

Scrutiny Review - Care Home Commissioning

A Review by the Adults & Health Scrutiny Panel – 2018/19

Panel Membership	
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	Cllr Nick da Costa
	Cllr Eldridge Culverwell
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	Cllr Felicia Opoku
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CONTENTS

1. Chair's Foreword	Page 3
2. Recommendations	Page 3
3. Panel Membership	Page 4
4. Background to Scrutiny Review	Page 5
5. Terms of Reference	Page 5
6. Evidence Gathering	Page 5
7. Issues Considered	Page 6
8. Developing a skilled and valued workforce	Page 6
9. Improving care provision and support for clients and carers	Page 10
10. The relationship between care providers and the local authority/CCG	Page 12
Appendix A – Review Contributors	Page 14
Appendix B - Questions used for care home site visits	Page 15

1. Chair's Foreword

- 1.1 This project was undertaken not to look at any individual care setting but gain a deeper understanding of the process and how as a local authority we are best placed to instigate change and improvements.
- 1.2 The aim of this project was always how to improve systems to directly enhance both the staffing offer and retention and the client experiencing the care alongside their Carer.
- 1.3 In identifying these key themes within each of the areas we hope that the following recommendations can assist not only in the development of a skilled and valued workforce within a recognised body encompassing pay, conditions and training, but also that the Providers will be supported both within their funding to remain a stable provision both within Haringey and surrounding boroughs.
- 1.4 By leading the way with innovative ideas, we can protect and enhance our care provision across all settings, with the end goal of improving our residents care whether it is within their own home or in a residential or Nursing Home setting.
- 1.5 Individual recommendations for clients and carers have been identified to support their choice and independence whilst ensuring they gain access to the best care.

2. Recommendations

Developing a skilled and valued workforce	
1	To set up a Body to recognise the role and job description of a care worker. This would include care workers within the Domiciliary, care home and nursing home setting. This body would regulate pay and conditions across the care sector. It would also ensure that there was scope for staff to progress in their careers. Whilst this would start at a local level, the aim would be to gain national recognition.
2	To ensure that all care workers receive a yearly appraisal, with pay review, based on an incremental system of pay within grades.
3	To provide accredited training for care workers, whilst ensuring there is a recognised difference of care workers within the care system, for example, frail elderly home care, learning disability care, mental health care. Training courses should be tailored to suit each speciality.
4	To set up a forum for care workers to meet any issues or ideas to improve care within their settings or working conditions.
5	To consider working with North Central London partners to develop actions from Recommendations 1-4 on a cross-borough basis.
Improving care provision and support for service users and carers	
6	To set up an Independent Advocate service which would provide information and support to service users and designated carers, particularly in relation to the first Social Worker review for care assessment.
7	To ensure that annual reviews of care provision / placements take place, in order to assess whether the services provided are still appropriate for the client. Establish a secure online portal to enable service users and carers (as well as Social Workers) to have easier and faster access to all assessment and review documents in order to a better understanding of any changes to the Service User's care plan. Enable Service Users and Carers to be able to comment directly via this portal with the Social Worker who undertook the assessment in relation to any queries around the care plan. This would allow changes in care to be tracked

	and rational behind any changes to be explained.
8	To request that Healthwatch carry out spot checks in every provider where there is a Haringey contract in place, and reports provided to the Local Authority and CCG.
9	To ensure that better information is provided to service users and carers in relation to community provision, via Community Asset Mapping, particularly before admission to a care or nursing home setting. Specific measures could include: <ul style="list-style-type: none"> • Social workers putting service users and carers in touch with their local Community Care Navigators in appropriate circumstances so that they can get access to other local community groups or services that would be useful to them (e.g. in cases where the Service User accesses 'paid care' for less than 5 days a week due to budget limitations) • To update the Haricare website page to ensure that information is presented in a way that is accessible and user-friendly. • To provide service users and carers with a booklet at the first contact with the Social Care team that would include details about the assessment process, advice about the rights of service users and carers and useful contact numbers and addresses.
10	To ensure that Safeguarding information is provided to clients and carers (e.g. leaflet upon first contact on noticeboards at care homes) with clear contact numbers (if home care, then within the home care contract).
The relationship between care providers and the local authority/CCG	
11	To set up quarterly forums, attended by CCG and Council commissioners, for service providers to raise any issues or concerns that they have about funding. This forum should report the service providers' concerns and any identifiable solutions to the Cabinet Member to improve their understanding of the stress within the system and how the Council is working to address any problems within its remit.
12	To encourage a dialogue with providers in relation to recommendations 1 – 3, to ensure that there is consistency across the board.
13	To work with the CCG to address concerns around funding for local providers.
14	To embed Social Workers within the staff of the new GP hubs to enable better coordinated care delivered in a community setting.

