

5<sup>th</sup> July, 2017

## **Healthwatch Birmingham consultation response: Draft Commissioning Strategy for home support, supported living and residential care**

### **Introduction**

Healthwatch Birmingham welcomes the opportunity to respond to Birmingham City Council's consultation on the Draft Commissioning Strategy for home support, supported living and residential care (with and without nursing)<sup>1</sup>. In line with our role, we have focused our comments on the elements of the framework that relate to service user feedback:

- How providers listen to service users
- Service user and relative's views on engagement
- How providers act on the feedback they hear
- Whether service users feel they are treated with dignity and respect
- Service users and complaints

We approve of the proposal to operate a framework agreement for home support (adults and children), supported living (all ages) and residential homes (with or without nursing care). The Council's plans align with our vision of seeing all Birmingham residents gain access to services that are of excellent quality. We are pleased that the Council intends to include customer feedback as part of their quality assessments. We believe that this will lead to services that better meet the individual needs of service users, high levels of dignity and respect, and improved health outcomes.

For service user feedback to be truly effective, it needs to be embedded in the many decision-making activities the Council undertakes. In addition, the council has to demonstrate how customer feedback has been used to make changes to services.

### **Purpose of report**

This report focuses on the Council's proposal to use service user feedback in their rating system for their providers. The consultation document does not provide sufficient detail to fully understand how they intend to listen to service users and relatives, and then how they will include this feedback in the Council's rating system.

We hope this report will provide the Council with further insight regarding:

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<sup>1</sup> Social Care Framework - Draft Commissioning Strategy;  
<https://www.birminghambeheard.org.uk/people-1/asccs/>



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- The obstacles that may need to be overcome when they think through the details of how patient feedback is to be heard and acted on by providers, and by the Council.
- The good practice that is already in place, and can be built on, in some residential and nursing homes with regard to listening to service users and relatives, and using that feedback to improve the care and wellbeing of their residents.

We conducted interviews with patients and providers during Enter and View visits to more fully understand the current situation with regard to service user engagement in residential and nursing homes. We then used the interview data to write this consultation response.

Following discussions with the Council's Head of Commissioning, Alison Malik, we agreed that Healthwatch Birmingham will prepare a separate report in response to the proposals in the consultation.

Appendix 3 of the Quality Framework includes the proposed monitoring toolkit and quality assurance statement for care homes<sup>2</sup>. This includes five Outcome Domains (OD). These are OD1: Involvement and Information; OD2: Personalised Care and Support; OD3: Safeguarding and Safety; OD4: Suitability of Staff and OD5: Quality Management. Each Outcome Domain is broken down into a number of Standards, each with outcomes. Each outcome is divided into criteria, and each of these criteria has one or more inspection questions to gather evidence for that criteria.

This report mainly focuses on:

- Outcome Domain 1: Involvement and Information and Domain
- Outcome Domain 2: Personalised Care and Support

These domains include the standards related to listening to service users and acting on that feedback. Each section of our report starts with the outcome domain, standard, outcome, and criteria we are commenting on, followed by our comments and relevant service user feedback/provider data obtained during our Enter and View visits.

## **How we heard the views of service users, relatives and residential and nursing home providers.**

Healthwatch Birmingham conducted Enter and View visits in four residential and nursing homes across Birmingham in June 2017. These providers were: Amberley Court, Tandy Court, Clare Court and Moundsley Hall. We discussed the visit with commissioners and the Care Quality Commission (CQC) to ensure good communication and to avoid duplication. All the providers we contacted were happy for Healthwatch Birmingham to interview service users, relatives, and staff. The managers of the residential and nursing homes displayed posters

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<sup>2</sup> Quality Assurance Framework; [https://www.birminghambeheard.org.uk/people-1/asccs/supporting\\_documents/Quality%20Framework%20and%20Entry%20Criteria.pdf](https://www.birminghambeheard.org.uk/people-1/asccs/supporting_documents/Quality%20Framework%20and%20Entry%20Criteria.pdf)



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advertising our visit and ensured that our feedback postcards were available for service users, relatives and staff to complete prior to or during our visit.

Healthwatch Birmingham representatives obtained face to face or written feedback from twenty-six service users, three relatives, and eleven staff. Themed feedback has been included in the individual draft reports to providers. These are currently with the managers of each home to comment on (July 2017). We have requested them to tell us how they plan to address the issues highlighted by service user and relative feedback quotes in the draft reports. These actions will be included in the final reports. The final report will be shared with the Providers, Birmingham City Council, the CQC, and the public late July 2017.

## Results

### How do providers listen to service users?

#### *Section of Draft Commissioning Strategy*

In this section we are commenting on criteria 1.6. Encourage and support service users to give them feedback about how they can improve their Services and act on the feedback given.

