London Borough of Merton

Report and recommendations arising from the scrutiny review of the quality of care in nursing homes in Merton

Healthier Communities and Older People Overview and Scrutiny Panel
June 2009

TASK GROUP MEMBERSHIP (DRAWN FROM THE OVERVIEW AND SCRUTINY PANEL/COMMISSION):

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Councillor Sheila Knight (Vice chair)
Councillor Margaret Brierly
Councillor Jeremy Bruce
Councillor Denise March
Councillor Peter McCabe
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Acknowledgements:

The Healthier Communities and Older People Overview and Scrutiny Panel would like to express its thanks and appreciation to all those who contributed to this review, through preparing information, attending meetings to answer questions and to all the people who took time to contact us with their comments and views.

Please note:
1. The quotes in this report are not intended to represent wider concerns, but are examples of individual comments made to councillors during the review.
2. There are references throughout this report to the Commission for Social Care Inspection (CSCI), as CSCI representatives were interviewed during the review. However, from 1 April 2009 CSCI has been replaced by the Care Quality Commission (CQC). Therefore the relevant recommendations in this report refer to the CQC.

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FOREWORD BY THE REVIEW CHAIR

I have great pleasure in introducing this report to you on the recent review on the quality of care in the nursing homes in Merton that was carried out by all members of the Healthier Communities and Older People Review Panel. I am truly grateful for the support that was given to me in this task, but particularly I would like to thank the co-opted members of the panel, Saleem Sheikh, Myrtle Agutter and Laura Johnson who participated fully with great enthusiasm and interest. I would also like to thank our Scrutiny Officer Stephanie Worsteling who played a key role in setting up all the visits and interviews. Finally we must extend our gratitude to council officers and our colleagues in the PCT, MH Trust, GPs CSCI and other voluntary bodies who all gave their time freely and willingly.

I believe that the outcomes of this review will be extremely beneficial to the local community as a whole. It has given the members a valuable insight as to how the elderly people in Merton are cared for. They have been able to see what is being done well, and there is much of that; and been able to highlight areas where things could be done better.

It is a known fact that people in society are living longer. I believe it is the responsibility of elected members to push forward an agenda that will enable older people to enjoy these extra years. To provide and encourage activities that will keep residents healthy, happy and content with their life and more importantly being with other people and not just lonely within the four walls of their own homes.

However what this report is about is the services that are provided for people who are no longer able to live independently. We have a responsibility to these people too, and it is only right and proper that they should be able to live out their remaining years with comfort, companionship and dignity.

I can assure you that once this report has been received, the scrutiny panel will do everything they can to push these recommendations forward.

Councillor Gilli Lewis-Lavender
Chair of the Review Task Group

Summary of recommendations

The panel made the following recommendations:

Recommendations:	Responsible body	Page
R1. That L B Merton, CQC and the PCT agree to collaboratively review nursing homes' staff ratios when there are strong odours, to ensure there are adequate staff to meet residents' personal care needs.	L B Merton, CQC & PCT	23
R2. That nursing homes consider installing alternative forms of flooring where there are strong odours, which are easier to clean and do not retain the odour of urine.	Nursing homes/L B Merton/CQC/PCT'	23
R3. That the PCT agrees to review the chiropody service, including the waiting list in Merton and the response time, to enable residents in nursing homes to access the free chiropody service to which they are entitled.	PCT	23
R4. That all agencies agree to monitor and review the nutritional content of a random sample of nursing home menus and make recommendations if necessary.	LB Merton/Nursing homes/CQC/PCT	24
R5. That nursing homes give regard to residents' daily fluid intake to avoid illnesses such as urinary tract infections and kidney infections.	Nursing homes/L B Merton/CQC/PCT'	25
R6. That the feasibility of renovating the hydrotherapy pool at Eltandia nursing home and commissioning services for residents and other care homes/services be considered.	Eltandia (in liaison with L B Merton & PCT)	25
R7. That L B Merton and nursing homes seek ways to introduce training on person centred planning.	Nursing homes/L B Merton/CQC/PCT'	26
R8. That nursing homes work towards providing more person centred activities that meet the needs and preferences of the residents, such as offering various days/times, various group sizes and more one-on-one activities where appropriate.	Nursing homes/L B Merton/CQC/PCT'	26
R9. That nursing homes work towards creating more links with the local community, including Merton Volunteer Bureau, to increase support of volunteers.	Nursing homes/L B Merton/CQC/PCT'	27
R10. That L B Merton and CQC agree to review the staff ratio in nursing homes, where evidence suggests there is insufficient staffing to adequately meet residents' needs.	L B Merton & CQC	28
R11. That nursing homes aim to provide information and training to staff to increase staff understanding and awareness of various faiths and end of life care.	Nursing homes/L B Merton/CQC/PCT'	30
R12. That representations be made to the Department of Health/NHS London seeking to review the payment to GPs for registered patients in care homes, in addition to the private payment for services to care homes, as part of the GP contract, in order to achieve a standardised fee for the same service.	Department of Health/NHS London	31
R13.That L B Merton considers including performance	L B Merton	33

indicators in block and spot contracts.		
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R16. That L B Merton ensures all care homes on the Approved Provider List have provided the appropriate documentation and removes any that have not met the requirements.	L B Merton	33
R17. That L B Merton ensures sufficient resources are allocated for contracts monitoring staff to ensure adequate monitoring of nursing homes in and out of the borough.	L B Merton	35
R18. That the PCT considers funding for piloting a quality review nurse.	PCT	35
R19. That the PCT develops guidance for nursing homes to report new placements to the PCT within a specific timeframe to ensure residents are linked to relevant support services in a timely manner.	PCT & Nursing homes	39
R20. That L B Merton increases awareness of residents' and relatives' rights and options to move into another nursing home if it is the residents' preferred option.	L B Merton	40
R21. That L B Merton assesses nursing home accounts from contract and monitoring reviews.	L B Merton	41
R22. That L B Merton ensures the Adult Safeguarding Team is adequately resourced to effectively respond to the increasing safeguarding alerts.	Merton	42
R23. That L B Merton works towards creating a coordinated approach with other organisations, including GPs and the Police, to provide more awareness training for public and professionals on safeguarding adults.	L B Merton	43
R24. That Merton Safeguarding Network develops a practical guide for nursing homes on the legislation and statutory requirements for registered nursing homes. It is expected MSN will consult the LINk, CQC and other agencies.	L B Merton	44

1. INTRODUCTION

REVIEW TOPIC

1.1. Each year the Scrutiny function at the Council identifies key issues to be scrutinised through a review process. A Scrutiny review can be carried out for a number of different reasons and will normally make recommendations & observations to improve outcomes for the local community.

1.2. At the meeting of the Healthier Communities and Older People Overview and Scrutiny Panel held on 15th July 2008, Members considered and agreed their work programme for the 2008-09 municipal year. Having considered the improvement priorities of the authority and the concerns and issues raised by residents, members agreed to scrutinise the quality of care in care homes with nursing in Merton.

1.3. All panel members were appointed to undertake this review. The lead members were the Panel Chair and Vice-Chair, Councillors Gilli Lewis-Lavender and Sheila Knight respectively. The panel agreed to the review plan/scope at the meeting on 15th July 2008 (see Appendix C).

OBJECTIVES

1.4. The purpose of the review was to scrutinise the quality of care provided to older people by care homes with nursing, commissioned by Merton within the borough. The review aimed to get feedback on the quality of care from nursing home residents, their relatives and friends, nursing home staff and other service representatives. The review aimed to identify and examine key areas where care homes with nursing were not meeting the service users' needs.

KEY LINES OF ENQUIRY

1.5. The key areas of the review were, but not limited to the following:

- Staff (recruitment, induction, training, qualifications, staff to resident ratio, turnover, communication)
- health, personal care and toileting
- Meals, (special dietary and/or ethnic requirements)
- Activities provided, especially for physical and mental well-being in the nursing home and in the community
- Pets and relationships
- Cleanliness and odour- accommodation and environment
- Management and administration
- Safety & security
- Complaints process
- Independence and personal choice
- Diversity- age, disability, faith, race, sexuality
- Service users assessed and reviewed care needs being met

2. PROCEDURE FOR UNDERTAKING THE REVIEW

TASK GROUP

2.1. The Panel membership of eight councillors and three co-opted members all agreed to participate in the review of quality of care in nursing homes in various capacities, such as participation in the witness meetings and visiting all fifteen nursing homes in Merton.

SCOPE

2.2. A home registered simply as a care home providing personal care will provide personal care only - help with washing, dressing and giving medication. By definition, a care home with nursing is the same as a care home, but they also have registered nurses who can provide care for more complex health needs[1]. For the purpose of this review, we referred to care homes with nursing as 'nursing homes'. In the London Borough of Merton there are fifty-one care homes, of which fifteen provide nursing care. Thirteen of these nursing homes support older people and two nursing homes support younger people and are categorised to support people with mental disorders, excluding learning disability or dementia.

2.3. At the beginning of the review, it became clear that the potential remit for scrutinising care homes is enormous and therefore there may be scope for identifying future issues for separate scrutiny reviews, rather than trying to cover every topic in one review. The review had a specific focus on nursing homes commissioned by Merton Council that are located in the borough.

WITNESS MEETINGS

2.4 Panel members met with a range of internal staff and external organisations:-

Witness	Title & Organisation	Panel attendance
Jean Spencer	Partnership Development Manager, Merton	Cllr Gilli Lewis-Lavender Cllr Sheila Knight Myrtle Agutter
Jenny Rees	Principle Team Manager, Merton	Cllr Gilli Lewis-Lavender Cllr Sheila Knight
Peter Crowther	Hospital Social Works Manager, Merton	Cllr Gilli Lewis-Lavender Cllr Sheila Knight
Julie Phillips	Adult Safeguarding Manager, Merton	Cllr Gilli Lewis-Lavender Cllr Sheila Knight Myrtle Agutter
David Slark & Gary King	Contracts & Monitoring, Merton	Cllr Gilli Lewis-Lavender Cllr Sheila Knight
Terry Hutt	Manager Community Care, Merton	Cllr Gilli Lewis-Lavender Cllr Knight
Residents & Relatives Meeting	Woodlands Nursing Home	Cllr Udeh Saleem Sheikh
Rose Cummings, & Christiana Wilkey	Continuing Care & Nurse Assessor, PCT	Cllr Gilli Lewis-Lavender Cllr Sheila Knight Saleem Sheikh Laura Johnson

[1] www.carehome.co.uk/

Dr Jephcott	GP, James O'Riordan Medical Centre	Cllr Gilli Lewis-Lavender
Dr Otley	GP, Cricket Green Medical Practice	Cllr Gilli Lewis-Lavender
Norma Vieira & David Vowles	Regional Manager & Deputy Director London Region, CSCI	Cllr Lewis-Lavender Cllr Sheila Knight Cllr Margaret Brierly Saleem Sheikh
Luke Williams	Manager of Older People's Services, Advocacy Partners	Cllr Lewis-Lavender Cllr Sheila Knight Cllr Margaret Brierly Saleem Sheikh
Jim Bosworth	Joint Commissioning Manager for Mental Health, PCT	Cllr Lewis-Lavender Cllr Sheila Knight Cllr Margaret Brierly Saleem Sheikh

NATIONAL GOVERNANCE FRAMEWORK

2.5. The Panel completed a National Governance Framework application, subsequently supported by the Director for Community and Housing. All Panel members were required to obtain a CRB check prior to visiting the nursing homes. The process also involved the development of an information and consent form and questionnaire (see Appendices D & E).

MYSTERY SHOPPERS

2.6. The Panel invited two residents to be 'mystery shoppers'. This was a tool used to validate the Panel members' observations during announced visits. They both visited three nursing homes each and provided feedback from a consumer's perspective on the quality of the facility and care provided. The mystery shoppers' reports were consistent with the Panel members' findings.

VISITING NURSING HOMES

2.7. Panel members visited all fifteen nursing homes in Merton. A date and time was arranged with the nursing home manager and confirmed via formal correspondence outlining the purpose and expectations of the visit.

Below is a list of the dates the Panel visited the nursing homes in Merton;

Nursing Home	**Visit Date (2008)**	**Councillor/ Co-opted member**
Lancaster Lodge	19/09	Cllr Gregory Udeh Myrtle Agutter
Barons Lodge Psychiatric Nursing & Rehabilitation	21/09	Cllr Gregory Udeh Myrtle Agutter
St Teresa`s Home for the Elderly	25/09	Laura Johnson Cllr Sheila Knight
Carter House	26/09	Cllr Gregory Udeh Cllr Sheila Knight
Rosemary Lodge	28/09	Cllr Jeremy Bruce Myrtle Agutter

Heathland Court	28/09	Cllr Jeremy Bruce Myrtle Agutter
Link House	02/10	Cllr Gilli Lewis-Lavender Saleem Sheikh
Cumberland	03/10	Cllr Gregory Udeh Cllr Sheila Knight
Wimbledon Beaumont	03/10	Cllr Margaret Brierly Saleem Sheikh
Kelstone Court	05/10	Cllr Margaret Brierly
Queens Court	05/10	Cllr Margaret Brierly Saleem Sheikh
Woodlands House	09/10	Cllr Gilli Lewis-Lavender Laura Johnson Saleem Sheikh
179 Green Lane	09/10	Cllr Gilli Lewis-Lavender Laura Johnson Saleem Sheikh
Fieldway	17/10	Cllr Margaret Brierly
Eltandia Hall Care Centre	30/10	Cllr Gilli Lewis-Lavender Cllr Sheila Knight

QUESTIONNAIRE

2.9. Residents supported by Merton Council and their next of kin were invited to participate using the details on CareFirst, Social Services electronics database. They both received a package including a formal letter, an information sheet, consent form and questionnaire. The package was sent to 112 Merton clients residing in nursing homes in Merton, 99 next of kin (13 were either not recorded on CareFirst or appointed to the London borough of Merton), and 52 services (nursing homes, community centres, advocacy services, disability and cultural services). The Questionnaire was also posted on Merton's website. Results can be found in Appendix A.

PROMOTION

2.10. The Panel members engaged with over 600 community and service representatives and residents through nursing home visits, witness meetings, questionnaires and wide promotion. A poster promoting the review was advertised in the Civic Centre and sent to nursing homes, community centres, older people services and ethnic services in the borough. Sutton & Merton Primary Care Trust (PCT) promoted the poster to every GP surgery in the borough. Two articles were advertised in a Council magazine that is sent to every household in the borough. The October/November issue had a joint article that promoted all scrutiny reviews, and the December/January issue promoted the progress of the review. The review was also posted on Merton's website, with a link for residents and services to complete the questionnaire.

3. LEGISLATIVE/POLICY FRAMEWORK

3.1. There are certain Acts and regulations a care service is required to follow by law. Two Acts that relate specifically to adult care services are the Care Standards Act 2000 and the Health and Social Care Act 2003[2]. Under the Care Standards Act, the Secretary of State for Health has power to publish statements of National Minimum Standards (NMS). Compliance with NMS is not itself enforceable, but compliance with regulations is enforceable subject to national standards being taken into account[3].

THE ROLE OF THE COMMISSION FOR SOCIAL CARE INSPECTION

3.2. The Commission for Social Care Inspection (CSCI) was launched in April 2004 as the single independent inspectorate for all social care services in England. CSCI is responsible for the registration and inspection of care and nursing homes. It is also responsible for taking any enforcement action. CSCI inspectors are experienced social care or health care workers. They are trained in inspection and work to an agreed code of conduct.

