

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

SUE: Hello, good evening and welcome. I'd like to say thank you very much. It is lovely to see everybody here. We're trying to start fairly promptly because we've got an action planned evening, but we're aware there are problems at Walthamstow Central, there are rather a lot of police there, and all sorts of traffic problems, possibly connected with the rugby. Sometimes volunteers -- okay, thank you for coming. I'm going to do some housekeeping bits and pieces, go through your packs and the agenda and then we'll get going. Bear with me. Can everybody hear me okay? Lovely. Okay so housekeeping. The fire exits, I've been waiting all evening for this, the exits are to the side there, to the side there, at the back and here, so anywhere you see a green sign, as far as I know there's not going to be a planned fire drill, so if it goes, carefully, calmly and collectively walk out the exits. The toilets are just outside the downstairs the ladies on the left and the men on the right and there is disability access on the toilet over here. We'd like you please to switch your mobile phones off or put them on silent. Just so we don't get distracted. Tea and coffee is available throughout the evening so come and get a drink, go to the toilet when you want, and all that sort of thing. Photography. Melissa is taking photos for this event. You've indicated when you signed in that you're happy to be in the photos, if you want to change your mind about that or you didn't want to sign in in the first place, go to reception and they'll give you a dot to put on your card. So a dot tells us that actually you don't want to be in the photos so we'll try not to get you in the photos if you don't want. Is that all right, Melissa? Okay, we've got lots of stalls here, I just wanted to thank everybody for doing their stalls. I'm not going to name them individually, but there is some important, significant groups of people who have information, dotted all around the edge here so do feel free to have a look at the leaflets and talk to people about the information they've got for you. Packs. Right, has everybody got a delegates pack? You've got quite a lot of things, an agenda for this evening so you know what is happening, we'll try to stick to that. You've got a scribble sheet and pen to take notes, a bookmark and a keyring from Healthwatch because we want you to remember who we are and come and help us volunteer. Now you've got A5 question cards, because we've got packs with the agenda. We'll probably

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

not do the standard question and answers so write them down as they come to you and pass them up to the front to this table here, and if we can squeeze a few in during the evening but we promise you that actually we'll put the questions and answers on that afterwards. If you want to contact with a direct response give us your contact too, there's also an evaluation form for you to fill in at the end of the event. As you know, it is useful to get your feedback because every year we do events like this, like that. What do you think? It will be useful to know. There's a pledge sheet so you can make a pledge. We're not asking for money, strangely, but there's a box at the back, and put in things that occur to you during the evening that you might be able to do to help improve the quality of care. We're all about caring for care homes. So the main thing is that you have a choir that might want to go and sing at a care home, or you have a dog that a care home might like for you to take to visit. Those sound like very small things but if you've got 20, 30, 40, 50 people together, that will make a valuable contribution. Don't let my imagination put any limits on it, there might be all sorts of things you think of. Okay so a box at the back. Don't forget to pledge. The other thing in your pack is a small grant player. Waltham Forest Healthwatch is able to give between £500 and £1,000 of funding for a few local groups to run their own involvement events with us. So if that doesn't fit with what you do, you may know a voluntary group locally who may be interested, so pass that on. That's the domestics. A little bit more about the agenda now. Is everybody still with me? Haven't fallen asleep? No. So the aims, we've chosen a topic for our annual event to showcase our Enter & View to care homes which started back last year. So we did Enter & View visits and you'll hear more about that from some of our staff later, and to take it further, we'd like your input and your suggestions, your ideas about what more we can do, what it will look like, what great activities will be. So you'll get the opportunity. So we'd like to hear what you'd like to see happen, and for you to work together to come up with some ideas about how that can be realised. So we'll not sit here at the table and expect you to listen to talks all night, there will be some interaction and we will write up everything and it will be on our website after the event. Perhaps not everything, but a summary of tonight. So you've got colleagues or who have missed it, or who you want to tell about it, it will be on the website. Okay, I just remembered I've got some technology

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

here. That's all the housekeeping things, I think. Housekeeping, photography, styles, packs, agenda, aims. Did I do all that? Okay, so we'll do a tabletop activity now. What does Healthwatch mean to you? So there's a facilitator at each of your tables. Do you want to wave? Okay. So we've got ten minutes on each table to write down as many things as you can think about what we do. Okay? Go.

NEW SPEAKER: So the exercise is basically for you all to write down on this piece of paper what does Healthwatch mean to you. What do you know about Healthwatch? What to you think about it and your own ideas and your own words. What does Healthwatch do and what does it mean to you? So you write it down. In your own words.

ROUND TABLE DISCUSSION WITH NEIL:

BERNADETTE: Write more. What else? We do more than Enter & View?

JULIA: I know, but with my role that's the most important thing for me because I'm an inspector with the CQC, so I'm an adult social care inspector, so that's most of the social care stuff we do that I look at.

BERNADETTE: Apart from that, you must know.

JULIA: I've also been an advocate so I feel like there's a bit more to -- it's too professional an input, I've been subcontracted by Healthwatch before. So, you know, yes, we do do consultation involvement. BERNADETTE: You can write it down. We know what –

JULIA: But I only know because I'm a professional.

BERNADETTE: You can write it down because you get extra points.

NEIL: ...

BERNADETTE: So you write all that down as well. Thank you. Thank you.

JULIA: Me and Neil are having to work super hard. The other tables have got it easy. It's only us. BERNADETTE: Yes, we have to work twice as hard. There's only two of us so we're working twice as hard.

REBECCA: That's fine. Well the interpreters can join in as well, because they'll have experience. JULIA: I think you'll find they're working! [Laughter].

BERNADETTE: You have time. Don't rush. You have time.

(Group Work)

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

**SUE TOOLE:** Ok, that's your ten minutes up people, but there will be lots of other opportunities to talk. Thank you for that, I see people chatting, thank you to this lovely young lady who is doing a great job at delivering all the notes for us, this young girl here, thank you, a volunteer in the making.

I'm going to read just a few of these, it's really good feedback for us, what do you think we do out there. I've got one here that says, "I've never heard of Healthwatch and I work in care homes", that's interesting feedback. Someone else says, "We could do a directory of services", that sounds like a useful thing, "Before Healthwatch I didn't know about all the funding", now you do, that's good. "We listen to concerns about care."

"Helping people to complain."

"Need information about GP and hospital services."

"Doing something about health issues."