This criteria part of Outcome Domain 1 (Involvement and Information), Standard 1 (Respecting & Involving service users). The Outcome this criterion refers to is that service users understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity, and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the Services are provided.

#### *Summary of findings for this criteria*

The data we collected, which is provided in the following section, shows that the homes use different methods for collecting feedback. In some homes, it was not evident in the data we collected how they fed back to service users the actions taken as a result of service user feedback.

We believe that these various methods of collecting service user feedback provide a base that the Council can build on to develop a feedback system to the Council from service users and relatives.

However, the variability of these methods for collecting feedback will provide a challenge for the Council to ensure they are consistently hearing service user feedback. In order for the Council to be consistent in their assessment of the homes, there needs to be agreement



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on timescales and methods (i.e. face to face meetings, postcards or questionnaires) that are used. We welcome the potential wider use of the Healthwatch Birmingham widget and feedback questions. This would provide one means of collecting service user feedback that would be universal across all services. Taken alone, any feedback collecting method could lead to bias and poor quality feedback. For instance, if service users are unable to complete the feedback cards without help from care home staff, and these are then submitted to Healthwatch Birmingham by those staff, then there is a risk that:

- These service users may only give positive feedback for fear that this would affect their care.
- Some providers may be hesitant to submit negative feedback.

It is therefore important that ways to overcome these biases are found. It is also important that feedback is obtained via a number of different channels. Collectively, these methods can provide a more rounded view of services and lessen the risk of bias rooted within each individual method of hearing services user's feedback. Therefore, the Council should consider writing into their contract agreement with providers the use of a variety of different methods for collecting feedback in addition to the Healthwatch Birmingham widget, as already discussed with Birmingham City Council.

During our Enter and View visits to the four homes, we noted that the same types of topics tend to be the focus of feedback given by service users. We hope that the questions asked by the Council to the provider regarding service user feedback will help providers to obtain service users feedback on a wider variety of topics and types of decisions. This may be helped by the Council ensuring that all staff know why and how to collect daily feedback from their service users regarding their care.

It is also important that service users feel safe to give feedback. All care homes need to develop a culture of being eager to obtain this feedback. This will help service users who give feedback to feel that their care will not be affected, especially if the feedback is negative. This should help the Council to receive quality feedback that actually helps them to understand the level of service and the quality of life for residents.

### *Feedback*

Staff told us about how they encourage and support service users to give them feedback about how they can improve their services and act on the feedback given. We heard of several methods including resident's meetings, surveys and individual meetings with the manager. Although some homes used all three methods to get feedback from service users, other homes used only one method.

### **Resident's meetings**

In the four residential and nursing homes we visited, staff indicated that they gather service user and family feedback in different ways. Three of the four residential and nursing homes we visited carry out resident's meetings and relative's meetings. One indicated that they



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only carried out resident's meetings. The frequency of the meetings differed amongst the homes, with some holding quarterly meetings and others monthly meetings. The methods for collecting service user and relative's feedback also differed. Whilst some homes triangulated feedback from different sources of data (qualitative and quantitative), others did not.

- *Team leaders conduct a monthly care meeting. This includes family, and residents if they have the capacity to understand the meeting (Staff member, Tandy Court).*
- *Family members come to the meetings if the residents do not have the capacity to participate due to dementia (Staff member, Tandy Court).*
- *At the monthly meeting, the residents can say what they want. There has been a change since last year. The new manager used to work as a nurse at the home, and her heart is in it (Staff member, Amberley Court)*



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## Surveys, manager surgery, and daily listening

At Clare Court, the information from resident and family meetings is supplemented by a survey questionnaire that is sent to residents. The results are then displayed on the notice board. In addition, a manager's surgery is held for residents and relatives.

At three of the four homes (Amberley Court, Clare Court, and Moundsley Hall) staff indicated that there are opportunities for residents to express their views on a daily basis - for instance most managers operated an open door policy. Where they are not available other means are provided. For example, the manager at Moundsley Hall said that some of the residents have the regional director's telephone number.

- *The residents can come in the office and sit and chat according to their needs (Staff member, Clare Court).*
- *My 'door is always open' to residents (Staff member, Amberley Court).*
- *There is always access to a manager 24/7 on a cell system (Staff member, Moundsley Hall).*

## Service user and relative's views on service user engagement

### Section of Draft Commissioning Strategy

In this section we are commenting on criteria:

- 1.3 Encourage and support service users to always express their view, choices and preferences about the way their care and support is delivered.
- 1.5 Take account of service users' choices and preferences and discuss and explain their care and support options with them.
- 1.6 Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.

This is part of Outcome Domain 1, Standard 1. Details of this domain and standard are given above.