3.3. There are three types of inspections, which involve a service visit. They are known as; key inspection, random inspection and thematic inspection. The majority of inspections are unannounced and take place during the day. Results are published on the CSCI website www.csci.org.uk.

The inspection report gives details of the quality rating CSCI have awarded the service and evidence as to why they have made the judgments. There is also a breakdown of how well the service meets the NMS. The standards are grouped into outcomes. For a nursing home for adults this would be:

- Choice of home (standards 1-6)
- Health and personal care (standards 7-11)
- Daily Lifestyle and Social Activities (standards 12-15)
- Complaints and Protection (standards 16-18)
- Environment (standards 19-26)
- Staffing (standards 27-30)
- Management and Administration (standards 31-38)

THE ROLE OF THE NATIONAL HEALTH SERVICE (NHS)

3.4. Under Section 49 of the Health and Social Services Act, 2001, care provided by registered nurses in care homes is an NHS responsibility. From 1 October 2001, the NHS became responsible for those who funded all their care in nursing homes (self-funders). From 1 April 2003 NHS funding was extended to residents of care homes providing nursing care who receive financial support from local councils.

NATIONAL FRAMEWORK FOR NHS CONTINUING HEALTHCARE AND NHS-FUNDED NURSING CARE

3.5. In June 2007, the Department of Health published the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. This National

[2] www.csci.org.uk/professional/care_providers/all_services/acts.aspx
[3] Care Homes for Older People National Minimum Standards and The Care Homes Regulations 2001 3rd Edition 2003

Framework has two main purposes. Firstly, it sets out a single policy on who should receive NHS funding, be that fully funded NHS Continuing Healthcare (where the NHS funds the whole care package) or NHS-funded Nursing Care (where the NHS is responsible for the nursing required from a registered nurse in a care home). Secondly, it sets a standard process for assessing eligibility for these services, to help support consistent decision-making[4].

3.6. The primary health need is assessed by looking at an individual's care needs and relating them to four indicators:

- Nature – the type of the condition or treatment required and its quality and quantity
- Complexity – symptoms that interact, making them difficult to manage or control
- Intensity – one or more needs which are so severe that they require regular interventions
- Unpredictability – unexpected changes in condition that are difficult to manage and present a risk to you or to others[5].

3.7. Patients who have been hospitalised and have been found to be unsafe to return to their previous homes without support are referred to the PCT. Within two weeks, an assessment is conducted to identify any nursing needs. The assessment results are then presented to a panel where a decision is made regarding eligibility for NHS Continuing Healthcare (Level 1) or NHS Funded Nursing Care Contributions (FNCC Level 2). Level 1 placements are fully funded and Level 2 receive a Funded Nursing Contribution (FNC) of £103.80 per week. The PCT and Social Services can also create joint packages.

THE ROLE OF COUNCILS

3.8. Social Services determine a resident's eligibility for a place in a nursing home following an assessment of care needs and financial circumstances, either in the resident's home, hospital, or in another care setting. The Social Worker makes an agreement with the resident that they are no longer able to manage in their own home, even with full support from family and other assistance available such as community care services and district nurses.

3.9. Merton Council commissions care homes that provide residential services and nursing care. There are two types of agreement that the Council uses for its approved care homes: Block Contracts and Pre Placement Agreements (spot contracts). A block contract is a formal contract between Merton and the nursing home. It allows Merton to purchase a pre-determined number of beds for Merton residents. Pre Placement Agreements create an overarching agreement between Merton and the nursing home. It allows Merton to spot purchase a bed for a resident, providing the nursing home continues to meet the Council's minimum requirements for approved provider status. Although a pre-placement agreement may be in place, there may not be any clients placed in the home, as the agreement does not guarantee that any placements will be made

3.10. In December 2007 the cross government, cross agency concordat on plans for transforming adult social care – entitled 'Putting People First'[6] - was published. Putting People First builds on the outcomes identified as important by the public

[4] www.nhsdirect.nhs.uk/articles/article.aspx?articleId=2392
[5] NHS continuing healthcare and NHS-funded nursing care, Public Information Booklet, 2007
[6] www.dh.gov.uk

and people using services, as published in the White Paper, and sets out a series of objectives to be achieved to make those outcomes a reality.

3.11. The introduction of new legislation and standards has increased the requirement for local authorities and health organisations to work even more closely together across the whole range of health and social care services and to give individuals more power to improve their care and drive the whole system. They need to ensure they are reaching all parts of the population and working to reduce inequalities in health and in access to all services.

4. FINANCI AL CONTEXT

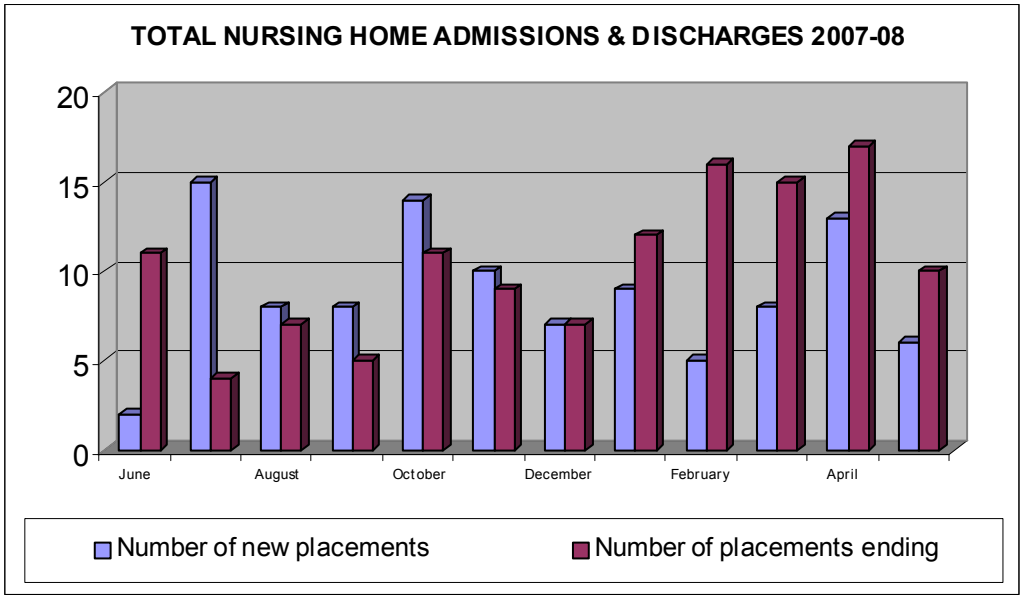
NURSING HOME PLACEMENTS & EXPENDITURE FOR OLDER PEOPLE 2007-08

4.1. The table and graph below summarises the nursing home placements and expenditure for older people in 2007-08[7].

Month	# of New Placements	# of Placements Ending	Total Funded Placements	Clients assessed to pay full cost/self funders	Total Placements	Average Weekly Cost of Places Made	Placements ending due to transfer to another nursing home
Jun-07	2 11		162	34	188	592.76	1
Jul-07 15		4	164	35	199	585.13	0
Aug-07 8		7	165	35	200	575.15	0
Sep-07 8		5	168	35	203	608.36	1
Oct-07 14		11	169	37	206	585.06	1
Nov-07 10		9	170	37	207	570.09	1
Dec-07 7		7	170	37	207	531.42	0
Jan-08 9		13	168	35	203	570.68	0
Feb-08 5		16	162	30	192	589.91	0
Mar-08 8		15	156	29	185	566.85	4
Apr-08 13		17	154	27	181	576.04	0
May-08 6		10	152	25	177	568.36	1
Annual Total	105	125					9
Monthly Average	9	10	163	33	196	576.65	1

NURSING HOME ADMISSIONS & DISCHARGES FOR OLDER PEOPLE 2007-08

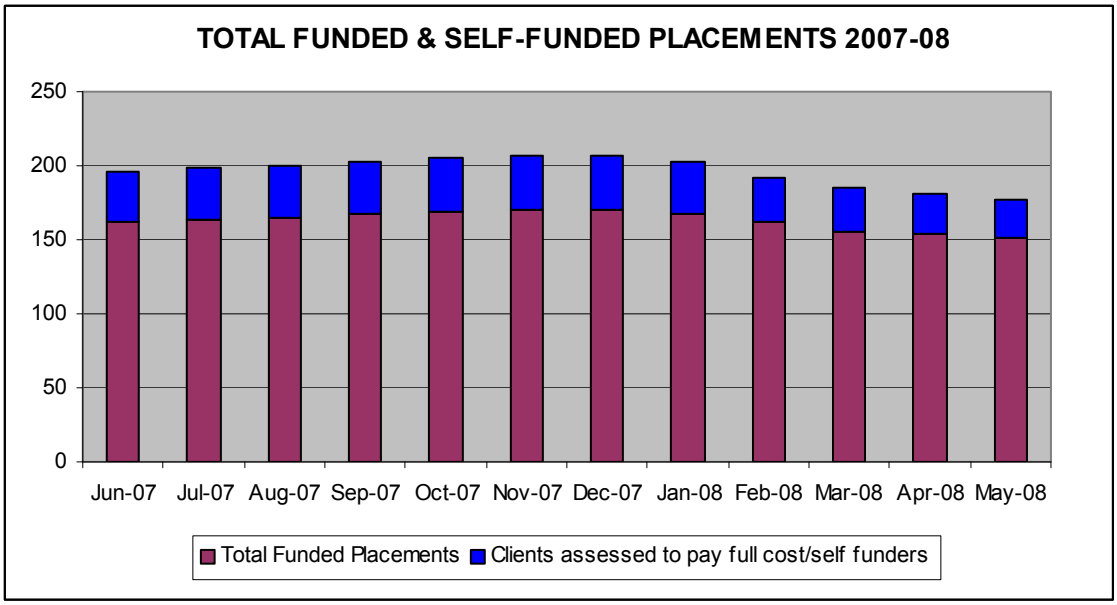
4.2. This graph shows admissions/discharges for older people in 2007-08.



[7] Information correct as at date of running the report from CareFirst database on 31 May 2008

NURSING HOME PLACEMENTS FOR OLDER PEOPLE 2007-08

4.3. The graph below summarises the nursing home placements in 2007-08 for funded and self-funded residents. 'Self funders' are nursing clients that have gone through the Nursing Panel, had social work support during the placement and subsequently been assessed to pay full cost. These are not clients that have placed themselves. These clients will be on CareFirst database and subject to the normal review processes.



NURSING HOME PLACEMENTS MONTH – YEAR 2007-08

4.4. The table summarises nursing home placements month-year 2007-08[8].

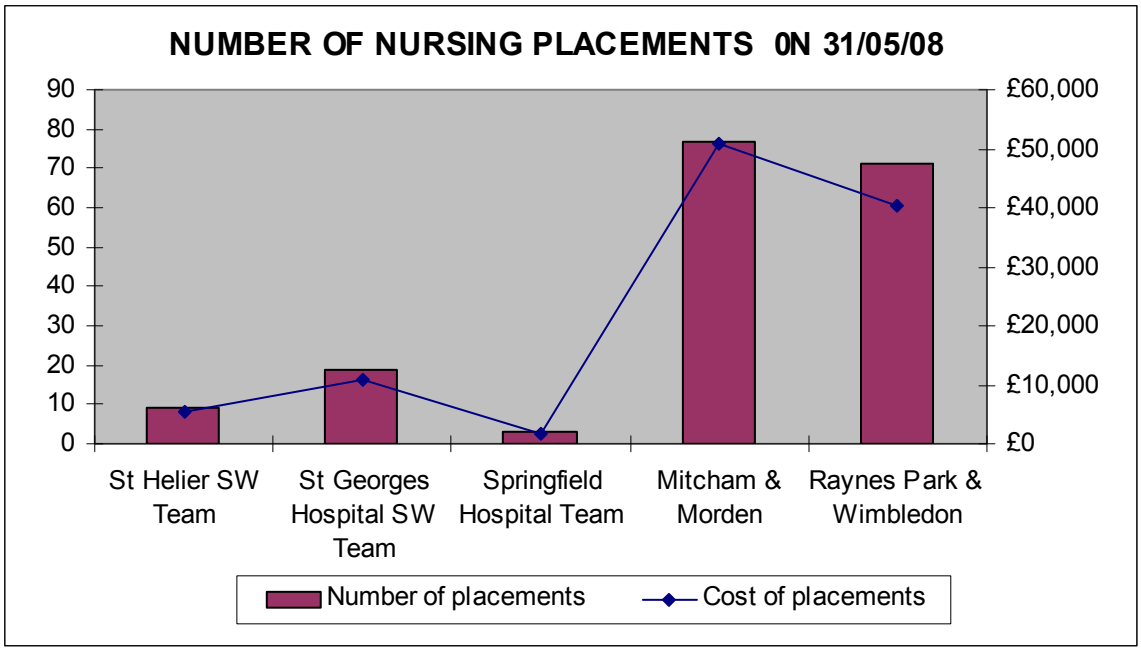
Month-Year 2007-08	Duty	St Helier SW Team	St Georges Hospital SW Team	Springfield Hospital Team	Mitcham & Morden	Raynes Park & Wimbledo n	TOTAL
Apr-07 0		4	1	2	2	0	9
May-07	0 3		8	1	1	1	14
Jun-07 0		0	2	0	0	0	2
Jul-07 0		3	6	1	1	4	15
Aug-07 0		2	4	1	1	0	8
Sep-07 0		3	1	0	2	2	8
Oct-07 0		2	7	2	1	2	14
Nov-7 0		2	3	0	3	2	10
Dec-07 0		2	3	0	1	1	7
Jan-08 0		2	7	0	0	0	9
Feb-08 0		1	4	0	0	0	5
Mar-08 0		2	5	0	1	0	8
Apr-08 1		2	6	0	2	2	13
May-8 0		2	2	0	0	2	6
Month - Year 2007-08	Duty	St Helier SW Team	St Georges Hospital SW Team	Springfield Hospital Team	Mitcham & Morden	Raynes Park & Wimbledo	TOTAL

[8] Information correct as at date of running the report from CareFirst database on 31 May 2008

						n	
Clients in nursing homes - 31/5/2008	0	9	19 3		77	71	179
Weekly costs for current placements	£0 £5,283		£10,989	£1,729	£50,749	£40,474	

TOTAL NURSING HOME PLACEMENTS PER HOSPITAL AND LOCALITY TEAMS 2007-08

4.5. Below is a graph summarising the nursing home placements per hospital and locality teams 2007-08.



BLOCK CONTRACTS

4.6. Below is a snapshot summary of the number of beds commissioned by Merton with block contract nursing homes in the borough on 15 August 2008.

Block Contract home	Number of **nursing** block contract beds	Number of residents in block **nursing** beds on 15/6/2008
Eltandia 21		19
Link House	18	17
Woodlands 7		7
Carter 12		11
TOTAL 58		54

Furthermore, Eltandia residential respite facility (10 beds) – had 9 clients in the unit on 15th June 2008.

Block Contract home	Number of **residential** block beds	Number of residents in block **residential** beds on

		15/6/2008
Eltandia 21		21
Link House	28	28
Woodlands 37		36
Carter 25		24
TOTAL 111		109

SAFEGUARDING ADULTS BUDGET

4.7. The Safeguarding Adults Manager is a full time permanent post. The safeguarding adults support officer post is committed to in that it now has a formal job number and is a permanent position. Money has been set aside for this. The next step will be to recruit to it on a permanent basis, which may be difficult in the current financial situation. There is no budget attached to the Manager post.