"Healthwatch enlightens people about health and social care issues", we should get that in our mission statement, "The people can change and shape health and social care." "We enable people to have a say about issues and support homes, guidance for care providers, give feedback on what needs to be done to improve your home."

Ok, that's just an edited highlights, these are so good we'll get them all on a big flipchart so you can see them all and give you an idea about our role.

I'll introduce you to Jennie, the manager of Healthwatch Waltham Forest, she'll talk a little bit about what we do and what we have done this year. Thank you.

**JAIME:** Thank you very much, Sue Toole, she'll be up and down our stage this I have anyone, Sue Toole is the Chair of Healthwatch Waltham Forest.

I'm Jaime, the manager of Healthwatch Waltham Forest, you have all just done a Sterling job by the sound of it, giving lots of thoughts and putting down on paper what you think Healthwatch does, I don't think any of those were wrong, so that's good to know, I'm

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

going to take you through what we call our core functions, just to make sure that everyone is very clear in their minds about what Healthwatch does and our role.

Healthwatch, to give you a bit of background, established by the Health and Social Care Act 2012, we came into being if you like in April 2013. In the original Health and Social Care Act, Healthwatch is listed there as a statutory body and we have statutory functions to fulfil. These can be summarised in our six core functions, the first one is gathering reviews and experiences of Waltham Forest patients and public. So for us that means going out, meeting you, talking to you, but most importantly listening to you. Gathering what you tell us about our local services. Once we have done that obviously we need to do something with those views, our second function is making those views known to providers and commissioners and by that essentially we mean that we tell people what you say, so we don't keep it all ourselves, we have got a responsibility and a role to share your views, experiences and opinions with those people that can make changes to services.

Our third function is promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised. A little bit of a mouthful that one. So, essentially we help you get involved in the buying, the reviewing and in the checking of health and social care services. We will do a lot of that on your behalf, but we have a very distinct role in making sure it's not always me or Sue or one of our staff or board members sitting round the table, there is a role for us in making sure you, Waltham Forest residents can play that role.

Our fourth function is about working with the CQC, so they are the Care Quality Commission. They are the regulators of health and social care services, nationally. So we have a responsibility to recommend investigation or special review of services, we do that via Healthwatch England or directly to the CQC. So wherever we have concerns we share that with our CQC partners.

Our fifth function is about providing information and signposting about access to services and support for making informed choices. Essentially that means that we will help

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

you find the local health and social care services you need, so we get quite a few people actually calling us about care homes they are not sure what their choices are what their options are, which care homes are run by the council, which are private ones. There is information out there, but it's very difficult for us to access, sometimes there are too many websites to look at, sometimes not enough. You can give us a call and we will help you navigate that.

I've greyed out half of function five, including independent advocacy support to make a complaint. In Waltham Forest as in some other London boroughs the advocacy function, so supporting people to make an NHS complaint, it's part of the bigger Healthwatch, it doesn't actually hit with myself and my team, there is an organisation called Power in this borough that have been contracted separately by the council to deliver the complaints advocacy service, it's all kind of bound up in the Healthwatch work. Our final function is making the views and experiences of people known to Healthwatch England. So, as you may know, Healthwatch Waltham Forest is one of 152 local Healthwatch across England, we're each independent organisations but there is a Healthwatch England, so the national body if you like who we work - excuse me - who we work closely with and we help them do their job nationally by sharing local views about local services. So if they are talking to the government and different politically parties about the situation in care homes, we make sure we feed up all are work at the right so they can use that nationally.

So did you get all of that?

**FROM THE FLOOR:** Yeah.

**JAIME WALSH:** Very good, are work is done then, everyone knows exactly what we do which is great.

In your packs you will have our annual report, it should be at the back of your pack, a kind of navy blue-ish brochure, a lot of examples of our work there. We obviously go out to the community, we have lots of focus groups, events such as that.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

I'm just going to ask a couple of our board members in the audience to share an example of our work with the rest of the room. So, where are you sitting...? .

**FROM THE FLOOR:** They are hiding from you.

**JAIME WALSH:** I can see Sadia and Cat in front of me, I'll get a mic over, save me doing all the talking you see.

**FROM THE FLOOR:** Thank you Jaime the one I wanted to bring to your attention is on page 10 of the annual report, it's basically looking at the work we have done around patient engagement with the transforming lives initiative, now called transforming services together. It's a massive bit of work this, transforming services, changing lives, it's very exciting, should be great but we did feel from the beginning there was perhaps not sufficient involvement for people whose lives were to be changed and so, as well as recommending increased engagement by the people delivering it, we also went out and did it ourselves. So we got a lecture theatre in Whipp's Cross with about 100 people, representatives of the CCG, transforming services changing lives, Healthwatch Redbridge, they are also affected by what goes on at Whipp's Cross and really started the ball rolling on patient engagement and fed it back to the transforming services team and now we have got feedback from service users going in at all levels that the service is delivered. It's a huge piece of work, time will tell, I thought that was a really successful way of practising what we preach.

**NEW SPEAKER:** Thank you, who has got the microphone next?

**FROM THE FLOOR:** Ok. I'm just going to just give an example of some training we run for local residents, this was done in partnership with Waltham Forest commissioning group who actually help fund this, so it's a five day training course, which gave a lot of background about the whole NHS and the whole performance around the NHS, because it's quite confusing to people, so setting the scene for all of that and giving them training on procurement and the role of patient rep basically. So, it was really good, comprehensive training. We had 25 people attend that and these people went on to take part in inspections in the local hospitals and regularly attend focus groups and workshops and gave us really good, positive feedback.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

**JAIME WALSH:** Thank you Sadia. Now over to Caroline who is going to give a final example from the Board.

**FROM THE FLOOR:** Thank you. So this is going back to the first of our core functions, which is about gathering views. One thing to do, as well as gathering views, we actually don't wait for somebody to give us a view, we go out and get them. So in October and November last year we decided to go to the A&E department at Whipp's Cross for a week, from 10 o'clock in the morning to 10 o'clock in the evening every day, with a team of volunteers. We spoke to over 500 people, who completed a survey. We looked at the activity that was going on and all our findings were looking at the pathways that people went down when they came into the department, which services they tried to access before they entered hospital.