3. Panel Membership

3.1 At the time that the Scrutiny Review was originally set up in the 2017/18 Municipal Year, the membership of the Panel was:

- Cllr Pippa Connor (Chair)
- Cllr Gina Adamou
- Cllr David Beacham
- Cllr Patrick Berryman
- Cllr Gideon Bull
- Cllr Eddie Griffith
- Cllr Ali Gul Ozbek
- Helena Kania (Co-opted Member)

This group oversaw the first and second evidence sessions and the site visits.

3.2 In May 2018, the membership of the Panel changed with six out of the seven Members being replaced and only the Chair, Cllr Pippa Connor, and the additional Co-opted Member,

Helena Kania, remaining in post. The membership of the Panel is the 2018/19 Municipal Year was:

- Cllr Pippa Connor (Chair)
- Cllr Nick da Costa
- Cllr Mike Hakata
- Cllr Sarah James (replaced in Jan 2019 by Cllr Eldridge Culverwell)
- Cllr Felicia Opoku
- Cllr Sheila Peacock
- Cllr Yvonne Say
- Helena Kania (Co-opted Member)

This group oversaw the third evidence session.

4. Background to Scrutiny Review

- 4.1 At its meeting on 21st November 2017, the Overview and Scrutiny Committee agreed the scoping document for a review of care home commissioning by the Adults and Health Scrutiny Panel.
- 4.2 The overarching aim of the project was to ensure residents in Haringey received high quality care in care home settings (residential and nursing) and that contracts incentivised care homes to provide high quality care. This would involve examination of Haringey's current care home offer, with consideration given to both the user / carer experience, and workforce support and planning.

5. Terms of Reference

- 5.1 The terms of reference for this review were to make recommendations on:
- Improving systems to directly enhance both the staffing offer and retention; and develop a skilled and valued workforce.
 - Protect and enhance the care provision across all settings, with the end goal of improving residents' care, whether within their own homes, or within a residential or Nursing Home setting.

6. Evidence Gathering

First evidence gathering session

- 6.1 The Panel met with officers from the Haringey Commissioning Team who provided a background to care homes and care provision in the borough.

Site visits

- 6.2 Members of the Panel visited a number of Care Homes in the borough:
- Peregrine House
 - Priscilla Wakefield House

- Morriss House
- Stamford Care Home

6.3 The Panel gained useful feedback from the visits, after speaking to staff, service users and carers/relatives. A list of the questions used during these visits is set out in full in **Appendix B**.

Second evidence gathering session

6.4 Members of the Panel met with an officer from the North London Councils Workforce Team. The team were working on a cross borough project with the aim of supporting providers to increase capacity and quality in key roles such as nursing and home care through improvements to recruitment, development and retention approaches, and to build a joined up and sustainable approach to workforce challenges in North London.

6.5 There were a number of aims that the project wanted to achieve: raising the profile and prestige of roles and careers within the care sector; increasing capacity by adjusting their recruitment and retention practices; improve the skills of the workforce to enable residents to live well at home and prevent unnecessary admissions; and to integrate social care agenda into local transformation infrastructure.

6.6 Members of the Panel were encouraged by the project and identified a number of areas where recommendations from the review could feed into this work.

Third evidence gathering session

6.7 The Panel invited witnesses from a number of key organisations to attend an evidence gathering session at the Civic Centre to explore in more detail the issues relating to the inspection of care homes and the representation and support for the workforce. The organisations represented at this session were:

- The Care Quality Commission (CQC)
- The Royal College of Nursing (RCN)
- The National Association of Care and Support Workers (NACAS)
- UNISON

6.8 A full list of review contributors is provided in **Appendix A**.

7. Issues Considered

7.1 In considering the evidence received, the Panel sought to make recommendations in three key areas:

- Developing a skilled and valued workforce
- Improving care provision and support for service users and carers
- The relationship between care providers and the local authority/CCG

8. Developing a skilled and valued workforce

8.1 Staffing at the homes that the Panel visited were a mix of registered nurses, care workers and bank staff to cover sickness. Some homes had volunteer support workers.