CONTRACTS TEAM

4.8. There are 4 x full-time members in the Contracts Team. There is just one permanent member of the Contracts Unit who is responsible for the monitoring of 51 care homes (residential and nursing homes) located within and outside of the London Borough of Merton. Social Services have put in a bid for additional resources in the Contracts Unit to adequately monitor care homes and ensure providers are meeting their legal requirements and that Merton is protecting residents they place in the care homes. To date, no funding has been agreed for this post.

COMMUNITY CARE TEAM

4.9. There are three review-monitoring officers (one full time and one part time) who are dedicated for older people. They sit within the locality teams. They complete annual reviews to ensure the service is meeting individual needs where appropriate.

5. NATIONAL & LOCAL CONTEXT

5.1. By 2031, nearly 23% of England's population will be aged 65 and over and those aged 85 and over will form 3.7%. Furthermore, 64% of Londoners over 60 are women with large majorities at older ages. London's older people are very diverse in their cultures, faiths and lifestyles. The Greater London Authority expects that the current 14% of London pensioners who are from black and minority ethnic communities will rise to 21% by 2016 and 25% by 2021. They are also in widely different social and economic situations[9].

5.2. Merton's aging population is projected to increase consistently with the national trend. Sixteen percent of the population is aged 65 and over and the number of people aged over 85 and over is projected to increase by eleven percent over the next ten years. The growing number of people from ethnic minorities will be entering retirement age, which will affect how services are delivered to an increasingly diverse and aging community.

5.3. We know that older people generally want to stay in their own homes and communities as long as possible and older people are staying healthier for longer. This means people are entering nursing homes at a later age and with more complex care needs. There is a significantly higher proportion of females and a greater percentage who have some form of dementia.

5.4. There are fifteen nursing homes in Merton. Thirteen of these homes support older people and the other two support adults with learning disabilities and mental health problems. In 2007-08, there were on average 196 Merton residents living in a nursing home each month. There was a monthly average of 9 new placements and 10 placements ending. In 2007-08, Merton purchased a monthly average of 173 nursing home placements compared to 23 self-funded placements.

5.5. In 2007, CSCI rated Merton Council's Adults' Social Services as 'good' or two stars out of a maximum of three, with the capacity to improve services classified as 'uncertain'[10]. Merton also achieved a two star rating out of a maximum of three, based on how well the council was safeguarding adults whose circumstances made them vulnerable and how well Merton was delivering personalised services for older people, following a service inspection by CSCI in February 2008[11].

[9] Community Plan 2006-15 Older People
[10] www.csci.org.uk/default.aspx?page=937
[11] Independence, Wellbeing and Choice, London Borough of Merton, February 2008

6. EVIDENCE ACCORDING TO EACH KEY LINE OF ENQUIRY

ACCOMMODATION

6.1. The nursing home accommodation and environment varied considerably across all nursing homes in Merton. They were either purpose built facilities or house conversions. The house conversions had been renovated to meet the regulations however, the purpose built facilities appeared to have better access with wider hallways and wider door frames, larger lifts and modern bathroom facilities.

6.2. Bedroom size varied as well as the level of personalisation in each room. The purpose built facilities generally had modern and matching furniture throughout compared to nursing home conversions, which generally had more personalised rooms. The converted house type of nursing homes were more likely to have more of the resident's furniture and belongings.

6.3. Generally most nursing home bedrooms had a toilet or commode and a washbasin. Most purpose built facilities offered an accessible shower and toilet in the bedroom. Most nursing homes had shared bathrooms that had an accessible shower and bath with a hoist. Most nursing homes had a couple of double bedrooms and one nursing home had eight double rooms.

6.4. Most of the nursing homes had one or two dining rooms. The furniture was generally the same, which made it less homely. One of the more modern purpose built nursing homes offered a dining room on all five levels; available to all residents regardless of which floor their room was on. Dining rooms were generally set out on group tables of four or six, and generally didn't provide the option for people to sit as a couple or on their own.

6.5. Communal spaces varied for each nursing home. Purpose built nursing homes were more likely to provide four or five lounge/common rooms, while others offered one or two. Two nursing homes offered a smoking room, while some nursing homes allowed residents to smoke in their own room. One nursing home offered a cinema room, another offered an art room.

6.6. Every nursing home makes a conscious effort to provide an environment free from odours. This was generally acceptable in all of the nursing homes; however it was noticeably an issue in areas supporting people with dementia and people who had a mental illness. Greater care is required when caring for residents who receive this type of care.

6.7. Storage space was an issue for some nursing homes. This limitation meant some nursing homes were storing excess equipment (e.g. walking frames, wheelchairs, hoists) in hallways and bathrooms.

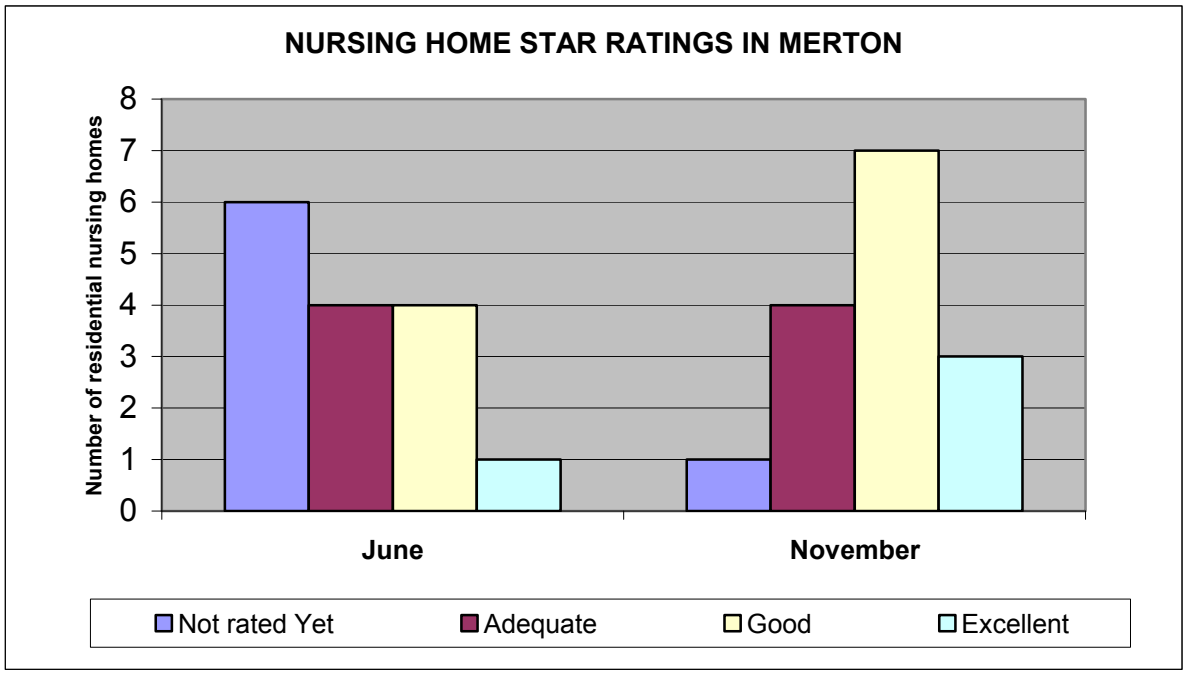
> *'I visited and tried out a number of homes and many smelt so bad it put you off. Sometimes I wonder if the staff become used to the smell and therefore don't notice.'*
> **Relative's comment**

6.8. All of the nursing homes had gardens of varying size. Some homes had landscaped manicured gardens and others that simply comprise of grass and a couple of trees. Some nursing home bedrooms have french doors that open onto the garden.

STAR RATINGS OF THE NURSING HOMES IN MERTON

6.9. The graph below highlights the marked improvement in the star rating of nursing homes in Merton between June to November 2008. In November there were ten nursing homes rated either 'Good' or 'Excellent' compared to only five in June. Councillors raised concerns that there are still four nursing homes that are only rated 'Adequate', two of which are block contract homes.

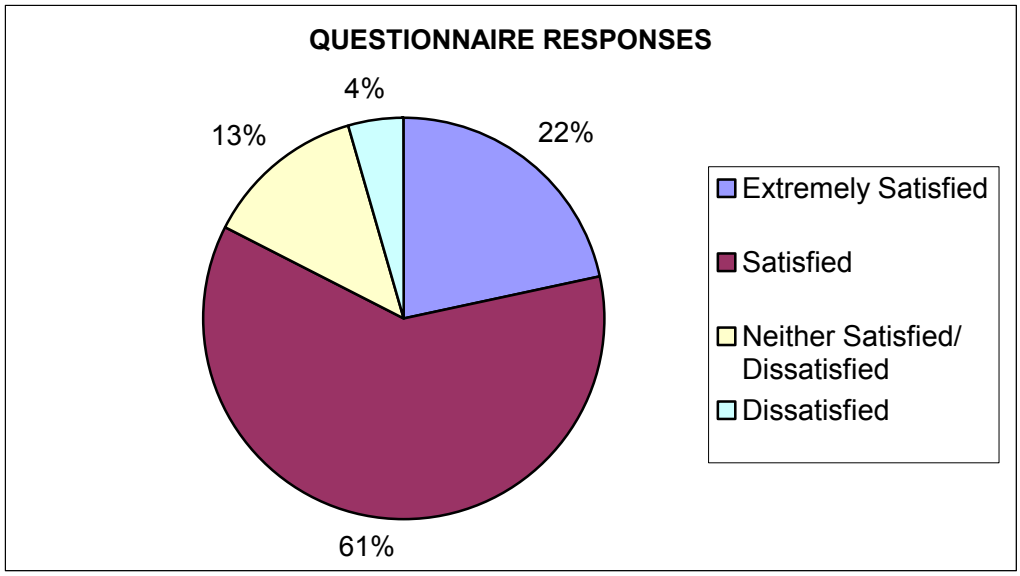
6.10. It should be noted that when CSCI inspectors conduct key inspections, the rating for every NMS affects the overall star rating for the home. Hence, if a home scores 'poor' or 'adequate' for one NMS, it will bring the overall star rating to that level. Therefore the star rating system may not reflect all the NMS that are highly rated by CSCI. It is up to the consumer to check this information in detail from the report found on the CSCI website.



SUMMARY OF RESPONDENTS ANSWERS TO THE QUESTIONNAIRE

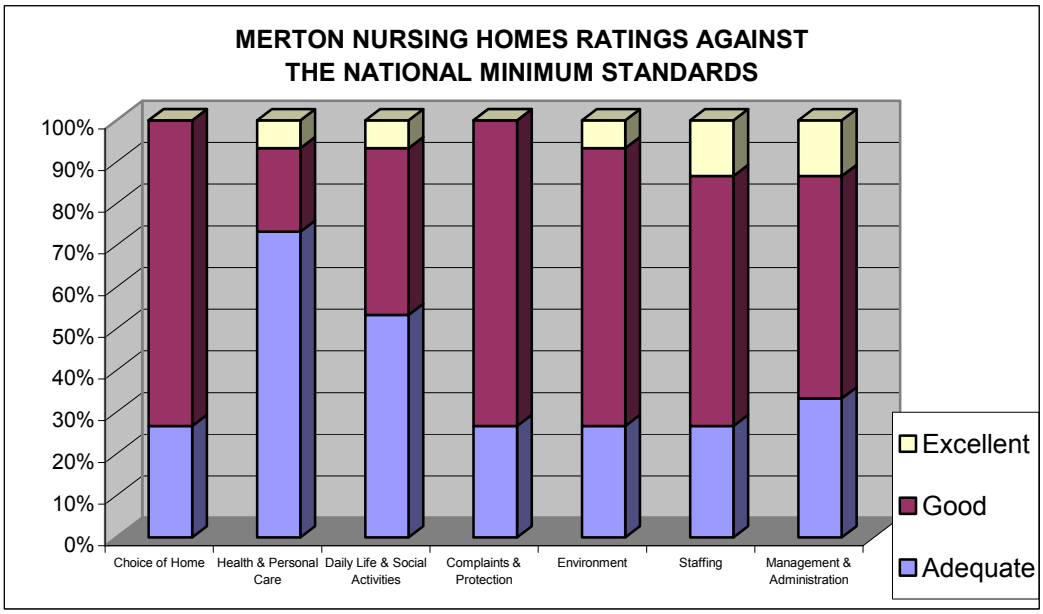
6.11. Out of 263 posted packages to residents, their next of kin and services, and an online questionnaire, there were only 23 written responses in both paper and electronic format (see Appendices A). The Panel members did however engage with many residents, their relatives and friends and staff during the nursing home visits.

6.12. The graph below shows 83% of the respondents were either extremely satisfied or satisfied with the quality of care nursing homes, 13% were neither satisfied/dissatisfied and 4% were dissatisfied. The response rate for residents was 39% and 52% of the respondents were relatives. While the majority of service users in care homes expressed high levels of satisfaction with the services they received, this response needs to be interpreted cautiously in the context of a service user group. Research has shown that users often have low expectations regarding service provision and may lack the confidence to complain about poor services.



SUMMARY OF SHORTFALLS IN EACH OF THE KEY STANDARDS

6.13. The graph below summarises CSCI's ratings of Merton nursing homes against the NMSs in June 2008. The two lowest performing areas were Health and Personal Care and Daily Life and Social Activities, rated 70% and 50% adequate respectively.



6.14. In January 2009, CSCI advised that Merton's adult social services had maintained its two star rating in the annual assessment, in recognition of its performance over the past year.

6.15. PERSONAL CARE

6.16. The level of support provided to residents with personal care varies according to the residents' needs and ability. Some nursing home staff were more likely to promote residents' independence, whereas many nursing home staff were more likely to do everything for the resident. Nursing home management, staff culture and staff training can also influence the degree to which they promote residents' independence.

6.17. Relatives and staff in some of the nursing homes discussed the issue of residents being affected by pressure sores. Pressure sores are an issue that affect residents who are generally bed bound or chair bound. They require regular movement to minimise pressure on any one part of the person's body**.** Pressure sores are not an issue in every nursing home, however the Sutton and Merton Primary care Trust (SMPCT) have noted specifically, that residents at one block contract nursing home had developed 'horrendous pressure sores post admission and pre discharge, some of which required hospital admissions. Two other block contract nursing homes have similar issues and the SMPCT are unwilling to place Level 1 clients in any of these three nursing homes. Where the Contracts Unit are made aware of these issues they are fully investigated for action as to how the home will prevent this happening in the future. Where necessary, the issue would be investigated through the Council's Safeguarding Adults Procedures.

6.18. The PCT currently commissions beds with two nursing homes in Merton, compared to five nursing homes in Sutton. This is due to growing concerns about the quality of care of nursing homes in Merton. The Continuing Care Coordinator contacts PCTs in other boroughs to source suitable placements for residents. Previously Sutton & Merton PCT has commissioned beds in two nursing homes that have a minimum cost of £1,000 per week. This cost is above what the PCT pays in other homes at present, however they are in the process of renegotiating prices with these two homes. Level 1 residents would not normally be placed in other nursing homes where there was inadequate standards of nursing care.