### Summary of findings for these criteria

Generally, most service users across the four homes felt that staff listened to them about their concerns. However, the Council needs to consider the challenges some homes face in communicating with service users and collecting feedback. In particular, service users that have dementia or a learning disability. This can hinder engagement with service users and limit the range of topics that can be discussed. The agreement with providers needs to take these differences between the homes into account. Birmingham City Council may need to adopt innovative ways of communicating with service users facing communication challenges, and ensure relative's feedback is obtained.

Equally, the Council should ensure that providers have plans in place to make sure that responsibilities for collecting feedback are clear. Staff need to be very clear about how to gather, store and share service user and relative feedback. We heard from some service



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users (Tandy Court, Clare Court, and Amberley Court) who felt that being listened to was dependent on individual staff members.

### *Feedback*

During our Enter and View visits, we asked service users about their experience of being listened to. Our data shows that service user and family's experience of being listened to differed across the four homes. Although some felt that opportunities were there to give feedback, others felt that this depended on individual staff. This view was supported by one of the managers, who indicated that different staff have different levels of inclination to listen to residents. Service user experiences varied. Positive comments were:

- *They run a bath programme and each resident has a key worker - we feel listened to (Resident, Tandy Court)*
- *When my wife came in she brought her own specially made shoes. She had two pairs. For some reason someone put them in the laundry, it ruined them. I told the manager, who made an appointment at the Queen Elizabeth Hospital. It was sorted out reasonably quickly (Resident, Moundsley Hall).*
- *Oh yes, they listen to me and they pay attention. They never pass without saying something to me. They always give me a kiss and a cuddle. They tell me 'we all love you' (Resident, Moundsley Hall).*
- *The staff do listen and act as soon as they can (Resident, Amberley Court).*
- *I feel that I can go down and give the manager feedback and say if I'm not happy (Resident, Amberley Court).*

Whereas others did not feel as listened to:

- *Sometimes I feel like an object. I would like them to have a chat with me. I'm only human (Resident, Clare Court).*
- *Some staff listen but others don't (Resident, Tandy Court).*
- *I am outside the small crowd of people that are listened to (Resident, Amberley Court).*
- *Staff keep saying hello but no one really takes time to have a conversation (Resident, Amberley Court).*



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## How do providers act of the feedback they hear?

### *Section of Draft Commissioning Strategy*

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This is part of Outcome Domain 1, Standard 1. Details of this domain and standard are given above.

### *Summary of findings for this criteria*

According to the data Healthwatch Birmingham collected, the management of two of the residential and nursing homes we visited ensured that service user feedback was communicated to all staff so that the appropriate action is taken. Views on whether feedback is acted upon differed between staff and service users. Whilst staff indicate that service user's feedback is acted upon, many service users did not fully agree. This was particularly true of resident's at Amberley Court (see quotes below).

The fact that there were some differences between the views of staff and service users on whether feedback is acted upon is an issue the Council needs to consider. There was clear evidence in the data that the homes we visited acted on feedback. It was, therefore, concerning that some residents felt that there had been no action. Possibly one reason could be the failure by the homes to inform service users how their feedback will be used to identify and understand barriers to quality care and outcomes. Also, failure to inform service users of how their feedback has informed any changes to services. We, therefore, welcome the introduction of a 'you said, we did' element to the framework thus closing the feedback loop. If service users know that their feedback is used to improve services, they are more likely to be encouraged to give feedback.

### *Feedback*

The data obtained through interviews with staff shows that action is taken in response to service user feedback. Staff provided examples of action they have taken:

- *Residents have requested more trips out. Two residents have since been on a trial visit to the Birmingham Museum (Staff member, Tandy Court).*
- *One resident wanted to be well enough to live with her husband. Staff made steps to improve the quality of her life and she has now moved back with her husband who lives in the residential unit (Staff member, Moundsley Hall).*
- *A resident with communication difficulties was unhappy and kept shouting. We spoke to the resident's family, who said the resident found a bath relaxing. Now procedures are in place for this, the resident is happier and no longer shouting (Staff member, Amberley Court).*



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In two of the four residential and nursing homes, staff indicated that management gives them feedback from residents and relatives meetings. Especially where action needs to be taken. Residents who are not mobile, and therefore unable to attend meetings, are told the outcome of the meetings. In addition, one of the managers interviewed displays findings of a survey on the notice board in the foyer.

- *Even though I don't attend meetings the manager feeds back actions (Staff member, Moundsley Hall).*
- *If, for example, the buzzers are not being answered on time. The manager feeds back to staff and now buzzers are answered more quickly (Staff member, Moundsley Hall).*

Although some residents agreed that changes are made following feedback from residents, especially around quality and choice of food, some argued that action was rarely taken. Further, where action has been taken, it is often short term or not followed through.