We spoke to a huge number of people, we worked with Waltham Forest young advisers and supported the project, taking a lot of the outreach work with us. So what was the result of all that? Well there were some immediate results, a signage change so patients can move around the department better and know where they are doing. Some of the things are in development, so they are developing a leaflet which will explain to people why they might have to wait a bit longer than somebody who arrived just now. Then, there are other things that they are very keen to change but they are actually working on it, so TV screens need a little bit more work before they can give useful information and current upgrades, but they are still working on that. On top of all that Whipp's Cross is looking at the new urgent care strategy, so we're feeding into that all our findings and we continue to go to the urgent care strategy group to make sure they don't forget what people said to us and the changes that we want to see.

**JAIME WALSH:** Thank you everyone. So that gives you just a few examples there of some of the work we did in 2014/15, some of that sounds like a long time ago actually now, we're really and truly in to the next year with all of our new projects. You will find lots of information in our annual report on what we worked on in that year. So do feel free to ask any questions or talk to board members about particular projects you might be interested in.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

Also in your annual report you will find a breakdown of our finances. So just very quickly to give you an overview of some of our expenditure think come we had for the last year was £170,000 and we spent £169,000 of that, so we managed to get pretty close there, which I'm quite proud of! You will see from that chart that about half of our costs goes on employee salary costs, we're a very small team. I'm in fact the only full time member of staff, but we do have a team of four now, which is kind of a fab growth for us. You will see another large budget area there is our user engagement budget. So that's, we always try and keep that budget on the large side say we can get out there and talk to you, meet you and run events and focus groups and find innovative ways of reaching out more and further across the different pockets of the borough. There are obviously a number of different budget areas, as I say the breakdown is in the annual report, perhaps one of the little ones I'll point out is, "Volunteer expenses", just under £1500 there, we have 40 volunteers supporting us last year and we certainly wouldn't be able to do any of our work without them, they are great credit to all of us and the work Healthwatch is able to do. Yeah, many of them don't claim expenses, we'll be trying to increase that this year, so we can really thank them for the support they provide.

If anyone has any questions about any of the financial matters please feel free to ask us during the event or at the end of the event for more information.

**FROM THE FLOOR:** Can I ask Jaime about the survey of A&E, did they come across any mental health service users.

**JAIME WALSH:** Did everyone hear that question? Let me just repeat it, Gillian asked, when we went to A&E did we come across any mental health service users. When we were at A&E we asked people to self-identify their reason for coming some sir people were very frank and gave a history of why they were there, some people were more ambiguous, maybe because they didn't want to share they personal business with just we had some people who had mental health issues but the numbers were quite small, maybe because people didn't know us and maybe didn't want to go into lots of detail with us, which is absolutely fine. I can talk to you more about that at the end of the event, Gillian, if you are particularly interested.



FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

we can develop various insights and make recommendations, and that's what we're hoping today, is to use that information and build on that. What we want to make really clear, it is not an inspection. We're not auditors and not inspectors, we're not trained to do that. We regard this more as a collaborative approach because what we want to do is help the providers, we want to be a critical friend to them. So the key benefits of Enter & View, if we look at it from the service providers' point of view, what we are is, as I said, a critical friend. So we're there and looking at things, and we're seeing, you know, maybe that doesn't quite work, and they can make an improvement here or there, and we're hoping they're going to act upon that. We're also helping them fulfil their obligation, which is to listen to service users, listen to other people who have got comments about the services that they run, so we're helping them to fulfil that obligation. In terms of service users, we're giving them the opportunity to talk to an independent person, so they can share their experiences, because often you'll find that service providers have their own systems of gathering feedback, but this is like an independent way of gathering feedback. Often, service users don't get the opportunity, and they might feel that they're unheard, so we are giving them that opportunity to tell us what they think of the services. It also helps us at Healthwatch to offer our remit, so we want to gather people's experiences with local health and social care services and we want to share that information so that all the reports that we make we share with providers, we may also share with the CQC, and the local authority, the CCG, et cetera, and we publish them on our websites so that if you get a chance, please look at our website and you can see all the reports that we publish there. So what happens, well the first thing is that we decide which services to visit. Last year was the first year we did Enter & View, so we chose care homes, and the reason was because we haven't actually previously tried to, you know, contact any sort of residential services to gather their views. So this was a good opportunity to do that, and we visited 13 care homes. This year we're going to visit community phlebotomy services, and the reason we chose those was when we did our normal data gathering, when we go to our events and have outreach stalls, we often ask people to comment on the services. And the phlebotomy services, unfortunately it wasn't very good, so we want to add value with our business. So this year we have chosen phlebotomy and visit all the services in the borough and 5

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

we're not just going to gather people's views who say, "We've waited a long time", we also want to hear their views about how they might improve the service. So that's the added value from our visits. As I said, this is conducted by authorised representatives. We then produce a report, and we make some recommendations. And then we share those findings and encourage service improvements. So when we visited the care homes, the sort of things that we recommended sometimes were very small things: it might be something like, you know, you could improve the lighting in certain areas, that would encourage the residents to, you know, take part in certain activities, to read, maybe do embroidery, et cetera, rather than just watch television. Sometimes it is something a bit more fundamental, such as you need to look at your communal area carpet, because it has a pattern and can be quite confusing for somebody with dementia, so it should be treated as a priority. It could be said to them, volunteers, perhaps you can find volunteers to befriend someone who speaks a particular dialect. We make various recommendations and these are the ones, the examples I've given are things that people implemented. So there are lots of other examples, such as implementing, you know, a pictorial menu, or a picture board, a set of activities, and as I said, after we left and I contacted people since then, there have been even further incidents last year. For example, they had a herb garden they installed, because anything that stimulates the senses can be particularly good. Somebody was going to organise visits to the seaside with their residents and somebody else was thinking of changing their cafe into an old time cafe. So they had an area that was not really used, and they're thinking of doing that. So I'm going to hand you over to Alli, who will tell you about some of the other good practices. NEW SPEAKER: Hello, I'm Alli. In the 13 care homes we visited it was heartening that we founding many positive examples of good practice. I think we're all aware that very often the only thing that hits the media is, you know, bad cases or bad practice and care home staff getting blamed for difficult situations. We know that in a care home it is tough, on minimum wage, without a lot of community support. So one of the heartening things in doing the Enter & View visits was first of all how welcoming the care homes were. They were prepared for our visits up in every care home we visited, there was a notice that we were coming, those residents who were able knew we were coming, and staff were very 6



FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

looked in the 50's, residents were given sweets in little paper bags, as we all remember from our childhood, those of us who are older will remember from our childhood!