> *'Teeth should be regularly cleaned and supplies of toothpaste and toiletries should not be allowed to run out.'*
>
> Relative's comments

6.19. The PCT raised concerns about the odour in one block contract home that supports residents with dementia, particularly for residents in the higher level care unit (level four). It suggests that residents are not changed regularly enough. It highlights issues of residents' hygiene and level of comfort. Residents often require two people to assist them to the toilet or change, but it was suggested there was an inadequate staff ratio to do this regularly in some nursing homes. The odour also suggests there is not an adequate industrial clean of carpets. Strong odours were evident in homes which support people with mental health and dementia specifically.

> *'Regular toileting of residents is important not only for their comfort but general hygiene and odour.'*
>
> *Relative's comments*

RECOMMENDATION 1: That L B Merton, CQC and the PCT agree to collaboratively review nursing homes' staff ratios when there are strong odours, to ensure there are adequate staff to meet residents' personal care needs.

RECOMMENDATION 2: That nursing homes consider installing alternative forms of flooring where there are strong odours, which are easier to clean and do not retain the odour of urine.

CHIROPODY & HAIR CARE

6.20. Chiropody is available on the NHS free of charge in most areas of the UK, although the availability in the local area depends on the relevant PCT. Treatment with a chiropodist requires a referral from the GP or practice nurse, however, due to long waiting lists, all of the nursing homes have arranged for a private chiropodist to service the residents at an additional cost to the resident. This cost varies from £8 - £15. Most of the nursing homes had a hair salon room and charged residents approximately £10 for a wash and £20 for a set. For residents who are on a pension, the costs for a chiropodist and hair salon do not leave much left from £21.75 per week.

RECOMMENDATION 3: That the PCT agrees to review the chiropody service, including the waiting list in Merton and the response time, to enable residents in nursing homes to access the free chiropody service to which they are entitled.

LAUNDRY & PERSONAL EFFECTS

6.21. A common complaint from relatives was residents' laundry being lost. This is often due to clothes not being marked appropriately with the resident's name. Most of the nursing homes had a number of industrial washing machines and sometimes clothes with special washing requirements were not being washed accordingly. This was frustrating for residents and families because they had to replace the items. Resident's personal effects often get misplaced, such as teeth and glasses. Nursing home managers said staff make every attempt to keep residents belongings in the same place to avoid confusion. One nursing home makes an inventory of all of the resident's belongings on the admission. This would eliminate the risk of nursing homes being accused of stealing personal belongings, but does not eliminate the possibility of loss or damage.

'Laundry is a particular problem, all clothes are clearly and permanently marked but still go missing.'

'Clothes could be washed better and ironed better.'
Relative's comment
'Clothes are ruined by washing instead of dry cleaning. If the laundry doesn't know how to wash an item, just ask the relatives for help.'

'Some form of permanent identification on clothing and spectacles.'
'My relative has lost both spectacles and dentures.'

'My relative has lost both spectacles and dentures.'

Relatives' comments

MEALS

6.22. Meals are generally at set times and residents are provided with a choice of various options, although there is flexibility with some residents. The frequency staff check with residents about what they want to eat can vary considerably. Some homes ask what residents want to eat on a daily basis, but it can be as long a week or month in advance.

6.23. One nursing home that supports people with dementia use pictorial menus to help residents with decision-making. Nursing homes generally make more food as residents often change their mind when they see it being served. Most nursing homes provided morning and afternoon tea/coffee and biscuits and some homes provided sandwiches after supper. It was suggested that alternative snacks could be provided during the day such as fruit.

'More fresh vegetables and fruit.'

'I have seen food and drink left in residents rooms and taken away hours later uneaten and undrank'.

'We need to review the quality of food and menus to provide better nutrition for the elderly. Some dietary advice from medical profession would make a big difference.'

Relatives' comments

6.24. Meals were a common area for residents to give negative feedback. Generally residents would prefer more variety, warmer meals and a flexible time and place to eat their meal. One nursing home has scattered the meal times for residents who need assistance with eating so their meals don't go cold.

RECOMMENDATION 4: That all agencies agree to review the nutritional content of a random sample of nursing home menus and make recommendations if necessary.

6.25. Some nursing homes have facilities for residents and visitors to make their own cup of tea in a communal area. Residents generally have risk assessments to determine whether they are capable of preparing drinks/food safely on their own. The communal kitchens are generally locked when residents may be at risk. Few nursing homes offer a fridge or kettle in their own room. Residents can generally drink alcohol in their own room. Some residents have an approved daily consumption written in the care plan that is agreed by the relative, and resident if they are capable of making their own decision.

6.26. CSCI has specifically asked one nursing home to ban bib usage during meal times, which has created problems for some staff, residents and relatives. Relatives would like staff to put a bib on their relative during meal times to minimise their clothes getting dirty and in some cases permanently stained. Some residents would prefer to wear a bib and eat independently, rather than someone assisting them to eat their meal. CSCI have requested that nursing homes provide age appropriate garments for residents during mealtime, such as a napkin.

6.27. Residents often said they were thirsty during the visits and relatives often said the residents were not given enough fluids. Hydration is important to minimise urinary tract infections (UTI) and kidney problems, and there are links with dehydration and heightened confusion of people with Alzheimer's and Dementia.

RECOMMENDATION 5: That nursing homes give regard to residents' daily fluid intake to avoid illnesses such as urinary tract infections and Kidney infections.

ACTIVITIES

6.28. CSCI are currently focusing more on activities during inspections. The range and frequency of activities varied considerably across all of the nursing homes. They were generally organised for big groups and scheduled during the week with little or no activities on the weekend. Examples of activities provided include; art, live music, visiting dogs, aromatherapy and massage, performances from schools, playing the piano and sing-a-longs, reminiscent activities (photos and music), gardening in raised garden beds or individual pots, quiz, card games, manicures, board games, poetry, word games, musical bingo, reminiscence photos, and exercise balls. Some nursing homes had the daily newspaper delivered to specific residents and sometimes made a paper available to all residents. Some nursing homes provide a shop or weekly shopping trolley.

6.29. The television was found to be on in most nursing homes, some very loud, others mute, and often showing programmes that people did not seem interested in. One nursing home had a few televisions on in the same room during activities.

'More thought should be put into seating in front of T.V. More music should be made available to make a happier atmosphere.'

Relative's comment

6.30. Some homes have a specific activity room, relaxing and sensory rooms and/or a reminiscence room. One nursing home has two portable 'snoozing' units that can go in the residents' rooms. The residents' evidently found these environments relaxing. Eltandia nursing home has a hydrotherapy pool but do not use it because it requires some work and it requires appropriately qualified staff supervising people in the pool. There is scope to use the pool for the care unit for young and older residents and open it up to other care homes and services for a fee.

RECOMMENDATION 6: That the feasibility of renovating the hydrotherapy pool at Eltandia nursing home and commissioning services for residents and other care homes/services be considered.

6.31. Some nursing homes pay for weekly entertainment and regular outings while other homes have limited paid entertainment. Nursing home managers said they do what they can but it comes down to cost. Nursing homes generally provided outings to places such as; Richmond and Kew gardens, Imperial War Museum, Deans City farm, London Transport Museum, Animal Farms, galleries, cinema, pubs, theatre and various places of worship. Some of the bigger homes have buses and/or shared arrangements with other homes to use buses for community based activities. There was little evidence of nursing homes Nursing homes benefiting from Merton community transport. Only a few individuals who are able can go to the pub or local shops on their own.

'If possible more outings if the weather allows.'

Relative's comment

6.32. Most nursing homes have at least one Activities Coordinator and up to two or three nominated staff who arrange and facilitate activities. This can be a beneficial but it can also reduce the responsibility of other staff to engage with residents in activities. There is a need to train and motivate staff to engage residents in activities. Nursing homes need to start thinking more about providing person centred care.

> *'The quality of activities depends on the quality of staff and of the entertainment officer. This has been very poor in the past but has improved. There seems to be something every day, however I think homes should provide more activities which stimulate the brain and/or exercise the limbs.'*
>
> *Relative's comment*

RECOMMENDATION 7: That L B Merton and nursing homes seek ways to introduce training on person centred planning.

6.33. The notes from one relatives and residents meeting suggested that residents sleep too much during the day and are put to bed too early at night. While residents should be given the choice to do as they wish, there needs to be greater consideration and effort to provide alternative ways to interact with people who do not get involved. Individual choice is paramount and in line with 'Putting People First'. There is scope to develop more opportunities for individualised planned activities to ensure all residents are being engaged and stimulated. This can be achieved with more links with the local community, such as schools as part of their citizenship curriculum, volunteers and relatives.

> *'More staff are needed to push wheelchairs to take residents for walks and for one on one activities.'*
>
> *Relative's comments*

RECOMMENDATION 8: That nursing homes work towards providing more person centred activities that meet the needs and preferences of the residents, such as offering various days/times, various group sizes and more one-on-one activities where appropriate.

VOLUNTEERS

6.34. Some nursing homes have volunteers from charities such as Wimbledon Guild, schools and medical colleges, overseas exchange programs, relatives and friends. Some volunteers are gaining experience in social care, learning English, supporting the service that cares for their relative or friend or offering a community service. Whatever the reason, the volunteers offer invaluable support to residents by assisting residents at meal times and with other daily living activities, providing companionship, music, entertainment and maintaining the garden.

6.35. Some nursing homes made arrangements for overseas travellers to volunteer in exchange for accommodation, meals and a weekly allowance. It has proven to benefit the quality of services as they provided more 1:1 care with meals and activities. These volunteers had been screened.

> 'Volunteers should be touted for on a regular basis. Residents really love visitors to talk to and to talk about.'
>
> Relative's comment

6.36. Some nursing homes indicated they don't have volunteers because of the process of having them screened such as references and a Criminal Record Bureau (CRB) check. These homes did not appear to be aware of the Merton Voluntary Service who already screen volunteers.

RECOMMENDATION 9: That nursing homes work towards creating more links with the local community, including Merton Volunteer Bureau, to increase support of volunteers.

EQUIPMENT

6.37. The provision of equipment can play an important role in enabling a person to do things independently or with support, such as a wheel chair, walking frame and hoist to transfer from one chair to another, or in and out of a bath. Some residents had specialised day chairs but the resident generally funded them themselves. Most nursing homes provided hospital beds but many said they did not have enough pressure beds. Pressure beds are particularly important for residents who are bed bound, to minimise pressures sores. One nursing home said they could get pressure beds from the PCT if residents have grade 3 or 4 pressure sores. Panel members questioned whether nursing homes or the PCT are obliged to provide this type of equipment.

MEDICATION

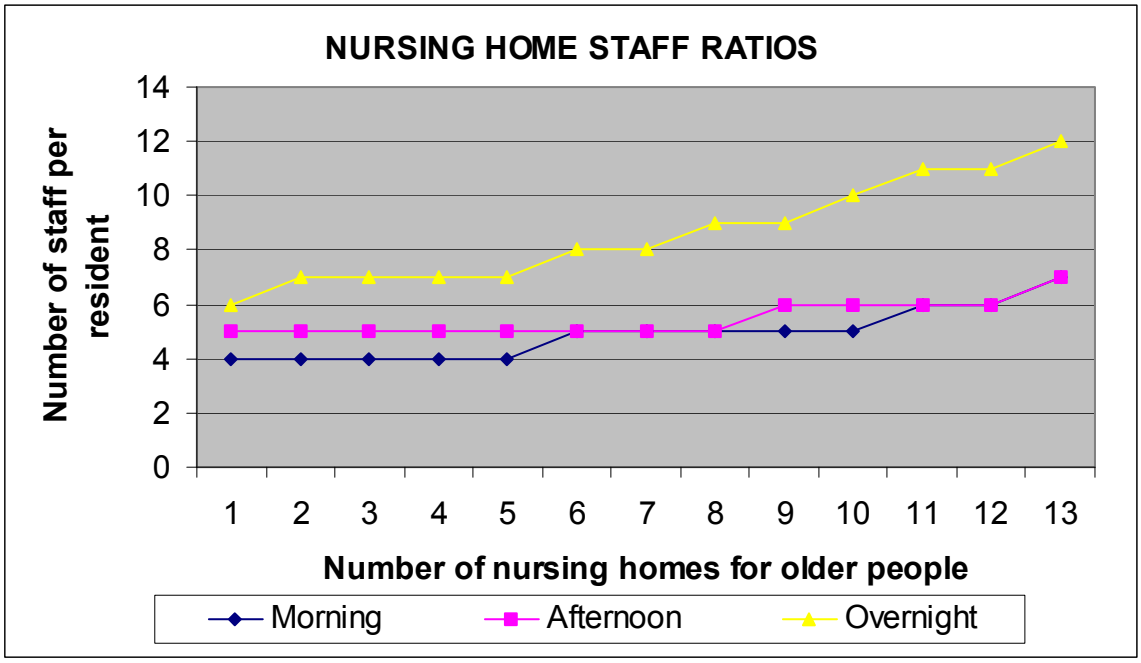
6.38. Nursing homes often prefer to manage residents' medication rather than allow residents to self-medicate. This is to manage the risk in ensuring residents are taking the right medication and the right dose at the right time. Medication is generally securely stored and correctly labelled. Some nursing homes had gaps in recording of medicines administered and there were some discrepancies with the amount of medication received and the amount administered to some people.

NURSING HOME STAFF

6.39. Staff ratios varied in every nursing home depending on the time of day and the level of care of the residents. The data collected was considered based on people entering nursing homes with much greater and complex care needs. It became clear that Adult Social Care, the PCT and relatives consider that staffing levels are too often inadequate. This was highly contentious among witness meetings and questionnaire respondents. Some of the comments are highlighted below:

- *'Not enough staff to care'.*
- *The ratio of staff to residents should be higher to give them the attention they need.'*
- *'More money from the government for extra staff.'*

6.40. The graph overleaf summarises the staff ratio across the thirteen nursing homes supporting older people. The staff ratio varied between the homes during the day and there was a big variation of staff ratio across all nursing homes during the overnight period.



6.41. In the morning shift, ten of the nursing homes had a ratio of 1:4 or 1:5. Three nursing homes had a ratio of 1:6 and 1:7. Panel members, PCT representatives and relatives felt this was inadequate given many residents require two people to provide personal care support. In the afternoon, eight nursing homes had a staff ratio of 1:5 staff, four with 1:6 and one with 1:7. The staff ratio for the evening shift varied considerably. Seven nursing homes had a ratio from 1:6 and 1:8, but the remaining five nursing homes had a staff ratio that increased up to 1:12. Staff ratio is based on funding.

> *'After 4pm there is not enough staff. All very busy with bedtime duties.' Relative's comment*

6.42. CSCI monitor staffing levels in Merton block contract nursing homes, which can be as low as 1:7 during the day. Many of the nursing homes said they call people from other floors if needed, but this in turn reduces the staff ratio further on another floor. Some nursing homes have employed 'floaters' to address this issue. Most of the nursing homes said if additional help was required at any time, there were generally an additional registered nurse available, a Manager, an administrative staff member, a chef or domestic help who could also provide support. Some nursing homes are requesting additional staff from the care home provider.

> *'More than 2 staff per ratio of 15 people with dementia is clearly not adequate.' Relative's comment*

RECOMMENDATION 10: That L B Merton and CQC agree to review the staff ratio of nursing homes, where evidence suggests there is insufficient staffing to adequately meet residents' needs.