Pay, conditions and training

- 8.2 From the discussions about training at the site visits the Panel found that, on the whole, staff received the appropriate training and were able to attend training sessions in order to fulfil legal requirements. Some staff felt that there was career progression available, whilst others felt that there were no clear pathways to career progression. One staff member felt they were given appropriate study days to fulfil the companies legal requirement but nothing extra to enhance their carer pathway.
- 8.3 At one of the Panel's evidence sessions, Gloria Dowling, Inspection Manager from the CQC, said that inspectors talked to staff about the training that they had been provided with and their feedback was cross referenced with training records. The levels of training that were offered were variable. In some cases, only the two day mandatory training and shadowing was provided. Inspectors looked at the impact of the training and asked questions to see if staff had the requisite knowledge.
- 8.4 Mohammed Gbadamosi from NACAS told the Panel that training was not normally portable and workers could therefore often have to repeat it. Sometimes workers were asked to pay for training. Providers were normally left to determine training needs. Good care homes tended to be those with better training for staff as this helped provide a more skilled workforce. Such providers were also better able to recruit and retain staff. Care work was not for everyone though and some joined the sector without understanding what was required. Due to this, there was a high turnover of staff. It was a skilled job which required high levels of inter personal skills.
- 8.5 Mohammed Gbadamosi also reported that NACAS was developing a competency programme for care workers in order to provide a focus for training. He felt that local authorities could require providers to offer specific training to staff by defining standards. This would also help ensure that care workers were paid better. However, providers were limited in what they were able to do by funding levels.
- 8.6 Staff at the care homes visited by the Panel were generally paid at the National Minimum Wage level but there was one home where the London Living Wage was paid, and another where management were looking to increase pay to the National Living Wage (though this is lower than the London Living Wage). Staff commented that they were underpaid for the work that they do.
- 8.7 Sean Fox, Joint Branch Secretary and NEC Member for Greater London from UNISON, told the Panel that care workers were the forgotten part of the workforce and that the skilled work that care workers undertook needed to be recognised. They were increasingly being required to administer medication and undertake care that was invasive. However, pay was low and at National Minimum Wage levels in many cases. There was often no sick pay and training was patchy. Zero hour contracts were also used within the sector. He felt that there needed to be better regulation and minimum standards for pay and training. Closer links with social care commissioners would assist in improving conditions. Commissioners

tended to adopt a light touch in their relations with providers and did not look at pay or training.

- 8.7 Mohammed Gbadamosi from NACAS pointed out that, in the past, care workers had not been allowed to deal with medication but they were now increasingly required to not only administer medication but also to provide diagnoses. Despite the increased level of responsibility, care workers were often poorly paid and were receiving less than the minimum wage in some cases.

Representation of the workforce

- 8.8 Sue Lister, Senior RCN Officer from the Royal College of Nursing (RCN) informed the Panel that the RCN had an “adopt a care home” scheme for staff in order to raise the profile of the sector as it was often the poor relative of the health and social care system. It was important that the voice of people working in care homes was heard. If they were able to voice opinions about levels of care, this would help to improve standards. It was often the case that wider issues only became known when there were safeguarding concerns and she felt that there was a need for better engagement.
- 8.9 As part of one of the evidence sessions the Panel explored the issue of better representation of care workers. Sue Lister explained that in order to be eligible for RCN membership, care workers needed to be managed by a nurse and their members therefore generally came from nursing rather than care homes. Care homes tended to be more numerous. There was an expectation that homes would not provide specific clinical input. However, care workers were increasingly being called upon to provide clinical support and were, in some cases, required to make clinical decisions.
- 8.10 Sean Fox reported that UNISON was now organising within the private sector and therefore covered nursing and care homes. His UNISON colleague Mr O’Donohue felt that commissioners should encourage care home providers to work with trade unions and to formally recognise them. Sean Fox said that he had concerns regarding any enforcement of registration of care workers as they were generally low paid and registration normally carried a fee. One option would be for employers to pay for registration. However, it was not a “magic bullet”. On an overall basis, better training, support, pay and status were required.
- 8.11 Mohammed Gbadamosi told the Panel that on becoming a care worker, he had noticed that there was no association to provide a voice for them and that their views were always communicated via a third party and not directly. The National Association of Care and Support Workers (NACAS) was set up in 2016 to provide care workers with such a voice and aimed to become the professional body for care workers. They also wished to promote greater respect for the work force, who they said were often referred to as “just” care workers.