As Nafisa Saboowala mentioned, some care homes organised volunteer visitors, far too often people go into care homes and become quite isolated, become isolated from their wider community, we often think the relative is in the care so I don't need to visit, or it's too upsetting for me to visit as my relative has dementia, some resident have very little contact with the outside world, homes were able to offer volunteers, just to come in, have a chat and offer a different view on the world for that resident.

The other thing I thought about, a lot, while visiting the care homes was clothing, how do people if they want to buy a new dress, new pair of shoes, how do you do that, a very simple activity, some care homes had suppliers coming in so people could choose a new outfit, shoes whatever it was they wanted.

A big part of the Enter & View was around staff responsiveness, we often hear on the news that staff have to be very task orientated many people in care homes are very dependent and have very high needs and have lots of tasks done to them, more and more care homes are starting to think how can we involve the resident in those tasks, how can we make sure that it's about quality of life, rather than about, you know, what time meals are served and regimented routines.

Lots of care homes had staff who have been there for a very long time and had very few agency staff, which was good to see. They had carers who were able to talk to people in different languages, one care home had a Polish worker and a Polish resident so they were able to interact on a very personal level. While we interviewed the staff they were also very clear that they knew their individual residents as individual human beings, their whole life history so they could tell us the things that that person might like.

We also looked at how easy it was to make a complaint in the home. One of the things that Healthwatch gets, is concerned about, is how hard it can be to make a complaint, either yourself or a care - a member of your family that is receiving care. If you are in any

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

health and social care setting, there is always that worry that your individual relative may just be treated a bit roughly, perhaps someone won't answer the care bell for 20 minutes, when they know a complaint has been made. People really, really worry about those things with good reason, because there have been examples of those things happening.

So we did look at the complaints policies and ask residents who they would talk to if they were worried. I think nearly all the residents I spoke to said, "I just go straight to the home manager, I talk to them straight away and they deal with my problem." Which is really, really positive news.

Other issues we were looking at, as Nafisa Saboowala mentioned, were gardens. Whether the residents actually used the beautiful gardens that some care homes had and could residents be involved in gardening, could they plant things if they wanted to.

Were other agencies coming in, were there any other visitors coming into the homes, such as ministers, priests and pastors to help people fulfil their religious and spiritual needs, we had examples of all those things happening in the care homes.

So today is really all about sharing that learning and sharing things that we found and coming up with ideas that care homes can implement that don't cost huge amounts of money, that can benefit the staff, the residents and benefit the relatives. It's about really us all working together and pooling all the knowledge that exists in this room for the benefit of the residents in the care homes.

So we are going make a pledge later on and I think I can talk for hours about this, but now I'm going to hand over to Claire who is going to tell us about the experience from the other side, because we visited one of the borough's care homes and tell you what it really felt like. *{Applause}*.

**CLAIRE BENDALL:** Good evening everybody. My name is Claire Bendall, I work for the council, I work in adult social care. My official title, it's a bit of a mouthful, Head of Independence. Part of my role is that I manage day opportunities, day services across

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

learning disabilities and older people and part of that is dementia support, I also manage something called 'Shared lives', which is equivalent to sort of adult foster care, for people, families who want to support someone and live with someone with learning disabilities in their own home. I also manage four care homes. One is for people with learning disabilities, the other three are for older people.

The reason I was invited here today is that Healthwatch approached me last year because they were beginning to think about doing Enter & View visits and I was very keen to be a Guinea pig. So I they actually came and they actually did a visit in July of last year to two of the care homes. One is called George mason Lodge, which is based in Leytonstone and the other one is Mapleton up in Chingford. I thought, just to bring it a bit to life, I would give you a few photographs, tell you a bit about some of the residents who live in the care home. This is Anthony, as you can see he's a great music fan. He's actually, he's actually holding a Martin Gay record, we did a project last year around the use of multimedia tablets and that. We were really pleased, that was something that actually the Enter & View visit actually picked up on, this is one of my favourite photographs ever, this is grace, who has since actually died, she was 104 here, actually using an iPod for the first time. She actually inspired me to go out and buy one, I thought she can learn it at 104, anybody can.

The great thing was, although we were proud offer the work, specially round the multimedia, when the Enter & View visit happened, staff actually talked to the people doing the visit and actually told them about some of the good work that was happening. That was then fed in to the report and it was really good to hear, you know, that actually staff were talking about it, using it and the impact it would have.

I thought we would talk a bit about how the visits came about. Then a bit about then some of the outcomes.

I think it was important that we sort of knew that you were going to come and visit, we actually, obviously we also had to explain to the staff about what it was, what it wasn't. Most people who are in care homes obviously usually very anxious about people coming in,

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

not because people have anything to had it's just that usually, if anyone has been through an inspection, it's a very rigorous process and people, often, are very anxious about inspectors. I had one in one of my care homes two weeks ago and we had five people come across two days, unannounced, people just turn up on the doorstep, they go through everything. It's good, it's how it should be, sometimes it does raise anxiety.

We put up posters, we talk to staff and also it meant that staff actually - most staff to be fair probably hadn't heard of Healthwatch, it was a good way of getting people to know what it was.

Also, although we sort of knew what days, I think we knew vaguely what days they were coming, they chose to come on Saturday and Sunday, I know at least one of the visits the manager was there, they weren't there just because you were there, some managers do actually work weekends the visit lasted for two, two and a half hours. One of the important things to say, they actually don't go into people's bedrooms, that was always agreed, it's considered private. There are confidential spaces for them to talk with people. As I think was said earlier, they looked at catering activities, staff responsiveness and also complaints.

I think it's really important to say that when our experience of the visit was it is a snapshot, it is definitely not an inspection, so they will come in and they look and they will comment on what they see at that time. I think part of that, that's the beauty of, it they will come in with a fresh pair of eyes and they see something, ask a question and actually will ask more to find out more.

Then, afterwards we got a draft report and I think it - at that point we were able to raise any queries or questions. One of the reports had something, in fact the facts weren't right, so I think the - I know the author of the report was willing to, to change it. I think, I know on one of them, one of the recommendations just needed a little clarity, it was actually unclear to us about what was being recommended as one of the action points.

We were then, after we gave our comments the final report came and then once the final report - we were actually allowed to comment on it. When you see it, when you see

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

them on the website the comment that my manager made, who is responsible for the care home, actually that does get published along with the report.