6.43. The majority of staff in all nursing homes come from African and Eastern European countries. Many residents and relatives were happy with the care provided by the staff but often had difficulty with communication and felt staff may not understand the English culture. One nursing home said that they found one

staff member working illegally, using someone else's papers, even though the provider had completed rigorous screening.

6.44. High staff ratios, increasing staff turnover and rising levels of agency staff have been highlighted by the PCT as the major contributing factors affecting the quality of care to residents in nursing homes**.** Staff consistency was raised a number of times by relatives, either through staff turnover or notably a change of staff on weekends. There were mixed reports from nursing homes about whether they were able to attract or retain staff. It was common for staff to travel from outside the borough, due to the high cost of living in some areas of the borough and low pay rates. The minimum hourly pay rate for care staff starts from £5.70 as of 1st October 2008. Some of the nursing homes provided staff with benefits such as free meals and clean uniforms as additional benefits. One nursing home paid staff as much as £7.50 per hour to retain staff and suggested it was a better investment, rather than buying agency staff at a higher rate. Another home paid staff according to their years of service.

> *'Fortunately the staff do not seem to change very often and therefore a relationship can be developed. However in many homes this is a big problem.' Relative's comment*

6.45. Most nursing homes provide training above the minimum requirement and found staff were likely to leave the nursing home into higher positions when they completed the courses. However, based on feedback from relatives and the PCT, there is a need for additional training for staff in caring for people who have Alzheimer's, Dementia and mental health issues.

> *'Training for staff to cope with dementia, Alzheimer's and individual needs. Staff do not have specialist training to cope with dementia patients.'*
>
> *Training of staff to cope with elderly mental health would benefit both staff and residents.'*
> *Relatives' comments*

6.46. The vast majority of nursing homes said they do not use agency staff due to higher costs, additional time taken away from permanent staff to direct and support agency staff and the added confusion for residents with Alzheimer's and Dementia with new staff. However, three out of four of the block contract homes use agency staff. Seven nursing homes for older people use bank staff to cover planned and unplanned leave. They say it is an effective way to cover shifts with people who know the service and residents.

FAITH OR RELIGION

6.47. Residents in nursing homes have various faiths. All of the nursing homes provide opportunities for residents to practice their religion but the capacity and frequency varied significantly. Some nursing homes offered residents a service within the home, generally either on a weekly, fortnightly or monthly basis. Few nursing homes supported residents to go to their place of worship due to lack of staff, but some said they would arrange transport. Some nursing homes had information about various religions but did not undertake training in this area.

END OF LIFE PREPARATION

6.48. Most nursing homes had discussions with relatives and residents and agreed to a course of actions in preparation for a resident reaching the end of life. The

process allows relatives and residents to make plans in advance. More important is nursing homes' understanding and awareness of how various cultures wish to prepare for end of life. Some nursing homes had information but had not undertaken any training.

> *'A very necessary discussion, to help relatives cope when they are bereaved.'*
> *Relative's comments*

RECOMMENDATION 11: That nursing homes aim to provide information and training to staff to increase staff understanding and awareness of various faiths and end of life care.

RESIDENTS AND RELATIVES MEETINGS

6.49. All of the homes hold either residents and/or relatives meetings. Some are combined and other homes keep them as separate meetings. The frequency varies from monthly to quarterly. It appears to be a good forum for both residents and relatives to discuss issues or concerns and appropriate follow-up takes place. One nursing home had separate meetings on different wards.

> *'A relatives group is a great help and provides a voice for residents who cannot speak for themselves.'*
>
> *'It is difficult but I think more effort should be made to keep relatives informed of what is going on.' Relatives' comments*

6.50. Some nursing home managers and staff suggested relatives generally have higher expectations of what is provided by nursing homes. They suggested some relatives think that the nursing home will make their relative better or that staff will be spending more time with the residents.

GP SERVICES

6.51. There are currently two types of contracts that GPs can have with the NHS - a General Medical Services (GMS) contract, which is the more recognised contract that most NHS GPs work under; and a Personal Medical Services (PMS) contract, which is designed to reflect local needs. Residents of care homes have the same rights of access to primary care, which is free at the point of delivery. However, GPs can enter into arrangements to provide professional services that the NHS does not normally provide to patients on an individual basis. Examples include; safe management and control of medicines, occupational health of the staff of the home, management of patients with problems of mobility or on infection control. These are different from individual, direct patient services, for which GPs should not be charging their registered patients[12].

6.52. Out of the fifteen nursing homes, twelve have a contract with a GP service. This contract commonly involves a weekly visit by the GP, or more often if necessary, to check the health and well being of residents, write prescriptions and make referrals where necessary. This service is at a price set by the GP. It remains unclear how the visit to the care home differs from a general GP home visit and whether there is some duplicity of payment for the GP, as they are also paid for having individuals registered to them.

[12] www.dh.gov.uk/en/Healthcare/IntegratedCare/NHSfundednursingcare/DH_4000392

6.53. Every nursing home highly commended the GP services provided, but there was conflicting feedback about whether the retainer was fair considering the large variation of fees. Annual GP retainer fees range from £4,500 to over £20,000, with the average at £7,840. The homes that paid a GP retainer had most residents registered with that GP. There is a concern the GP retainer fee is being passed onto residents or Merton Council.

6.54. Three nursing homes do not pay a GP retainer. Two of these nursing homes that support adults with mental health or learning disabilities are more physically able to go to the surgery independently or with assistance. The third nursing home that doesn't pay a GP retainer is a block contract nursing home. It is registered with three separate GP practices who do not charge the nursing home a retainer because they only visit when required rather than a weekly visit.

6.55. The Department of Health guidance on "NHS-funded nursing care: Guide to care home managers on GP Services for residents" states that 'it should be made clear to residents which services are provided under the GP's NHS contract and which are additional.' It would be helpful to clarify how the GPs calculate the retainer to nursing homes and which services are being paid for.

Recommendation 12: That representations be made to the Department of Health/NHS London seeking to review the payment to GPs for registered patients in care homes, in addition to the private payment for services to care homes, as part of the GP contract, in order to achieve a standardised fee for the same service.

'Unfortunately the GP so often abandons the patient when they go into a care home. Then the relatives may never meet the nursing home doctor.' Relative's comment

6.56. All UK residents are entitled to be treated by a doctor, although it may not be possible for patients to register with the GP of their choice. PCTs have powers to assign patients to a doctor if they have difficulty in finding one. The majority of patients who move into a nursing home are not able to retain their GP. Some nursing homes managers want all residents to be registered by the visiting doctor while other homes are more flexible about whether they enable the resident to retain their GP. Two local GPs said they would refuse servicing patients in nursing homes because there is generally a contracted GP for the home.

COUNCIL CONTRACTS WITH NURSING HOMES

6.57. In order to secure best value, Merton has block contracts with four care homes with nursing in the borough: Eltandia, Carter House, Link House and Woodlands House. In total, Merton commissions 179 beds (which includes residential, residential with dementia & nursing) per week across the four nursing homes. Merton pays for the beds monthly, regardless of whether the beds are filled. The block contracts allocate a pre-determined number of beds specifically for Merton residents who wish to live in a care home in the borough.

6.58. Block contracts with nursing home were set up in 1999 for 15 years. The current procurement and contracts compliance manager who was not involved in the setting up of the existing long-term contract believes that contracts should not be let for such long durations. Contracts in Adult Community Care are now being let

on average for up to 3-years in duration (with the option at Merton's sole discretion) to extend for further periods of up to two years. This enables the Council to take advantage of any economies of scale through a block contract, but also to be able to be flexible in terms in light of changing requirements.

6.59. Block contracts present an opportunity for best value by purchasing bulk beds. However the risks can outweigh the financial benefits. It can create a high dependency on a limited number of homes. Merton commissions a total of 179 beds across four block contract homes; between 37 beds to 52 beds per home. Merton can amend the number of beds contracted, as allowed for, under the terms of the contract (or through a contract variation, if the provider and the local authority reach agreement).

6.60. Currently, two out of four block contract care homes are rated 1 star by CSCI which is considered an 'adequate' service i.e. with a one star rating. Other boroughs specify they will only block or spot contract with homes at a minimum of 1 or 2 stars. While Merton has made a commitment that they will not place residents in a '0' star rated care home, there needs to be a greater expectation of care homes to deliver better quality services**.**

6.61. In the past one block contract home has been under investigation following reports of abuse of residents & general quality concerns. An improvement plan was drawn up and appears to be meeting the recommendations contained within it, meeting the Council's requirements. If the plan is not adhered to, a default notice will be sent with the possibility of terminating the contract if the home does not comply with the improvement plan. The Head of Community Care would make the ultimate decision**.**

6.62. Panel members were informed by the contracts unit that the contracts are not performance related. If the quality of a block contract care home declines, it can create a financial and logistical issue, through paying for empty beds and possibly relocating a large number of residents which would also depend on the availability of beds elsewhere. However, through robust contract management techniques, the Council (with sufficient evidence) can issue (and has issued) under the terms of the contract an Improvement/Action Plan which the home has to commit to, addressing the quality issues and areas of non-compliance that the Council has. If they fail to meet the actions set out in the Improvement/Action Plan, then this can lead to payment for only the beds which are being utilised and ultimately contract default and termination for continual non-compliance to the contract terms. Due to the vulnerability of clients, a decision as to whether clients should be moved from a particular care home must be carried out after a review and risk assessment of the clients needs.

6.63. The second type of contract is a spot purchase contract with a care home, through a Pre Placement Agreement with spot purchase care home. Merton currently has 298 approved care homes on the approved provider list. 36 of these homes (approximately 12%) are in the borough.

6.64. There are currently two spot contract homes supporting a larger proportion of Merton residents that are rated two stars. In an attempt to manage risk and commissioning the provision of quality care in nursing homes, Panel members made a number of recommendations. They suggest Merton creates shorter block contracts instead of 15 years, increase the number of block contracts homes to provide better value and greater choice for residents, and commission less beds

per block contract to minimise the risk to council if the care home is rated less than adequate or '1 star' rating.

Recommendation 13: That L B Merton considers including performance indicators in block and spot contracts.

Recommendation 14: That L B Merton considers setting future block contracts with a maximum of 3 years, with the option to extend for 2 years.

Recommendation 15: That L B Merton considers gradually reducing the number of contract beds with all block contracts and increase the number of block contract providers.

Recommendation 16: That L B Merton ensures all care homes on the Approved Provider List have provided the appropriate documentation and removes any that have not met the requirements.

6.65. Spot purchase care homes are approved according to pre-determined criteria (for example, checking business credentials, financial stability, current CSCI reports and star ratings). The Contracts Unit approves care homes that meet the required criteria. Homes need to continue to meet these criteria to ensure they maintain the approved provider status. If the home does not meet the requirements of the approved provider status, then the home would be suspended from the approved provider list. When the nursing home has a pre-placement agreement, individual placements are concluded through the authorisation of a tripartite agreement (Individual Service Agreement) between the Council, home and client (or their representative).

6.66. Six South West London authorities are currently piloting a new outsourced database as a new potential way to approve Merton's spot purchase care homes sharing information with other member local authorities about care homes that specifically support people with a learning disability and physical disability, (for example, it alerts change in ownership). If it is successful, this database could be used to approve all care homes across all service types. Such a system will ensure that approved providers meet the Council's minimum requirements at all times

MONITORING NURSING HOMES

6.67. Merton is legally responsible for residents who are part or fully funded by the Council and placed in a nursing home in and out of the borough, as well as self-funded people living in a nursing home in the borough, regardless of whether they come from another borough. However, Merton Council is not legally responsible for self-funded residents moving into a nursing home outside the borough.

6.68. The Contracts Unit monitors care homes through various methods and monitoring visits. Block contract care homes have more monitoring than spot purchase care homes due to the higher degree of risk with a higher proportion of residents. Inspections for spot contract care home inspections are more re-active and limited in borough care homes**.** Criteria for selection of spot care homes for a visit is based upon that detailed in 6.73 & 6.74 below.

6.69. All care homes within the borough are monitored through the analysis and review of CSCI reports (against a pre-determined evaluation criteria) and star ratings on an annual basis. If any aspect of the review scores less than 50%, it is identified a priority for a full monitoring visit and the home is required to produce an action plan to address the issues.

6.70. Similarly, where a home only has a 1 star rating, the contracts team will seek further information from the home to ensure actions are in place for continued improvement. Merton may suspend the care home from the approved provider list if they don't comply, or issue a default notice. Further information is gathered from Social Workers and the Safeguarding Adults Manager and collated to produce a report detailing findings and actions the home must take to ensure continued compliance to the contract standard.

6.71. The Contracts Unit's Contracts Monitoring Officer undertakes a monitoring visit with an operational officer such as social worker once a year to all block contract care homes. During this visit an inspection of the home is carried out, interviews/discussions are held with appropriate LB Merton clients to seek their views of the quality of care they receive, as well as a review of relevant/appropriate policies/procedures and any issues which are specific to the home. As part of this process, the Contracts Unit are currently piloting a satisfaction survey of residents (next of kin) on their views of homes, which are subject to a full monitoring visit. Further information is gathered from Social Workers and the Safeguarding Adults Manager and collated to produce a report detailing findings and actions the home must take to ensure continued compliance to the contract standard. In addition, Merton's Operational and Contracts Unit meets with block contract care homes on a quarterly basis and more frequently if issues or complaints arise.

6.72. Merton manages 298 spot purchase care homes on the approved provider list. The contracts team are working towards taking any home off the list that hasn't had a Merton resident for a minimum of two years. There are 36 of these homes (approximately 12%) located in the borough. Only 4-6 of these spot purchase care homes receives an annual monitoring visit due to a higher proportion of Merton residents. The Contracts and Monitoring Team prioritises monitoring visits based on care homes with the lowest CSCI ratings and homes where concerns have been raised over care standards or safeguarding issues.

6.73. Care homes selected for monitoring within the borough are prioritised based on the number of people in the homes and any reported issues, complaints and safeguarding alerts. There is not enough capacity to review all spot contracts within the London borough of Merton on an annual basis. Outer borough care homes are not monitored. If there are concerns, the Contracts Unit would take action accordingly

6.74. If it becomes apparent that a care home is in breach of any of the terms in the contract, the Contracts Unit needs to ensure that sufficient written evidence is held on file and has to give the home the opportunity to address the issue. If the care home does not respond adequately or within the given timeframe, the Council can suspend the home (if it is a spot contract), or issue a default notice if it is a block contract, which can lead to termination of contract**.**

6.75. Furthermore, if the Contracts Unit is notified of any significant concerns or issues regarding specific homes within the borough, such as safeguarding adults or

quality concerns, staff would attend a review meeting as required and take appropriate action. This may involve seeking further clarification or devising a plan for future improvements by the home. If necessary, the home would be suspended from the approved provider list. Improvement plans would be drawn up, if specific quality issues were raised.

6.76. One spot purchase care home has been suspended from the Approved Provider List in July this year due to a number of issues that were not addressed appropriately. CSCI has rated the care home as '0 stars' or 'poor'. More frequent monitoring including visits from the Contracts Team may prevent the issues from escalating and putting residents at risk.

6.77. Social workers deal with placements and notify the Contracts Unit prior to placing any client in a non-approved home. A process is then followed to approve nursing home providers, by checking staff ratios, insurance and financial assessment etc. If a client is to be placed in a care home before the approval process is completed, the relevant care manager must complete a Risk of Placement form, which must be signed by the appropriate Service Manager prior to the placement being made. A copy of this must be sent to the Contracts Unit. Social workers review residents' care needs after 6 weeks and then annually, however it was indicated there is not enough capacity to review residents' care annually.

