were expected to do and not to do and a number of policies relevant to the role, and an interview. Enhanced Criminal Record Bureau (CRB) checks were issued for each volunteer and two referees contacted. Each volunteer was then issued with a Council ID badge. Seven volunteers were involved and they made several visits to care homes to interview the manager, residents, family and friends of residents and staff, and undertook observations. The managers of each home were interviewed by the same two GOLD volunteers. Generally there were between four and six interviews each with residents, family members and staff. The GOLD volunteers tried to interview care staff and other staff such as kitchen staff or domestic staff. The results were analysed and drawn together in an individual report for each home and an overview report for homes and Adult Social Care. The whole process is to be repeated in the summer of 2012 and again for the next two years, to try to gain some understanding of what changes have taken place in the home as a result of the Gold Standards Framework (GSF).

There are a number of issues which came up in a significant number of the homes. Some of these issues may well have been considered previously and may be discussed as part of the GSF training. Some issues were

flagged up by volunteers and passed on to GOLD and/or the Adult Social Care Safeguarding Unit.

This report details the overview of results and our assessment, and some recommendations we made to homes. Each home which took part has been given an individual report which details what we found. They were all given space to respond to our findings in their individual report.

## **Results and Assessment**

- Most people were broadly happy with the care they or their relatives receive.
- Dignity and respect are important to the homes, and there are some excellent examples of practice. Staff have been observed being very kind and patient, and treating people as individuals. There have also been occasions where dignity has been compromised and this has been written in the individual home's report. The attitude of staff seems to be very important in how people feel they are treated with dignity and respect.
- Some staff have excellent communication with residents.
- Residents like to know who the staff are working in the home at any time and this may not always be the case.
- The people we interviewed and spoke to generally feel clean and able to present themselves as they wish.
- Some occasions were observed where people were waiting too long for care or support and this has been written in the individual home's report.
- In some homes residents didn't feel they had enough control over their daily lives.
- Most residents are able to do the things they value and enjoy but some people wish to do more of these and this may require additional support.
- Some residents want to feel stimulated and want to spend more time talking with other residents who also enjoy talking.
- Some homes have been advised that residents could have more drinks available and that residents should be encouraged to finish drinks.
- Sometimes a resident's spectacles need washing or fingernails are overdue for cutting.
- Some residents are sometimes disturbed by other residents, possibly residents who have dementia. Sometimes a resident finds another resident in their personal bedroom which can be upsetting for them.

- In many homes there was confusing evidence about how aware staff were of the policies the home had in place, particularly around dignity and respect, and care at the end of life.
- There is evidence that staff already consider care at the end of life and in most homes plan for this with residents and their families.
- Many homes did not yet have policies on some or many of the areas the GSF will cover. This does not mean that these areas have not been considered.
- Volunteers have noted how the homes appear and feel and we have advised individual homes where we think that improvements could be made.
- Some homes are odour-free but this is not the case in every home.
- Most homes were clean and tidy and some had lovely touches and nice gardens.
- Some homes have decorated and accessorised an area designed for people with dementia (for example with individually coloured bedroom doors).
- The volunteers reported on dining facilities. They were pleased that some homes used fabric serviettes and glass glasses. Some dining rooms could feel more homely.
- Sometimes people can wait a long time in the dining room before they get their food.
- The televisions should have clear pictures and sound, and televisions were occasionally on even though no one was around.
- In some homes there was music playing at some times which was nice, as long as residents have choice over this.
- It is good to have photos on a notice board as long as they are large enough. This applies to staff photos and photos of residents, for example taking part in activities.
- It is good to have notices and leaflets around but they need to be up to date and have large enough print. (Large print may be larger than people realise is necessary).
- In some homes it was unclear how much choice the residents had for example over new furniture, moving things around, or menus.
- Religious or other beliefs are found to be generally respected in the homes however we did not look deeply into this.
- It is not always clear that the staff work well as a team in some homes.
- Some staff wear rings with stones and have pens sticking out of pockets which could be hazardous to residents.
- There are not always enough activities going on, and this may be particularly acute at weekends. Various people thought that residents would benefit from more exercise or movement. It is good if

magazines, books and activities equipment are easily visible and available for residents and their relatives and friends. There were several mentions of 'doing nails' as an activity which seemed to happen often, and very little mention of activities which maintain life skills such as cooking, cleaning or gardening, or activities chosen by a particular person. It is unclear how residents are involved in making choices over activities in many homes.

- In some homes we have identified in their individual reports that they can improve how they communicate with residents and families, particularly in relation to changes in treatment and care planning meetings.
- Residents' meetings are generally reported to work well.
- There is a waiting list for outside services such as physiotherapy and speech therapy which is a big problem for some individuals.
- There were many other points made in the individual homes' reports, for example, one with cigarette ends round the entrance and cleanliness of particular areas.
- Most staff were helpful and friendly towards the GOLD volunteers. Not all homes helped the volunteers to find a place where interviews could take place in privacy.

## **Recommendations**

In addition to the results and assessment above, there were a number of recommendations which arose from the findings:

- There is sometimes room for improvements when staff are communicating with residents, for example increasing eye contact, not rushing people and talking to the resident they are supporting.
- If people feel they could benefit from having their legs raised this should happen.
- Staff should look at how they ensure topical medications are applied at the right time.
- Homes could make sure that residents and family members are more aware of what the individual's care plan is and how they can influence it.
- The number of people who feel that residents and families can influence how the home runs could be higher. People could feel that they have more influence over the home runs, even if they do not wish to change anything.
- There could be discussion about the amount of money available and the processes in place for decorating or purchasing new equipment

(this includes equipment for the home and equipment for individuals such as syringe drivers); this is an issue which involves residents, families, the home and wider services.

- Everyone who works with a person needs to work towards acknowledging and meeting their very best interests and their wishes at the end of their life, which is not only the staff at a care home but may well also include emergency and hospital staff, GPs and District Nurses. It appears that more work is required for this to happen effectively.
- Some people (this includes all the groups of people we interviewed) talked about people who may be 'less able' to do things or to make choices than others. There were a number of responses from care staff and families that residents did not make a choice or did not take part in activities because they were 'not able' or similar words. We did not always see in practice that people were offered choice, control and explanation. This made us think about how people who are ageing or who may have dementia are viewed and view themselves, and the role that we all have in working towards people with dementia being seen as unique and valuable individuals, despite their illness.

## **Conclusions**

All the information which has been gathered in 2011 will be kept, and will be compared with the same information gathered over the years of the Gold Standards Framework training, to find out how things change. The reports have been shared with the individual homes which took part. We will ask the homes whether they have changed anything as a result of our work.

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