I just wanted to give some examples, so one of the, one of the examples was to have very - very simple, to have the menus on the table. I think it was interesting because it was at a care home that that happened and they had previously tried out menus on the tables and it had then got lost, got dog-eared, thrown away, so we thought about it and we, it sound simple, laminated them and actually put them on plastic holders. So actually it was easy. Also we actually made more than one of each. So if they got lost it doesn't matter, often people might take them, it doesn't matter, it doesn't matter. That was actually really simple, didn't cost us hardly anything and it was easy. Ironically we looked at the outcomes across all the care homes and when we had our last inspection report two weeks ago, our last inspection, someone actually commented on the fact that the menus were up to date and on the tables.

Another one was when they went into one care home and they commented on the what that they thought that some people might appreciate having more one-to-one time. It was interesting because that created quite a lot of debate just between us and between the management team. When we looked at it we were doing it, but we, we weren't, weren't necessarily always recording and weren't always necessarily blowing our own trumpet about it. For example, we have somebody who, one of the service users, has dementia but he does enjoy his food. He can speak French and the only time he will speak French is when he goes out, once a month with his key worker and he'll go to the local French restaurant and he'll speak French from the time enters the restaurant to the time he leaves. That's fantastic, when he's actually unable to go to the restaurant, the restaurant will do a take away, he will phone up and speak to them in French to get what he wants. So that's really good.

I think what's been good about it, has been for us to evidence more about what we do and about the fact that we are welcoming an independent body to come in and actually gather those views and it helps us.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

This is just anybody who is, knows about these, these are called 'Word clouds', anybody who can just Google them on the internet. This is actually, a word cloud is based on the actual one of the Healthwatch reports, so it's just shows you some of the key words that actually came up as part of the report, in quite a beautiful way.

This is just, I just thought of handy hints, I just thought I would share with you. If I had to give advice to somebody who is having an Enter & View report, I would say, don't be afraid to ask more about the draft report. Just to remember that your formal response will be published. It is very useful for both your CQC independence but also commissioning, and also at the end of the day it is publicity for your service, good or bad. So it is important you bear that in mind. Finally, this is an example of actually how you can use that report as this is just one example of the service user, and being supported to actually look and see, in terms of the outcomes, in terms of activities, so thank you. [applause].

SUE: Claire Bendall, thank you very much. I think you've got both sides of the picture, and what it's like to be on the receiving end. I'm going to move swiftly on now to open it up to another external speaker. I'm delighted to invite Emma Williams up here from the Relatives and Residents Association, and she's going to talk a little bit very briefly about the things they've done to help people in care homes, because we know what a difficult job it is, and we're sympathetic and they've got a great support plan.

EMMA: Hi. [applause]. Now, the first thing I'm going to do is apologise, because I've got too many slides, so I'm going to whiz through a couple, but the whole presentation is about -- that's too loud, isn't it? My name is Emma Williamson from the Relatives and Residents Association. It may be you don't know about who we are. We're a national charity set up in 1993, so relatively new, and our sole aim is to provide support and 7

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

information and advice to people in care homes and campaign from the information we get from older people and their family and friends, which gives us a very unique viewpoint. We had a helpline which feeds into all of those campaigns, and it can cover absolutely every aspect of care. So whether you're thinking about you need to move into care, what housing options are available, what funding options are available, also things to think about when you visit a care home to decide whether or not you like it, if people have concerns, what should you expect from a care home? Our helpline can answer these questions and help you through the process. We also -- our main aim is to aim is to empower people to give them the right questions to ask. Where a person doesn't have support around them, perhaps a resident contact has, then obviously we take a much more higher level of role, and we can advocate on their behalf. One of the things touched on before is that often people are worried about raising complaints or they might -- it might prove ineffective, or they might really not want to say something about care homes because there are loads of care homes out there. One of the things we've done is we do a project called Tell Us About Your Care Home, so we do this to feedback your resident's views to the CQC, the Care Quality Commission, who is responsible for regulating care homes. We think it is really important, because the voice of those that live in care homes and those who have their family and friends are really important to be heard within the inspection process. I'm really pleased to say that CQC has found this information useful. Sometimes we can do this anonymously where someone is concerned about raising a complaint directly with the care home, and sometimes we do it because they raised a complaint or they raised a concern, and it has not been taken on board. An example would be recently a care home lowered staff levels in the evening and during the night, and despite a relative being worried about this and worried about the way it was affecting his mother within the care home, he didn't really get a response that he was happy with. We were able to help him at the CQC, who brought forward the inspection and agreed with him and asked that the level of staffing was just cut back just too far, and was having a negative effect and leaving some residents in unfair positions, and sometimes very uncomfortable. And we were very pleased that the CQC actually recommended and followed through to ensure that the staff levels were increased at night. So that's an 8

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

example of how the project can work. Looking at the type of calls that we get to our helpline, basically, it is not really surprising that 60 per cent are around concerns about care or care issues. In part that's because most people don't think about care homes until they're at a point of crisis and they need to move into a care home, so then they discover what a care home is about, which is what I like about the Enter & View reports, because I think it gives a nice flavour to people in Waltham Forest about how their care homes operate, and so it is a really useful piece of information. But also we get a lot of calls regarding concerns about moving into a care home, how to go about it, what the funding is about, and often we'll stay with that person through their journey from thinking about they need to move into a care home and getting the funding organised, getting assessment from the local authority to moving in a care home, and making sure it is all right. So we do repeat calls to a helpline and we often have long-term relationships with our helpline callers. We also -- yes, I just want to go to the example at the bottom, and this was a really nice one, we worked with a lady for a little while she had been visiting her mother and was becoming more concerned, she was losing weight, becoming more aggressive with care workers and refusing care, and the care home was beginning to say, "We're not sure we can carry on with this relationship and meet her friends", but the caller really felt that actually this was the way she was being engaged with, and that actually, that people weren't taking enough account of her mother's dementia and the fact that she needed more support, and less different care workers coming in demanding that she did things in a particular time. So we worked with her and the care home and the key worker was put in place, a member of staff she was already engaging with, and she was able to build a much better relationship with her mother to a point where she was putting on weight, was much happier, was joining in activities, and was even taking her meals -- which amazed that her she was eating -- but also sharing meals with other residents and starting to build relationships with them. A good example of how we can work with not just one-off calls but we tend to work with people. She is a good example of why family members are so important. I think that extends to volunteers also who will go and visit residents, and will have -- build their own relationships. At the end of this slide, I've brought in another example of where someone actually couldn't make it work with that care home, and in the 9