6.78. The Contracts Unit does not visit the care home before approving a spot contract, whether it is in the borough or not. This is a resource issue and there are time constraints as residents need to be placed within 2-days. The team has tried obtaining quality assurance information (such as monitoring reports carried out by host authorities) from other boroughs but are frequently informed that the host authority won't share such information. Merton is happy to share its monitoring information with other boroughs if requested.

Recommendation 17: That L B Merton ensures sufficient resources are allocated for contracts monitoring staff to ensure adequate monitoring of nursing homes in and out of the borough.

6.79. The Brighton & Hove Primary Care Trust is funding a quality review nurse, through the Burdett Nursing Trust, to monitor the quality of nursing care in nursing homes. Although it is a temporary position, if it proves successful there will be attempts to secure further funding. The post will work across all older people nursing homes located in the city, including those registered for older people with mental health needs. The role will be to ensure that they adhere to the agreed nursing standards, and will be based within the Contracts Unit, working closely with the Contract Officer whose responsibility it is to monitor nursing homes. All care homes with nursing will be asked to complete a self-assessment of the clinical care they deliver. The self-assessment will be followed by an arranged visit to the home, where the care of a random sample of clients will be assessed through structured interviews. The results of the structured interviews will be compared with the information provided in the self-assessment to form a short report. Work will then be undertaken with the home to develop an action plan to improve on any areas of concern.

Recommendation 18: That the PCT considers funding for piloting a quality review nurse.

6.80. CSCI has moved into a new review regime where they will inspect homes on the frequency of the star rating, for example, if a nursing home gets 2 stars they will be inspected every two years. If however there were safeguarding concerns or a serious or numerous complaints, the Panel believes CSCI should make an unannounced visit outside this regime. Moreover, care homes rated 0 star will be visited by CSCI every 3 months and they will inspect homes when there is a change in management.

6.81. CSCI do not inspect every standard, just the ones they think are the most important for the service at the time of inspection. Using a set of guidelines, called Key Lines of Regulatory Assessment, Inspectors make judgments for each key standard and star rating as follows: poor (0 stars), adequate (1 star), good (2 stars) or excellent (3 stars).

6.82. CSCI vebally informs Merton if there are safeguarding concerns regarding a person. CSCI does not advise Merton of general concerns, unless there is a specific alert. Following a key inspection, it can take CSCI up to two months before the report is available on the CSCI website, which is the normal time frame but can leave residents in a vulnerable position**.**

6.83. Care homes evaluate their own performance by means of the Annual Quality Assurance Assessment (AQAA).

ASSESSMENTS

6.84. The concept of a single assessment process for older people, introduced in the Older People's National Service Framework, aims to make sure that older people's care needs are assessed accurately and without procedures being duplicated by different agencies. Merton is currently setting up the single assessment process that is not yet consistently implemented by health and social care operational teams for older people, and work is needed to improve the experience of people transferred between teams.

6.85. Some people stated that they had some difficulties in finding the initial access into services, and there were delays in assessments being started. The quality of assessment and care planning was inconsistent. Following assessment, there was generally a good access to services. However, some people felt they were not involved in the decision-making or offered choice and that the more flexible or imaginative responses were needed to identify and address individual needs.[13]

6.86. Under the National Assistance Act 1948 (Choice of Accommodation) Direction,1992, individuals have the right to choose a home of their choice, whatever the quality of the rating. Accordingly, wherever practical, older people are placed into care homes of their choice. As already stated, Merton has four block contracts in the borough and spot contracts with care homes in the borough and in other parts of the country. However, when residents care needs decline rapidly and they need to be placed in care in an emergency.

6.87. Since January 2004, if a patient is delayed in discharging from acute services solely because supporting community care arrangements are lacking, the culpable local authority will have to financially reimburse the relevant NHS acute trust.[14] This can also limit the time for residents and relatives to make an informed decision on the most appropriate care home. Hospital and Social Work teams

[13] Independence, Wellbeing and Choice, London Borough of Merton, CSCI 2008
[14] http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Delayeddischarges/index.htm

may not have much time or options to provide residents with a choice of home. Other factors may be deemed more important, such as availability.

> *'I used a private care consultancy.' Relative's comment*

6.88. Residents are assessed for their eligibility for Social Services, which includes a financial assessment. If, for example, the resident may have initially had a 12-week property disregard or a financial assessment that established they had monies above funding level, they would not be eligible for social services, and are referred to as 'self-funders'. Generally, self-funders do not receive the same information, support and advice as funded residents, due to insufficient resources. Self-funders and/or their relatives are referred to the CSCI website for star ratings and the reports detailing how each home is performing. But the star rating system can be misleading. Some homes may have just missed out on achieving the higher rating and actually be a high quality for that star rating and vice versa. Moreover, self-funders do not necessarily receive information about safeguarding issues currently or recently being investigated. Self-funders do not get the same advantage of purchasing the nursing home bed at a negotiated price, such as block contract and spot purchase beds. In response to this, Social Services are considering offering self-funders a brokerage service where they can provide advice and negotiate fees with nursing homes on behalf of the resident.

6.89. The CSCI report, 'Cutting the Cake Fairly: CSCI review of eligibility criteria for social care (DHN)', concludes that with finite public funding for social care there needs to be a system which ensures that support is allocated fairly. The Department of Health (DH) has welcomed the suggestion that the FACS guidance should be reworked and set clearly in the framework of *Putting People Fir*st. The DH plans to work with stakeholders to revise the guidance and consult on this in the Spring of 2009.

6.90. Reports suggest that people are being denied assessment because they do not meet financial eligibility criteria – against current policy. It is essential not to blur the distinction between assessments of need and means. Information suggests that there are large differences in how the bandings are interpreted within and between authorities.

6.91. The Audit Commission indicates that the difference in council expenditure between setting thresholds at moderate or substantial/critical was 'very modest' compared to huge variations in expenditure between councils. The bandings do not support the implementation of personalised budgets and the wider *Putting People First* agenda. The CSCI recommendations aim to address these issues with: an outcomes-based approach, compatibility with the personalisation agenda, stronger focus on prevention and inclusion, fairness and clarity of access, and guaranteed basic national minimum support[15]. Merton is currently reviewing its adult social care services to take account of safeguarding requirements, personalised services and brokerage services for self-funders, which the Healthier Communities and Older People Scrutiny Panel is scrutinising at regular intervals.

6.92. An assessment for support from the PCT involves completing a 20 page Continuing Care Decision Support Tool (DST) with input from a GP and other specialists such as occupational therapists or physiotherapists. If the resident is

[15] Cutting the Cake Fairly: CSCI review of eligibility criteria for social care (DHN)

currently in a nursing home, the Nurse Assessor completes the application. The assessment is then considered by the Continuing Care Panel to determine eligibility. Panel members consist of the Continuing Care Manager (who chairs the panel), a Medical Consultant, Occupational Therapist, Social Care Manager, a Continuing Care Coordinator and a clerical assistant. If the assessment form is not completed in full, it is deferred by the panel for more information.

6.93. Sutton Council sends a vacancy list for nursing homes every week but this has not been normal practice at Merton Council. As of 19/09/08, the PCT arranged for the lists to be sent by Merton on a weekly basis. This is an efficient process that provides the PCT with regular updates on the available nursing home beds in the borough.

REVIEWS

6.94. Social Services have a statutory requirement to update residents' care plans on an annual basis, however there is currently a backlog of up to four years in some cases. The Adults Safeguarding Manager is starting to do some reviews. Reviews need additional resources to deal with the issues that arise, as social workers do not always have the capacity to respond. Additional resources and a more coordinated and integrated approach to reviews is necessary.

6.95. If any complaints are received from a range of sources (including social workers, clients, next of kin), a full response detailing the actions they will take to ensure the issue does not occur again is obtained from the home in writing. If necessary, an Improvement Plan is created and agreed between the Council and the home, setting out the actions required of the home (and the completion dates) to ensure that the issues do not happen again. The Contracts Team would then regularly monitor and assess the improvements and progress against the plan accordingly (for example via monitoring visits). If the Plan is not adhered to, then defaults would be considered, or, for spot purchase homes, suspension from the Council's approved provider list may occur.

6.96. Following placement into a nursing home a reassessment for continued eligibility for Level 1 or Level 2 is carried out in 3 months. The 20 page decision support tool (DST) is used for Level 1, and Level 2 requires completion of a 5-page assessment form by the Nurse Assessor. For any other placements in a nursing home, if the person is not eligible for funded nursing care contributions (FNCC), they are informed but not entered onto the database. If self-funded residents place themselves in a nursing home and they are assessed as ineligible for FNCC, they will not get £103.80 per week. Furthermore assessments are carried out on all nursing home residents annually, but if their needs change, the home can notify the Nurse Assessor at any time and funding may be applied accordingly. All reviews are completed by the Nurse Assessor**.**

6.97. Sometimes the PCT finds residents have been in the nursing home for up to 3 months without having been informed. This issue was only highlighted when the PCT nurse visited a nursing home and came across the new person by chance. In this case, if the person does not have relatives/friends, the person is vulnerable to safeguarding issues. The PCT have advised that they are not asked to contribute to CSCI regulatory inspection reports for nursing homes and would like the opportunity for input in future**.**

Recommendation 19: That the PCT develops guidance for nursing homes to report new placements to the PCT within a specific timeframe to ensure residents are linked to relevant support services in a timely manner.

CARE PLANS

6.98. There needs to be an ongoing goal to improve information and recording in the care plans. Nursing homes review residents' care plans at different intervals; monthly, bi-monthly and 6 monthly. Most nursing homes said they would review the care plan more frequently if there were changes in the resident's needs or health. One nursing home has made all their care plans electronic, while another home has discussed the idea of putting the care plan in the resident's room to make it a more 'active' document.

6.99. Care planning assists in ensuring that people who use the service get the support they need in the way they wish. CSCI's recent report suggested Social Services care plan formats did not promote an outcome-focused approach, and while there were examples of holistic work, several plans were predominantly focused on immediate needs and activities of daily living.[16] This is currently a limitation of the CareFirst database. Social Services will soon have an updated version. More detail could be recorded on what people can do for themselves and individual likes and wishes. For example, in relation to bathing, what time of the day they prefer, what toiletries they like and how long they prefer to stay in the bath or shower.

INDIVIDUAL BUDGETS

6.100. A national resource allocation formula -Individual budget pilots are developing local resource allocation systems (RAS) in which points are awarded in respect of need and are converted into a financial amount. Since local RAS would result in variability between areas, CSCI urges the DH to consider urgently developing a single national resource allocation formula. The attribution of financial values to points generated in a national system could remain a matter for local decision, reflecting variations in the costs of services across the country. In response to this issue, the DH indicates that it will evaluate the risks and opportunities of systems emerging through the individual budget pilots[17]

6.101. Direct payments allow eligible people to pay for support services. They have not always been practicable for older people. Direct Payments are managed either through a separate bank account or through a brokerage service.
It would be helpful for nursing homes and social workers to build in time to allow people to decide whether they wish to stay in the home or assist them to move if they prefer. This may encourage residents to speak up about the care they are receiving.

6.102. Moving people to another nursing home always carries a high risk of people dying. However, based on the risks and poor quality care, Merton Council has moved five people from a particular residential home, regardless of the family wishes, and contacted the boroughs responsible for the other four residents living there.

[16] Independence, Wellbeing and Choice, London Borough of Merton, CSCI 2008
[17] Cutting the Cake Fairly: CSCI review of eligibility criteria for social care (DHN)

6.103. Relatives have said they are happy with one care home that was rated '0' stars, but they may not know what level of care can be expected and may feel pressure that they may need to take their relative home and take care of them. The Panel heard that some families feel Merton has pressurised them to move the residents based on the decision that they will not commission care homes rated '0' stars. The Council needs to respect the rights of the resident and families not to take action. There is now only one Merton residing in this care home.

RECOMMENDATION 20: That L B Merton increase awareness of residents' and relatives' rights and options to move into another nursing home if it is the residents' preferred option.

NURSING HOME COSTS

6.104. Merton is required to give an annual Retail Price Index (RPI) increase or other indices in line with the terms of the contracts. Block contract prices are set and spot contracts can be negotiated and renegotiated, particularly if the residents care needs change. Merton does an annual fee negotiation with the spot nursing homes. This year Merton has a 0% increase to the fees for nursing homes; it is normally 2.2-2.5%.

6.105. The cost of a nursing home in Merton can range from £427 to £1,150 (see Appendix B) per week for older people, however some homes have not specified the maximum amount in the CSCI report. Costs largely depend on the size of the room; proximity to garden and the residents' care requirements.

6.106. Merton is one of the lowest paying boroughs for nursing homes in London. Merton's average cost for a nursing home placement in 2007-08 was £576.75 per week (see table 4.1). In contrast, other boroughs will pay up to twice as much as Merton. Some nursing homes said it provides little incentive for them to accept Merton residents over other boroughs that pay more or self-funded residents who cover the actual cost of the room, meals and provision of care. Some Merton nursing homes may resent Merton's expectations considering minimal pay compared to other boroughs. But quality services should be expected regardless of payment levels.

6.107. Two people residing in one nursing home were self-funded and ran out of money. Merton now pays £500 per week, which is half the minimum fee. Moreover, residents who were placed in the past five years at another nursing home are currently paying low fees because Merton has not been increasing the fees in line with at least inflation all these years. Many of the nursing homes said self-funders are often making up the shortfall for residents being partly or fully funded by Merton. Two nursing homes said they could only take one more Merton resident this year due to rising on-costs for food, utilities and fuel.

6.108. Panel members did not view any financial statements from nursing homes. A Treasury Officer advised that they do not retain financial statements once the registered home has been assessed. However the Officer did recall some of the registered offices for nursing homes were in the Channel Islands and Chelsea Harbour. Further to checking the financial stability of the provider, panel members requested Merton assesses the nursing homes accounts to ensure management costs are below 15% and to record the profit margin. They also want the information at hand to influence the nursing home to purchase equipment or provide additional activities as part of their service.

Recommendation 21: That L B Merton assesses nursing home accounts from contract and monitoring reviews.

SAFEGUARDING

6.109. Safeguarding adults is a national issue. The main type of adult abuse in Merton is financial, followed by physical, abuse. Safeguarding issues typically occur in the person's own home, followed by residential care. Female older people are statistically more at risk.

6.110. In 2007/08, Merton investigated 125 safeguarding alerts; 110 were female, 13 were male and 2 unknown. This is consistent with the national picture. There were 66 alerts for Older People; 13 for Mental Health; 16 for Physical Disabilities; 2 for Supporting People and 30 for Learning Disabilities.

6.111. Safeguarding alerts are increasing. From April to July this year, there have been 46 alerts, which is on average 12 alerts a month. 90% of them are around financial, property, house, and jewellery related issues. Based on these statistics, it is anticipated there will be a 40% increase in safeguarding alerts during 2008-09. The increasing number of safeguarding alerts are attributed to increased awareness and understanding of what it is and how to respond.