- *All talk no action, there is never any action (Resident, Amberley Court).*
- *The monthly meetings are just run because they have to put it on a piece of paper that they listen to the residents. Even if they do something the change doesn't last (Resident, Amberley Court).*
- *They say they are going to act on what you've said, but nobody does (Resident, Amberley Court).*
- *The nurses say that there are only a few of them. When they tell the clinical manager, she says "we will tell the nurses" but then nothing changes (Resident, Amberley Court).*
- *It depends on who you talk to. They say they are going to act on what you've said, but nobody does (Resident, Amberley Court).*

## Do service users feel they are treated with dignity and respect?

### Section of Draft Commissioning Strategy

In this section we are commenting on criteria 1.1: Ensure that its staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their staff and service users irrespective of race and gender and treat service users with respect, recognise their diversity, values and human rights.

This is part of Outcome Domain 1, Standard 1, outlined above.



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### *Summary of findings for this criteria*

Through our observations at the four homes, we saw examples of good care and staff were responsive to service user's needs. For instance, in one home the diversity of food provided catered to different ethnic groups (i.e. Caribbean). Generally, service users were treated with kindness and dignity.

We note that the Inspection Toolkit questions for Criteria 1.1 does not include a question that asks service users if 'they feel that they are treated with dignity and respect'. We believe that including this question would ensure that there is a common understanding between staff and service users of what respect and dignity mean. Therefore, carer's actions will align with service user's needs.

### *Feedback*

Based on the data we collected, some residents felt that the staff treated them with dignity and respect:

- *Staff treat me well and with respect. They call me by my name, make a fuss of me, I don't know why, and help me with my bath. I can't complain (Resident, Clare Court).*
- *I feel comfortable and I feel honourable. They respect me and they respect my age and treat me accordingly (Resident, Clare Court).*
- *Yes, they turn me over in bed with respect (Resident, Clare Court).*
- *Courteous to resident visitors (Resident, Tandy Court).*
- *Absolutely. Respectful, kind really are good (Resident, Tandy Court).*
- *Go to bed when we want. Get up when I want (Resident, Tandy Court).*
- *I have to say yes - very much so. I have been here every day she has been here. I have not seen anyone speak to her sharply. They are marvelous and I have respect for them. They have so much patience. Some of these residents are challenging. I have seen staff scratched and seen them clean up nasty messes but they act like saints. I don't know how they do this for 12 hours (Resident, Moundsley Hall).*

Other residents felt that this was dependent on the member of staff:

- *It all depends on which one (staff member) it is. Staff are alright. One staff shouts a lot at a resident that is very demanding at mealtimes (Resident, Clare Court).*
- *Some do, some don't ... some talk down to me ... not every day, maybe once a week. It's not by the same people each time (Resident, Amberley Court).*



## Service users and complaints

### *Section of Draft Commissioning Strategy*

In this section we are commenting on criteria 15.2: Support service users to raise a complaint or make comments about the service.

This part of Outcome Domain 5 (Quality of Management), Standard: 15 (Complaints). The outcome criteria 15.2 refers to is that service users and/or their nominated representative can be sure that the Service Provider listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.

### *Summary of findings for this criteria*

Based on the evidence we collected most service users said they have had no cause to complain, but believed that should they need to complain, they were free to do so.

### *Feedback*

- *I have not made a complaint but I feel free to do so if I needed to (Resident, Clare Court).*
- *I know where to complain to and how to complain (Resident, Clare Court).*
- *If I had a problem I would tell the manager (Resident, Clare Court).*

Other service users, however, were not satisfied with the handling of their complaints by the residential and nursing home staff.

- *I have made formal complaints about another resident but nothing has happened (Resident, Amberley Court).*
- *Home and deputy managers don't follow up on complaints or seem to care about the resident's (Resident, Amberley Court).*

During our visits to the four homes, none of the residents indicated that they had cause to complain. In Clare Court, the residents felt that they knew the process for making a complaint. However, we received negative feedback from Amberley Court through Healthwatch Birmingham feedback postcards. This, in addition to our observations, might mean that service users are uncomfortable to make a complaint to the same person they are complaining about. There could be a view that complaining will have an impact on their care. The Council needs to consider the current process for complaining as homes are missing out on feedback that could help them to improve their services.



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## **Conclusion**

We welcome the inclusion of service user and relative feedback to contribute towards the rating of providers by Birmingham City Council. In order for Birmingham City Council to do this successfully, they will need to develop a more detailed plan. This will need to be piloted across a range of different providers. These should include providers with different methods of currently collecting feedback from their service users, and different types of client groups with a range of abilities to take part in the feedback process. There are huge challenges to doing this well rather than collecting superficial data, mainly via the provider. All providers need to have an equally high understanding of patient engagement in decision making. In addition, service users themselves need to be educated regarding how and why they can input into a wide range of decisions. Service user feedback needs to be wider than the common topics of meals and activities. We look forward to reading the details of the Councils plan to include patient feedback in their rating new rating system, and to tracking their progress.



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