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

end, it was in her mother's best interests that she should move, and it just shows that sometimes actually that is the answer, because she was really happy with the care home that her mother moved to, and her mum again came out of herself and was smiling again, and she found the care home a really welcoming environment when she went to visit her mother. That's where I want to move on to the keys to care package. We produced this because one of the things that came out of the helpline and working with care homes is that so many care worker only join the care centre because they want to provide really good care. They care about what they do. But sometimes the training is really haphazard and is not always clear about what their role is. We wanted to do something to empower care workers, which is why we produced the Keys to Care. Basically it is 12 laminated A5 cards which -- that's an example of one. It covers everything from the care plan and relationship with family and friends, privacy and choice, and it is done on a really simple jargon-free -- it is written by those that work in care homes and provide care. So it is authoritative and easy to access. And it is used to encourage discussion, it is used within training, it is not meant as a stand alone training tool; it is meant to empower care workers to question, to ask, to give them a really good idea of what their role is. And basically a tool for them. But we have to charge it at six pounds. What we can do for free, which is every key has a keynote, and the key notes basically expand on that, and you can download it free of charge from the website. They cover the relevant legislation, gives good practice examples, and also expands on the quick tid bits in the Keys to Care. It was really successful, as being professionally evaluated by the University of Worcester, which we're really excited about. It is also being used by the Order of Saint John's Care Trust, there's also a lot of homes, et cetera, have individually taken it up. But we do realise that care workers are not the best paid people, and as that is who we aimed it at, we wanted to make it free. We wanted the care workers to be able to access this, and we're really proud of the fact that we've been able to produce an app free of charge which brings together these and our key notes in one single app. And we're really pleased to report that it's also being used by home care workers, Whittington Hospital Trust has recently asked their care homes to make sure that their staff know about the app, and it is used in conjunction with the care certificate. So another aspect of it is it demystifies care for relatives,

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

family, and friends. So I'm really aware that we're running over. That's an example when you open up the key and then from there, you can get to the keynote directly on the app. So we really encourage everybody to download it. It is available on the iTunes, and Google Play, and we really want to hear back from you as to what you think of it, because that's the only way we can improve it. And this is the final example I wanted to give, which was a relative whose mother has quite advanced dementia and is no longer able to communicate with her, and she was quite daunted when her mother moved into a care home, and didn't know what to expect, and a friend of hers showed her the app and the Keys to Care, and she told us that the app really gave her the confidence to talk to carers and to know what to expect from the home, and it enabled her to have a proper dialogue with the home. That shows how the Keys to Care fits in to the National Care Certificate Standards, which the care workers will be required to take. And also the social care commitment. So it reinforces the fact that it is a really good overview of what care is. My final slide takes me back to the helpline, because that's where everything begins and ends for us as it feeds into everything that we do. So we have brought along little business cards with our helpline and also some leaflets, so please take a leaflet or a card, and let people know about us, the advice is free and as the app is. We're here to support people. [applause]. SUE: Thank you, it's really great to hear that there's something free that helps the care sector. I don't usually say that, so do tell friends, family, relatives or anybody who works in the care sector or visits. That is really very useful, so thank you for that. Now you've got Keys for Care on your table, and we're now going to move into the learning workplaces. So what I'd like you to do is have a look on these cards and at the back of them, or in the corner, in the corner there's a number, and that number is the number of the table you're going to move to, the rectangular tables at the back, where you've got 20 minutes to talk about what are the themes of care we're talking about today, and how we can improve it. Now you'll have a facilitator and they'll help you to look at how we share best practice and make suggestions or offer ideas. So if people move to tables on your badge, there will be staff to help you, each table has already got one topic and there's flip charts. We've got 20 minutes. Thank you.

*{table groups}*

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

**NEW SPEAKER:** Shall we start then. This table discussion is about looking at involving volunteers in terms of what Healthwatch does, so, I don't know, the idea behind it is to put down as many things on to, on to a flipchart that you want to share. Ok. .

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Yeah. Now, some of the things, it's specifically to do with care homes, so do any of you have any experiences about volunteering in care homes.

**NEW SPEAKER:** I do.

**NEW SPEAKER:** You've done it.

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**NEW SPEAKER:** Do you know how you use volunteers at the moment, how do you use.

**NEW SPEAKER:** Healthwatch, I, I've been helping Healthwatch since the beginning and with surveys, workshops, administration stuff. We did try to help with some database stuff. I don't quite understand what this table is for though.

**NEW SPEAKER:** The idea behind it is to just get an understanding of how, how using volunteers has helped in that.

**NEW SPEAKER:** Umm... we did a doctors' survey in the local community, I didn't do that... umm....

**NEW SPEAKER:** Was there any good practice areas that you picked up.

**NEW SPEAKER:** I'm not really, this is quite sort of local authority thing, isn't, it good practice.

**NEW SPEAKER:** Not necessarily.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

**NEW SPEAKER:** I've come in from the point of view - oh I see, I do beg your pardon, is it going to be kept for anything? I've come in from the prospect of a carer with Healthwatch and I just wanted to help in any way I could, I was thinking in terms of immediacy, rather than, a lot of what Healthwatch does is progressive assimilation of information all the way up to Healthwatch England. From my perspective I was looking for a champion to help people on the ground.

**NEW SPEAKER:** Ok.

**NEW SPEAKER:** There are other organisations I know who are very helpful, who I would like to contact. They have got they are very helpful in what to look for when you are looking for a care home.

**NEW SPEAKER:** It's a shame we don't have more people on this table with care home experience, one of the questions worth considering would be, does anyone have any ideas how to use volunteers in the voluntary sector?

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I agree with that.

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Yes.

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Yes. Actually, it's an - I'm just aware how sensitive some of things are. I'm just a bit cautious, if you go into a care home and see something, how you actually communicate that across to somebody without it being taken as a criticism, like with one particular thing a lady couldn't engage because she couldn't, I think she couldn't see properly, or couldn't hear properly, I couldn't remember which it was, but the person in charge spoke for her and said, "Oh well, you are all right when get on the phone with your friends aren't you", it struck me as being a

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

very small thing but it put somebody down a bit. I felt for her, but it wasn't, it wasn't sort of a terrible crime or anything, but that person is in charge and that person is beholden to her to get that inclusion, I just felt that, felt a bit awkward about it, because a lot of these things are over looked.

**NEW SPEAKER:** I think at the end of the discussion we need to pick, possibly three things to feedback from to the rest of the audience, as you are capturing, would it be possible for you to both to highlight what three things you would like to feedback? Would it be, I think if we had more people round the table we could have generated more ideas, but bear that in mind at the end of the session, we need to feedback.