6.112. The Community Care Safeguarding Manager, alongside the Community Care Managers play a lead role in safeguarding adults to ensure all alerts are responded to efficiently and effectively. The commitment from Management and the Community & Housing Team contributed to achieving a two star rating out of a maximum of three for safeguarding adults from CSCI this year. Merton is one of only three boroughs in this round of inspections. The strengths of Social Services Adults Safeguarding Team highlighted in the report include: A strong commitment from Senior level; progress in indicators relating to maintaining people's independence, improved financial systems and data quality, some service innovation and an innovative and ambitious change programme.[18] This is a great result; however, there remains much effort to continue the hard work and achieve the three star rating.

6.113. The Safeguarding Adults Team consists of one permanent full-time Manager and one temporary full-time Support Officer and no allocated budget. The Adults Safeguarding Manager coordinates and responds to and oversees every allegation of abuse for adults over the age of eighteen across the organisation, arranges and facilitates safeguarding training and coordinates a safeguarding network. It is a multi-agency process with health and social workers, the Contracts Team, CSCI and the Police.

6.114. Merton has fewer dedicated resources to safeguarding adults compared to the neighbouring borough of Sutton, which has a Safeguarding Manager, Support Officer, Administration Officer and an allocated budget.

6.115. The Adult Safeguarding Manager provides various training sessions, at least once bi-monthly, for new staff that support adults in the community, and those in need of an update. Adult safeguarding training sessions consist of a general awareness session, and two other sessions which focus on creating a culture of care and empowerment and mental health issues. The training aims to meet

[18] Independence, Wellbeing and Choice, London Borough of Merton, CSCI 2008

Social Care Worker National Occupation Standards and minimise the risks to vulnerable adults through awareness of the types of abuse, the circumstances in which it happens, and identifying the signs and how to take appropriate action. Some providers felt there were not enough resources to meet demand.[19]

6.116. In contrast, Merton's Children's Safeguarding Team has twelve full time staff including a Child Protection Manager, an Office Manager, three Independent Review Officers, three minute-takers, one Administrator in child protection, one Administrator in Statutory Reviews, one Quality Assurance Officer and one Safeguarding Development Officer. While the Children's Safeguarding Team has a greater caseload, it is recognised that the Adult Safeguarding Team is not adequately resourced to respond to the increasing number of alerts and the effectiveness of the function and the CSCI star rating is in jeopardy if staff resources do not match the increasing workload.

6.117. Surrey County Council amalgamated the Children and Adults Safeguarding Team and are reverting back because of the distinct differences between the teams. Children and adult safeguarding have different legislation and processes, which makes it difficult to consider them together.

6.118. The Adult Safeguarding Team does not have an allocated budget. This creates limitations for the team to promote the service and raise awareness of adult safeguarding issues with professionals and the public through materials such pamphlets and media campaigns.

6.119. CSCI reported that recording was an area for development. It was stated that 'case records were weak with some gaps or inaccuracies. Case files with on-going safeguarding concerns were not adequately flagged on CareFirst, the electronic social care recording system in operation for social care'.[20]

Recommendation 22: That L B Merton ensure the Adult Safeguarding team is adequately resourced to effectively respond to the increasing safeguarding alerts.

6.120. Neglect is another common abuse that results in poor standards of care in Merton. Below are two examples of neglect in the borough.

- *'A resident with dementia was found eating his faeces in the morning even though it was documented that he had soiled his pants the previous night at 8pm.' (Council Officer)*
- *'A resident scalded herself and was taken to the burns unit after she was left to drink a hot cup of tea unassisted and was not physically able.' (Council Officer)*

6.121. Another care home recently investigated reports of physical abuse of residents in a care home in Merton. Residents indicated that they do not report issues because they do not want to get people into trouble. An injury was reported on a Monday but it happened on the previous Friday. The GP wasn't called out. There was new management last year and staff had reportedly been drinking on duty. This indicates the potential for institutional and systematic failure in care.

[19] Independence, Wellbeing and Choice, London Borough of Merton, CSCI 2008
[20] Independence, Wellbeing and Choice, London Borough of Merton, CSCI 2008

6.122. There are a variety of ways people can report safeguarding issues. Merton has a dedicated 24-hour hot line and a range of professionals to whom people can report safeguarding issues, such as social workers, monitoring or review staff. Other avenues to report safeguarding issues include contacting GPs, CSCI or the Police. The issue remains that many safeguarding issues or concerns are not reported.

6.123. There are a number of reasons why safeguarding issues are not reported. Some relatives report that they don't want to address some issues, such as stolen, lost or damaged personal effects, lack of activities or quality of meals because they are concerned their relative will be treated less favourably or victimised. If issues are more serious, they tend not to be reported, because of the stress of the ordeal and burden and process to look at other accommodation. In July, three people with dementia living in a care home in Merton had unexplained bruising and injuries. It was reported that all residents at some point have had injuries and care home staff need to comprehend the importance of such issues.

6.124. When CSCI have safeguarding concerns, they make it known to the Council. It can take up to two months or longer between the inspection and report being completed which is the normal time frame but the panel believe this can leave residents in a vulnerable position. CSCI do however inspect homes when there has been a change in management and act promptly on complaints and safeguarding issues.

6.125. There appears to be a lack of safeguarding from multidisciplinary agencies, such as the Police. They seem reluctant to get on board and shift the responsibility to other authorities. The Panel believes that other agencies should be more proactive in this area.

Recommendation 23: That L B Merton works towards creating a coordinated approach with other organisations, including GPs and the Police, to provide more awareness training for public and professionals on safeguarding adults.

SAFEGUARDING LEGISLATION

6.126. The 'No Secrets' guidance established the first inter-agency framework, in which adult social services authorities are responsible for setting up and leading local safeguarding arrangements. Eight years on, feedback on implementation indicates that the guidance should be strengthened to ensure that systems are comprehensive and effective. It should be updated to address new national policies such as the personalisation agenda and community empowerment[21].

6.127. Merton Council sometimes has information about care homes but can't share it with the public because under current legislation, it would be breaching the confidentiality of other residents. The 'No secrets' legislation is currently being reviewed. There is no legislation specifically for safeguarding adults, as there is for children through the Child Protection Act**.**

6.128. There appears to be little or no legislation to protect older adults. It can be difficult to determine what pathways people can take with their complaints/issues beyond CSCI. There are changes with safeguarding legislation. Legislation

[21] Safeguarding Adults: A Consultation on the Review of the No Secrets Guidance (DHN)

requires regulation. The industry said there is too much regulation. There is a commitment from government to reduce red tape and save money. Regulators have responded and reduced the frequency of regulating.

6.129. The Mental Capacity Act 2005 (MCA) creates the Independent Mental Capacity Advocate (IMCA). Advocacy Partners currently provide the IMCA service in Merton. The Act requires services to refer people to IMCA to make important decisions when there are no family members to act on their behalf. For example, deciding whether a person comes off dialysis, or moves in/out of accommodation**.**

6.130. The Deprivation of Liberty safeguards is a new stautory process from 1 April 2009. The process covers all people over the age of 18 with significant learning disabilities, dementia, autism, brain or neurological conditions in a care home, acute or long stay hospital (not people sectioned under the Mental Health Act) who lack capacity to consent to treatment that amounts to a deprivation of their liberty. The DOLs process requires six assessments to be carried out by two independent people and the service users must meet the criteria of all the assessments to be eligible.

6.131. There is an onus on the provider to ensure that anybody who may be deprived of their liberty applies for authorisation and that it is clearly part of managing risk and is given for the least minimal time. The safeguarding board will oversee applications. There are joint awareness raising days; however providers are required to kick start the process and therefore will need to ensure that they train staff. Central government has given extra funding for the next three years for the set up and management of the process. However, this will not cover additional care management costs where authorisations are not granted and the person needs to be provided with care in a different way. There is a question about whether the services supporting older people moving into a nursing home have the knowledge of the statutory requirements underpinning the service. Currently no departmental decision has been made on who will regulate the Acts. Issues arise when nursing home services, GPs and local authority staff are not aware of their obligations under various Acts. Furthermore, where nursing home staff receive training, due to the high turnover, how much of the knowledge is retained in the service?

Recommendation 24: That Merton Safeguarding Network develops a practical guide for nursing homes on the legislation and statutory requirements for registered nursing homes. It is expected MSN will consult the LINk, CQC and other agencies.

7 CONCLUSIONS

7.1 The Scrutiny Review Group members are aware that the recommendations contained in this report will represent some significant and challenging resource implications if they are accepted. Nevertheless, the recommendations are considered to be valid and desirable in terms of improving quality of care for Merton residents in local nursing homes.

7.2 Outlined below are some implications that have already been highlighted by officers:-

Recommendation	Resource Implications
Staffing ratios – increasing the number of staff in a home. (Recommendation 10 refers)	It is difficult to achieve an increasing number of staff in a home if CSCI confirm that the number of staff: client ratio meets statutory requirements.
Information and training to staff to increase staff understanding and awareness of various faiths. (Recommendation 11 refers)	The specification only stipulates that the home must provide clients access to appropriate worship. As long as they do this, the requirements are complied with.
Performance monitoring block and spot contracts (Recommendation 13 refers)	With the Council having in the region of 200+spot purchase care homes, it will be impossible to monitor performance against KPIs for these homes, without significant additional resources (for some homes which are out of the area, it may mean visiting them to assess performance). This recommendation could be developed, through a contract variation, for block contract homes.
Setting future block contracts with a maximum of 3 years (Recommendation 14 refers)	Best practice guidance indicates that contracts should be for a minimum of 3 years, with the option to extend for a further period. A contract of 3 years or less usually means a higher contract price, simply because the provider has less time to recoup the set-up costs. Ideally, it could perhaps be 3 years, with the contract reviewed and amended at annual intervals (with a scale of targets)for a further period.
Gradually reducing the number of contract beds with all block contracts and increase the number of block contract providers. (Recommendation 15 refers)	Whilst this can be achieved, it would have significant impact on the workload of the Contracts Unit. It must also be noted that, with the 'Putting People First' agenda scheduled for implementation in 2011, there is a view that the Council may require fewer number of block beds as clients seek their own care. The way forward could be for fewer block contracts and more spot contracts.
Ensuring all care homes on the	The Council is currently conducting a pilot

Approved Provider List have provided appropriate documentation (Recommendation 16 refers)	study (with other local authorities) for an external accreditation process for our learning and physical disability care homes. These are re-accredited annually and if they do not have any clients in them, remain on the approved list provided they meet the Council's minimum requirements. If the pilot is successful, it will be rolled out to other client groups including older people.
Assessing and retaining nursing home account from contract and monitoring reviews. (Recommendation 21 refers)	For all homes, this has resource implications, given the current Contracts Unit structure. The aim is to do this every 12 months, however this is currently not possible due to insufficient resource in the Unit to undertake it. If the situation dictates, a financial appraisal is carried out. However, if the approved provider process is externally carried out, then appraisal will be undertaken by the external provider.

7.3 Other resource implications may be highlighted during the approval process for this report and these will need to be taken into consideration as necessary.

7.4 This report has been endorsed by the Healthier Communities and Older People Scrutiny Panel in February 2009 and forwarded to Cabinet for approval. An action plan will be drawn up to take forward the agreed recommendations and implementation will be monitored through the Scrutiny Panel at regular intervals.

APPENDICES

APPENDIX A: QUESTIONNAIRE RESPONSES

Respondents	Extremely Satisfied	Satisfied	Neither Satisfied/ Dissatisfied	Dissatisfied	TOTAL	Percentage of respondents
Nursing home resident	3	6			9	39%
Nursing home relative	2	7	2	1	12	52%
Nursing home manager		1			1	4%
Friend			1		1	4%
TOTAL 5		14	3	1	23	
Total Percentage of respondents	22%	61%	13%	4%		

APPENDIX B: NURSING HOME WEEKLY COSTS

	Minimum weekly cost	Maximum weekly cost
179 Green Lane	£1,800	£2,400
Baron's Lodge	£840	£995
Carter House	£418	not specified
Cumberland £651		£800
Eltandia Hall Care Centre	£465	£725
Fieldway £695		£856
Heathland Court	£900	£1,150
Kelstone Court Nursing Home	£578	£625
Lancaster Lodge Nursing Home	£750	£850
Link House	£427	£745
Queens Court Care Home	£990	not specified
Rosemary Lodge	£705	£840
St Teresa's Home for the Elderly	£455	£764
Wimbledon Beaumont	£1,000	not specified
Woodlands House	£438	not specified

APPENDIX C: SCOPING TEMPLATE

Title of Review	**Quality of Care in residential nursing homes** By definition, a nursing home is the same as a care home, but they also have registered nurses who provide care for people with more complex health needs.
Task group members	Healthier Communities and Older People Panel 1. Councillor Gilli Lewis-Lavender (Panel chair) 2. Councillor Sheila Knight 3. Councillor Margaret Brierly 4. Councillor Jeremy Bruce 5. Councillor Denise March 6. Councillor Peter McCabe 7. Councillor Dennis Pearce 8. Councillor Gregory Udeh Scrutiny Team- Stephanie Worsteling & Barbara Jarvis
Co-opted members	1. Myrtle Agutter 2. Laura Johnson 3. Saleem Sheik
Outline purpose of review	To scrutinise the quality of care provided in residential nursing homes commissioned by Merton within the borough. The aims are: To review the quality of care provided in residential nursing homes from various perspectives; Service users, their relatives or representatives Residential nursing home staff Other services To examine key areas where residential nursing homes may not be meeting the service users needs.
Expected timescale	The Task Group will report its findings to the next meeting of the Healthier Communities and Older People Panel on 14th October 2008. Report to be completed by 10th February 2009.
Terms of reference	Task groups will be set up to review the quality of residential nursing homes. Task groups will; Agree to review specific aspects of quality care in LBM residential nursing homes. Allocate tasks within the group and report findings.
Key areas of enquiry What should be included/excluded from the review?	**Areas to review but are not limited to the following:** Staff recruitment, induction, training, qualifications, ratio, turnover, communication Health, personal care and toileting

	Meals, including special dietary and/or ethnic requirements Activities provided especially for physical and mental well-being (e.g. pets and relationships) in the nursing home and in the community Cleanliness and odour- accommodation and environment Management and administration Safety & security Complaints- process and follow-up Independence and personal choice e.g. services users to choose the time and place of activities Diversity- age, disability, faith, race, sexuality Service users assessed needs and continual review of needs being met
How review could be publicised	London Borough of Merton website, My Merton Magazine London Borough of Merton notice boards Residential nursing homes information boards Community Centres Third sector organisations Places of worship GP surgeries
Possible sources of information	London Borough of Merton officers Commission for Social Care Inspection Centre for Public Scrutiny/IDeA Best practice from other authorities Department of Health 'Our health, Our Care, Our Say' white paper Report on consultative forum for Older People with a focus of listening, engaging and consulting (2007)
Potential barriers	Evidence collected from stakeholders will mainly be qualitative. Regard will be given to the pros and cons of this data. Review may put more additional pressures on stakeholders in terms of their involvement. Timescales may limit the breadth of the project.