**NEW SPEAKER:** Right, so we each have to say three things.

**NEW SPEAKER:** No, just overall, three things that we would like to highlight around involving volunteers.

**NEW SPEAKER:** Umm... would you...

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**NEW SPEAKER:** Yep.

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Yes.

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Mmm. Ok. I've got that one. As you have done a lot of Enter & View, what do you think are the significant moments for you in terms of what you have done with the care homes in terms of Enter & View.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

**NEW SPEAKER:** I suppose the lady here today who said she wanted more community involvement, which I think is good, it's very hard---

**NEW SPEAKER:** What do you mean?

**NEW SPEAKER:** Umm... it's very... goodness me, it's very hard to...

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Yeah, you know, like people coming in and out, volunteers, volunteer and support people. This is wide assumption, I'm particularly worried about people who have nobody, who have got dementia, people who are in their rooms, basically, we can't do anything about that but, there needs to be much more ways of trying, my mum worked in care homes---

**NEW SPEAKER:** You are thinking about what Enter & View picks up from these opportunities. I want to focus your mind around the volunteering aspects.

**NEW SPEAKER:** Volunteering, sorry. Well, I think engagement with people and links is very important. You might go into something and you might not meet anybody every again, so there is no actual, person to person contact... you would, like if you were a family basically, a small, each small unit and then you mix them up again, like with this table, you don't talk with other people, you have mixed it, so I've talked to you, talked to you, talked to you it's better to get that, more education, more interconnection.

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There is a lot risk assessment involved.

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Yeah.

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FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

Yes.

**NEW SPEAKER:** Ok, I think I've got more than enough to go on there. In terms of what you were saying around awareness around deaf and blind issues. What do you think can be done, what can, what things can be done, realistically, aside from awareness. Is it provision of interpretation services?

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Yeah.

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There is now, just as an aside, there is now also some kind of statutory obligation on, on the NHS and local authorities to have information in an accessible format, there is an accessible information standard.

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That's going to be in place. Oh, that's good, that good.

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So that's, that's....

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**NEW SPEAKER:** You've got five minutes. .

**NEW SPEAKER:** Ok, so that's - you see that...

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

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**NEW SPEAKER:** That's a really good point.

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Ok.

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**NEW SPEAKER:** Technology, it's something that can be, you know, it's a thing that could be, you know, what you are doing at the moment.

**NEW SPEAKER:** I think so, it's allowing certain people that need that access to events such as this to be able to get involved.

**NEW SPEAKER:** Yes.

**NEW SPEAKER:** And to kind of impart their opinions a positive way, not be excluded. That's the whole idea, it's, it needs to be included as part of the discussion.

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**NEW SPEAKER:** Is this done via a good of shorthand. It's a court thing, it's verbatim. Amazing. Thank you as much. For that. Just asking about getting the message out, is there any other way of advertising it, Waltham Forest Gazette, or the Echo.

**NEW SPEAKER:** Information about what, this event.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

**NEW SPEAKER:** Not the event, the need to have the ability for partially-sighted, to have different practices or facilities put in place. .

**NEW SPEAKER:** Are you part of the East London visual impairment strategy group? There is a group called ELVIS.

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Ok.

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So do you know Christine from Newham?

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Christine Dolyak. Do you know her?

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She has a guide dog, she has a guide dog. VIPON, I worked with them quite closely, they are involved in some of the work I do around user engagement with adult social care. Chris is very vocal and very involved in a lot of the issues to do with visual impairment. So it's good. We used to also have deafblind UK, Tanya.

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Oh I see.

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Yeah. Yeah.

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FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

Yeah, I do, yeah.

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I'm, I'm involved in user engagement and co-production. We work with the adult social care commissioning team in the London borough of Newham. Involve service users from---

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Yeah, yeah.

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Ok. Yeah, we work with pan impairment groups. So, your equivalent in Newham I worked with.

**NEW SPEAKER:** Just for later on.

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Yes.

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Yes, I do.

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Yes, I know Paul very well.

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FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

Good. What's your name by the way, Neil ok. Thank you. Neil Adie. .

**NEW SPEAKER:** They don't want the big screen any more, they want us to all move to the other end. .

**SUE TOOLE:** Ok, I think we are coming to the end of are session, we just want to do a quick recap and have a few things from each table, then we have some thank yous, then it's time to go. We are just going to do this fairly quickly. We are just going to wrap this up fairly quickly, there are some difficulties with travel issues.

**NEW SPEAKER:** So our group had an interesting debate about different aspects, and very limited touch with one that was really highlighted that actually people need more than just actually care, they need more people to be interacting on a daily basis. And actually, volunteers with schools of -- matching volunteers with skills of volunteering events, so you ask people what they want and actually the people that provide that. And we didn't get to number 3, but I'd say that number 1 was keeping peers informed. Does anybody else have want to add anything to that?

**REBECCA:** That's perfect. 60 seconds.

**FROM THE FLOOR:** Our group is basically looking at how to ensure that meal times are a healthy and better experience, and we looked at two aspects, which was definition of "healthy", that secondly the definition of the word "pleasant". Okay, our assumptions so far that was of the food, we get food grouped into storage. That needs to stop. People's needs, wishes and wants have not been respected. Forget about young disabled, care could be from the age of 50 to 100, so you have got two or three different generations so you've got to look at what people need, and perhaps what's more effective for them to eat now, and one of the aspects was salt and sugar. So much in the media. Fluids are completely inadequate and are only given by and large at mealtimes and snack times, and there is very little variety. In terms of food, we looked at the food given by and large tends to be less appealing, bland, beige in colour, and lacking. Lastly, choice and control. There is no dental health, very little oral health in homes, and that's very much missing. So photographs of the food is much more important when menu planning is involved. A lot of people don't know what chicken Portuguese is. Secondly, whatever residents would like to refer to, if they are involved in preparation and

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

meal planning, that's an idea. Staff should be encouraged to sit with them at the same time, because you can face somebody who is eating at the large time, and it is disappointing to be given a plastic knife, a plastic fork, and a plastic mug. It should be cutlery that is appropriate. Okay, thank you very much ...