Possible witnesses (For written or oral evidence) e.g. Council officers, individual residents, community groups, partner organisations, other interested stakeholders, other external organisations	Internal contacts - Meetings Manager of Community Care- Terry Hutt Social Services- Jean Spencer Contracts Team & and Compliance monitoring David Slark & Jenny Thrower Safeguarding- Julie Phillips Hospital Works Manager- Peter Crowther Principal Team Manager- Jenny Rees Residential Nursing Homes – Meetings, visits & surveys Service Users Relatives/Family Members/Carers of service users Managers and staff Partnering Agencies – Meetings, information & statistics Commission for Social Care Inspection Advocacy Partners Primary Care Trust Merton Age Concern Merton Seniors Forum Merton and Morden Guild Wimbledon Guild Merton Mind Crossroads Jubilee Day Hospital Department of Health NHS Elderly Accommodation Counsel Counsel and Care
Expected outcomes (All linked to Merton's vision and strategic objectives)	The outcome of the review will contribute to improving the quality of care in residential nursing homes in the London Borough of Merton. It will also contribute to creating healthier communities and improving the quality of life for older people. The review will make links to the LBM business plan objectives 2008-11.
Scrutiny Team lead	Stephanie Worsteling t. 020 8545 3864 e. stephanie.worsteling@merton.gov.uk
Key Relevant Review Officer(s)	Manager of Community Care- Terry Hutt Partnership Development Manager- Jean Spencer

APPENDIX D: INFORMATION & CONSENT FORM

Review of the quality of care in nursing homes in the London Borough of Merton – Have your say

The Healthier Communities and Older People's Overview and Scrutiny Panel are currently reviewing the quality of care in nursing homes in the London Borough of Merton.

Scrutiny is part of the democratic process that enables a constructive dialogue between the public and its elected representatives to improve the quality of public services. A key function of Scrutiny is to review local issues to ensure the council is making decisions in the best interests for the residents and the Borough.

This is an information sheet about the review and includes a written consent section on the back page for people in the Borough who wish to contribute by providing feedback.

What are the aims of the review?

The review aims to contribute to improving the quality of care in nursing homes in the Borough, contribute to creating healthier communities and improving the quality of life for older people.

Who can contribute to the review?

To ensure scrutiny councillors make balanced, evidence-based recommendations, Panel members are meeting with a range of people, including: -

- People who live in a nursing home in the London Borough of Merton that are self-funded or part/fully funded by Merton Council,

Carers and relatives of people who live, or have lived, in a nursing home in Merton,

- Nursing home management and staff, and
- Representatives from local and national services.

How can people contribute to the review?

The Panel have developed a variety of ways to enable people who wish to contribute. They are as follows: -

- Questionnaires will be available at nursing homes in the Borough
- Questionnaires can be submitted by following the links on Council's website www.merton.gov.uk/scrutiny
- Panel members will be visiting all nursing homes in Merton and supporting people who wish to contribute to complete a questionnaire.

How will the information be used?

The questionnaires will be voluntary and anonymous. Information gathered will be reported as overall comments and will not be linked to any individual or nursing home.

How will the information be stored and managed?

The personal information will be held and used in accordance with the requirements of the Data Protection Act 1998. All information will be collated and stored in Council's secure web link and files that the Scrutiny Team can only access. Documentation relating to the review will be kept for 12-months, for reasons that it may be required if it is challenged, and then carefully and securely disposed off.

Panel members will be visiting the nursing homes in Merton as follows: -

Name Day		Date	Time
Lancaster Lodge Nursing Home	Friday	19/09/2008	2pm
Baron's Lodge	Sunday	21/09/2008	2:30pm
St Teresa's Home for the Elderly	Thursday	25/09/2008	2:30pm
Carter House	Friday	26/09/2008	11am
Rosemary Lodge	Sunday	28/09/2008	11am
Heathland Court	Sunday	28/09/2008	2:30pm
Link House	Thursday	02/10/2008	11am
Cumberland Friday		03/10/2008	11am
Wimbledon Beaumont	Friday	03/10/2008	2:30pm
Kelstone Court Nursing Home	Sunday	05/10/2008	10am
Queens Court Care Home	Sunday	05/10/2008	1:30pm
Woodlands House	Thursday	09/10/2008	11am
179 Green Lane	Thursday	09/10/2008	2:30pm
Eltandia Hall Care Centre	Thursday	16/10/2008	10am
Fieldway Friday		17/10/2008	11am

Note: These dates and times may be subject to change

If you wish to contribute to the review or provide consent on behalf of someone else who wishes to contribute, please complete the section. If you have any further questions, contact the Scrutiny Team on **020 8545 3864** or scrutiny@merton.gov.uk

- -

Consent Form

I agree to the terms of how the information is going to be collected, used, stored and managed. **I understand** I have the right to change your mind at any time, including after I have signed this form.

Sign: …… Date: …….

Name (PRINT): ……

A witness should sign below if the person is unable to sign but has indicated his or her consent.

Witness Signature: …… Date: ……..……
Witness Name (PRINT): ……..…
Relationship to person: ……

Confirmation of consent (to be completed by the lead officer)
On behalf of the researchers team, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.
Signed:…….…… Date: .. ……..…….
Name (PRINT): ……. …… Job title …….. ……..….

Person has withdrawn consent (ask person to sign /date here) ……..……..

Appendix E: Questionnaire

HEALTHIER COMMUNITIES AND OLDER PEOPLE SCRUTINY REVIEW: QUALITY OF CARE IN NURSING HOMES 2008

Merton Council's Healthier Communities and Older People's Overview and Scrutiny Panel have set up a task group to examine the quality of care in nursing homes in the London Borough of Merton.

Part of the review is to seek residents, and other interested parties views on the review. These views will be considered by the group helping them to form their recommendations that will be presented to Cabinet.

We would be most grateful if you would provide us with your views by completing this survey. We encourage you to provide additional comments, examples and/or suggestions in the extra space provided.

A blank page has been added allowing you give additional details. If you require support to complete the form, please contact Stephanie Worsteling on 0208 545 3864 or stephanie.worsteling@merton.gov.uk

You can also complete an online version of the questionnaire by visiting www.merton.gov.uk/scrutiny and following the relevant links.

Please tick one box per question or write appropriate comments in the space provided.

SECTION 1

1. What is your involvement in the London Borough of Merton's review of the quality of care in nursing homes?

☐ Nursing home resident
☐ Relative
☐ Friend
☐ Nursing Home Manager
☐ Nursing Home staff
☐ Health Professional
☐ Councillor
☐ Other

2. Please enter your postcode:

3. What is your overall level of satisfaction with the quality of care in nursing homes?

☐ Extremely Satisfied
☐ Satisfied
☐ Neither Satisfied/Dissatisfied
☐ Dissatisfied
☐ Extremely Dissatisfied

SECTION 2

The following questions ask for your views on various aspects of the care provided in nursing homes

4. How would you rate the quality of personal care provided (for example; assistance with bathing, dressing, grooming and toileting)?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

5. How would you rate the care of resident's personal effects, such as clothes, spectacles and teeth?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

6. How would you rate the quality of the meals (for example, taste, options and variety)?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

SECTION 3

The following questions ask for your views on nursing home resident's independence, choice and well being

7. Do residents have the option to choose what meals they prefer to eat (for example, special dietary or ethnic requirements)?
☐ Yes
☐ No
☐ Don't know

Please add any comments or suggest improvements:

8. Do residents have the option to choose when they prefer to eat their meals?
☐ Yes
☐ No
☐ Don't know

Please add any comments or suggest improvements:

9. How would you rate the quality of activities provided by nursing homes?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

10. How would you rate the frequency of activities provided by nursing homes?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

11. Do residents have the opportunity to make choices (for example, when they get dressed in the morning and when they go to bed)?
☐ Frequently
☐ Sometimes
☐ Rarely
☐ Never
☐ Don't Know

Please add any comments, examples or suggest improvements:

12. How would you rate the accommodation (for example; cleanliness and odour) of nursing homes?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

13. How would you rate the safety of nursing homes?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

14. How would you rate the security of nursing homes?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor
☐ Don't Know

Please add any comments or suggest improvements:

15. Do nursing homes offer services that meet resident's needs in the following areas?

	Yes	No
a) Age	☐	☐
b) Gender	☐	☐
c) Race	☐	☐
d) Faith	☐	☐
e) Disability	☐	☐
f) Sexuality	☐	☐

Please add any comments or suggest improvements:

SECTION 4

The following questions ask for your views on nursing homes complaints process

16. Are you aware of the complaints process for residents in nursing homes?
☐ Yes
☐ No
☐ Don't Know

If No, proceed to section 5

17. Have you ever made a complaint?
☐ Yes

☐ No
☐ Don't Know

If yes, can you provide details of the complaint?

18. How would you rate the speed of the complaint being addressed?
☐ Very Fast
☐ Fairly Fast
☐ Adequate
☐ Fairly Slow
☐ Very Slow
☐ Don't Know

19. Were you satisfied with the process and outcome of the complaint?
☐ Fully Satisfied
☐ Partly Satisfied
☐ Neither Satisfied/Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

Please add any comments or suggest improvements:

SECTION 5

The following questions ask for your views on nursing home management and staff and the involvement of resident's relatives and external services.

20. How would you rate the management of nursing homes?
☐ Fully Satisfied
☐ Partly Satisfied
☐ Neither Satisfied/Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

Please add any comments or suggest improvements:

21. How would you rate the quality of care provided by nursing staff?
☐ Fully Satisfied
☐ Partly Satisfied
☐ Neither Satisfied/Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

Please add any comments or suggest improvements:

22. Do you think there is adequate information available about nursing homes?
☐ Yes
☐ No
☐ Don't know

If no, what information additional information would you like?

23. How would you rate the involvement of resident's and relatives in the development and review of care plans?
☐ Very Good
☐ Fairly Good
☐ Average
☐ Fairly Poor
☐ Very Poor

Please add any comments or suggest improvements:

24. If relatives wish to be more involved in the care provided to residents, how often are their wishes supported by the nursing home?
☐ Frequently
☐ Sometimes

☐ Rarely
☐ Never
☐ Don't Know

Please add any comments or suggest improvements:

25. How often are residents and relatives involved in the decision-making process?
☐ Frequently
☐ Sometimes
☐ Rarely
☐ Never
☐ Don't Know

Please add any comments or suggest improvements:

26. Do nursing homes provide discussion of end of life care with relatives?
☐ Frequently
☐ Sometimes
☐ Rarely
☐ Never
☐ Don't Know

Please add any comments or suggest improvements:

27. Are GP's and other health professionals involved in the discussion of end of life care with residents and relatives?
☐ Frequently
☐ Sometimes
☐ Rarely
☐ Never
☐ Don't Know

Please add any comments or suggest improvements:

28. Do you have any suggestions for further consideration that will improve the quality of care in nursing homes?

29. The review will be published on the London Borough of Merton's website however, if you would like to receive a copy via email please enter your address below. We will not publish your email or distribute it to anyone outside the review. You will have the option to be removed from the distribution list at anytime.

SECTION 6

The following requests for contact details are optional. If you do not wish to give your contact details please leave blank.

30. We may wish to contact you to discuss this questionnaire. If you are willing to do so please enter your name

31. Please enter your house number/name & postcode

32. Please enter your contact number

SECTION 7

Merton Council try to ensure that they consult with as many residents as possible in order to truly reflect the service in question. To do this we must collect some simple information from respondents. Please help us to improve our services by telling us about yourself.

33. Are you:

☐ Male
☐ Female

34. What age group are you in?

☐ 15 or under ☐ 45-49
☐ 16-19 ☐ 50-54
☐ 20-24 ☐ 55-59
☐ 25-29 ☐ 60-64
☐ 30-34 ☐ 65-69
☐ 35-39 ☐ 70-74
☐ 40-44 ☐ 75 or over

35. Do you consider yourself to have a disability?

☐ Yes
☐ No

36. Which of these groups do you consider you belong to (tick one box only):

White:

☐ White English
☐ White Scottish
☐ White Welsh
☐ White Irish
☐ Gypsy/Roma/Traveller
☐ Any other White Background

Mixed Ethnicity:

☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Other

Asian or Asian British:

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Tamil
☐ Other

Black or Black British

☐ Caribbean
☐ African
☐ Other

Chinese:

☐ Chinese
☐ Korean
☐ Other

Please specify if you are from any other background:

Thank you for completing this survey

Please return your completed questionnaire by sending it to: Scrutiny Team, 9th Floor, Merton Civic Centre, Morden, SM4 5DX.

If you would like more information about the review please contact the scrutiny team by email: scrutiny@merton.gov.uk or by calling: 020 8545 4637.

Extra Comments – Please identify comments by providing the number of the corresponding question.

Request for document translation

Scrutiny review of the quality of care in nursing homes in Merton

If you need any part of this document explained in your language, please tick box and contact us either by writing or by phone using our details below.

☐ Albanian **Nëse ju nevojitet ndonjë pjesë e këtij dokumenti e shpjeguar në ghuhën amtare ju lutemi shenojeni kutinë dhe na kontaktoni duke na shkruar ose telefononi duke përdorur detajet e mëposhtme.**

☐ Bengali **এই ডকুমেন্টের কোনো অংশ আপনার নিজ ভাষায় বুঝতে চাইলে, দয়া করে বাক্সটিতে (বাক্স) টিক চিহ্ন দিন এবং নীচে দিলে যা যোগ করে আমাদের সাথে যোগাযোগ করুন। নিচে যোগাযোগের বিবরণ দেওয়া হয়েছে।**

☐ French **Si vous avez besoin que l'on vous explique une partie de ce document dans votre langue, cochez la case et contactez-nous par courrier ou par téléphone à nos cordonnées figurant ci-dessous.**

☐ Korean **만일 본 서류의 어떤 부분이라도 귀하의 모국어로 설명된것이 필요하다면, 상자속에 표시를하고 우리에게 전화나 서신으로 연락하십시오.**

☐ Polish **Aby otrzymać część tego dokumentu w polskiej wersji językowej proszę zaznaczyć kwadrat i skontaktować się z nami drogą pisemną lub telefoniczną pod poniżej podanym adresem lub numerem telefonu.**

☐ Portuguese Caso você necessite qualquer parte deste documento explicada em seu idioma, favor assinalar a quadrícula respectiva e contatar-nos por escrito ou por telefone usando as informações para contato aqui fornecidas.

☐ Somali **Haddii aad u baahan tahay in qayb dukumeentigan ka mid ah laguugu sharxo luqaddaada, fadlan sax ku calaamadee sanduuqa oo nagula soo xiriir warqad ama telefoon adigoo isticmaalaya macluumaadka halkan hoose ku yaalla.**

☐ Spanish **Si desea que alguna parte de este documento se traduzca en su idioma, le rogamos marque la casilla correspondiente y que nos contacte bien por escrito o telefónicamente utilizando nuestra información de contacto que encontrará más abajo.**

☐ Tamil **இந்த ஆவணத்தின் ஏதேனும் உங்கள் மொழியில் மொழிபெயர்ப்பு உங்களுக்கு வேண்டுமானால், தயவுசெய்து பெட்டியில் அடையாளமிட்டு, கீழுள்ள எங்களின் விபரங்களைப் பயன்படுத்தி எழுதுமூலமோ அல்லது தொலைபேசி மூலமோ எங்களைத் தொடர்புகொள்ளவும்.**

☐ Urdu **اگر آپ اس دستاویز کے کسی حصے کا ترجمہ اپنی زبان میں حاصل کرنا چاہتے ہیں تو وہ چنے گئے باکس میں صحیح کا نشان لگائیے اور ہمارے درج ذیل رابطے پر یا تو ٹیلیفون کے ذریعے یا پھر تحریری طور پر رابطہ کریں۔**

☐ Large print ☐ Braille ☐ Audiotape

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