FROM THE FLOOR: Hello. So we were looking at how carers can stay connected to care homes after today, and to share the practice and support each other. So one of the first things that we identified was that things were a lot better now than they used to be. It used to be that there's a lot of competition with care homes, but now it is a lot more sharing and opportunities to meet through training. There were a couple of things we identified that could be done more. The training can be provided through the council, the CCG have training projects. We are quite keen to do some more training around that. And support. We also looked at, although things like Internet and potentially that, face-to-face meetings are still the most valuable way of keeping in touch and communicating. More meetings like this one. That would be good, especially because from statutory organisations like the CCG and others. However, we discussed how things used to be years ago, and managers meeting, which was lunchtime sessions for care home managers to meet. And it just needs one person to keep the ball rolling. And we had a volunteer. [applause].

FROM THE FLOOR: Hi, we had to look at activities, what care homes could be doing. There are quite a range of suggestions, but three that we picked out, personalising the activities, and one size doesn't fit all. And so we talked about pets, and we liked the idea of pets, and in particular if they're community caring, pets. So things like chickens, et cetera. So that was one. Another area was about bringing young people into care homes, so linking up with schools or local community groups, and looking at sharing young people coming into homes and listening to stories of the older people. And the last one we looked at is a lady's lunch and men's lunch. So for example, if they all had light lunch and in the afternoon, which seemed to go down quite well.

FROM THE FLOOR: Hi. We did want to involve residents and carer relative feedback, and get it and to act on it. So we discussed residents and relatives group, but we thought it might be nice if they were separate, because they might have completely different feedback and not want to discuss it necessarily in front of each other. Also make sure that there are huge

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

notices, maybe in different languages, a Hindi poster might be useful for people coming into visit Hindi speaking relatives, rather than English. So you don't miss the opportunity to be on that group just by not hearing about it. Oh, we also thought that as part of the induction or 13

admission process, you can make sure that relatives will be given information about services for them, the Carers Association, Alzheimer's, Stroke Association, Healthwatch, agencies that know what relatives and residents can expect, should expect, how to feed back appropriately, et cetera. Advocacy, so they know what to expect and how to go about asking for it, so they're not operating behind the scenes. And I'm done.

Staff responsiveness, our top three things are, thinking about including residents in recruitment panels and decision-making, not just having informal sessions where they can feed pack, but actually including them in official decision-making, thinking of ways to improve staff responsiveness. We also talked about making sure that staff respond positively from comments from anybody and not be so defensive. It's very difficult when you feel you might be being challenged or getting a complaint to not respond in a positive manner, but all feedback good or bad is really useful, so encouraging staff to respond positively is another priority we thought.

Then, I'm going to roll as many as I can into are third point, I think. So staff do need to come quickly when support is being requested by people, particularly to those who are particularly vulnerable and shouldn't be left waiting for long periods of time. Being polite and helpful goes a very long way. We talked about the recruitment processes and there needs to be better recruitment in place to get good quality staff. And we talked about having a good staff to patient ratio to make sure there is enough staff on duty to meet the needs of the residents.

**FROM THE FLOOR:** We were also looking at activities, we were trying to work out how to strike a balance between what people need and what can be provided reasonably. Three themes came, at one was about good practice, but those that are developing the activities

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

may want to be access it, so cornering off time for them to go off out and access each other and access the national activity provider association and things like that.

We talked about appropriate stimuli activities, - {Inaudible} we talked about individual context, so using modern technologies, using different languages, basically helping people find ways for individuals to access the activities themselves.

**FROM THE FLOOR:** We discussed about involvement of relatives and residents, residents. Our three main ones were: making visitors feel welcome. If the environment was friendly, open, {Inaudible} the second one was, inviting people in, inviting a range of agencies, also for the residents to be involved and relatives to be involved in it, maybe advertising. One of the things we said, is that people assume the homes are there and they know what they offer.

The third thing was about staff training. It was suggested that, ever mindful of costs, that perhaps training could be done alongside mandatory training that needs to be done at certain key points throughout the year, in fact that training could take, make use of - they do have access to resources, a range of organisations who also provide training and give advice and ideas. {Applause}. .

**FROM THE FLOOR:** Last group. We had two people on our table, one of whom was from a sensory impairment background, so he was quite keen, Neil Adie from the Waltham Forest group, he was quite keen to make sure that awareness around deafblind and deaf and blind issues in the care home setting was well thought through, the fact that we had today somebody who was providing interpreter services made it more accessible for him to get involved, so he was wondering what would you in a care home setting if you did come across any individuals that had that kind of a need. He also made it quite clear that there is an accessible information standard that's coming through from the Department of Health and NHS England, how well will that be embedded in care home settings. My colleague over here was talking about her experiences around Enter & View and she felt that it was really important to get engagement from people, making sure you have continuity of people, familiar

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

faces coming in and out of the care home setting. Utilising volunteers also to go out to do outings and trips, that was something that was quite important to get right.

**SUE TOOLE:** Ok, thank you for that. Well done everybody. It's been a long old session and it's really good to hear that people's brains are still working at great capacity. What are we going to do with all the ideas, we are going to put them on flipcharts and we will make sure they will be followed up. I'm not going to try and summarise - you know what Healthwatch does, we have got similar feedback, a lot of you understand what our role is, thank you for that. We have been able to tell you about some of the things we have done, we talk about Enter & View in detail and we have had your feedback about how we go forward in the future. There is a good chance in Waltham Forest that we are well on our way to make care homes a part of the community and not locked away as sometimes they have felt, we will continue to move forward.

So thank you all for that, I want to reiterate what was said earlier, {Inaudible} everyone else you heard from tonight is a volunteer, Enter & View volunteers or members of the board, if you would like to be a volunteer please get in touch, we are advertising for board members too.

One, could you please do the evaluation forms, it's really important today, should we do the same again, should we do something different next time, what were you pleased with, the lady on the door will not let you out unless you do them, is that right.

The other thing is pledges, anyone got any pledges from your discussions there are some really good ideas about what you can do. I'm personally very highlighted to say {Inaudible} they have been waiting two years, it's long overdue.

Finally I want to say thank you to everybody tonight, we will be aware that people have been working behind the scenes, all the people that did the stalls, all the translators, all are staff, a big thank you. {Applause}.

FULL TRANSCRIPT, 6<sup>th</sup> October 2015, Caring About Care Homes Event

Finally, finally, safe journey home. Transport is difficult, I understood. Hoe Street is closed off, Jubilee Road. Thank you very much for coming, don't let this be the last time you are in touch with just please continue to work with us and safe journey home. Thank you and good night. *{Applause}*.

END