- 8.12 NACAS had developed a register of care workers who belonged to NACAS which they intended to maintain. Re-validation was required every three years. The register, which covered the whole of the United Kingdom, included information on how long individuals had worked as care workers, their qualifications and their DBS status. An application had been made to the Professional Standards Authority for accreditation.
- 8.13 As of October 2018, NACAS had around 400 members. They had achieved this number without any marketing or publicity. They were unable to represent members directly but had an agreement with the Community Union who were able to provide this service for NACAS members for a small additional membership fee. Membership fees were kept low as it was recognised that most members were not well paid.
- 8.14 The reception that NACAS had received when approaching local authorities or other statutory organisations was mixed but they were sometimes listened to. They had recommended to another local authority that it should, as part of procurement practices, specify that it would be good practice for staff employed by providers to belong to a professional body, such as NACAS. This had not been acted upon though. Such a move would have recognised their existence, albeit on a voluntary basis. There was a tendency for local authorities to wait for direction from central government before acting.
- 8.15 In September 2018, NACAS produced a research report, *The Well-Being of Professional Care Workers*, based on questionnaires and interviews with people working in the care sector. The report concluded that this is “a strong belief by those who work in care that their job is not considered as a profession” and that there is a need to professionalise care work through measures such as entry requirements and a register of care workers as well as a standardised and accredited training programme.¹
- 8.16 The report also proposed that care workers’ pay should be structured by a new grading system which reflects the skill and responsibility of each grade under the new job title of Care Practitioner. Their proposed new structure is as follows:

Job title	Examples of corresponding roles	Requirements
Care Practitioner Grade 1	Assistant Care Worker; Support Worker.	New to the sector, working a probationary period or newly qualified members with less than one year’s experience.
Care Practitioner Grade 2	Care Worker; Care Assistant; Personal Assistant; Support Worker; Domiciliary Care Worker; Activities Worker.	Qualified care and support workers, and those with more than a year’s experience. Achieved an accredited qualification.
Care Practitioner Grade 3	Senior Care Worker; Senior Support Worker; Field	Members on this level have more advanced responsibility.

¹ p.26, *The Well-Being of Professional Care Workers* (4th Sep 2018), National Association of Care and Support Workers (NACAS) <https://www.nacas.org.uk/research.html>

	Supervisor; Health Care Assistant; Enhanced Care Worker; Rehabilitation Worker; Recovery and Mental Health Support Worker.	Members in this role will have achieved additional competencies to carry out their role, for example: administering medication, specialist skill sets in areas such as Mental Health, Dementia, learning Disabilities etc.
Care Practitioner Grade 4	Team Leader; Care Coordinator; Care Assessor; Deputy/Assistant.	Members on this level will have supervisory responsibilities in addition to their primary role.
Care Practitioner Grade 5	Registered Manager; Commissioner; Service Manager.	Operational and Strategic Management Responsibilities.

Recommendation 1 - To set up a Body to recognise the role and job description of a care worker. This would include care workers within the Domiciliary, care home and nursing home setting. This body would regulate pay and conditions across the care sector. It would also ensure that there was scope for staff to progress in their careers. Whilst this would start at a local level, the aim would be to gain national recognition.

Recommendation 2 - To ensure that all care workers receive a yearly appraisal, with pay review, based on an incremental system of pay within grades.

Recommendation 3 - To provide accredited training for care workers, whilst ensuring there is a recognised difference of care workers within the care system, for example, frail elderly home care, learning disability care, mental health care. Training courses should be tailored to suit each speciality.

Recommendation 4 - To set up a forum for care workers to meet any issues or ideas to improve care within their settings or working conditions.

Recommendation 5 - To consider working with North Central London partners to develop actions from Recommendations 1-4 on a cross-borough basis.

9. Improving care provision and support for service users and carers

9.1 From the conversations at the site visits by the Panel, residents were generally happy with the level of care provided, and with the staff at the homes. One mentioned their frustration at not being provided with the physiotherapy required to enable them to return home (although it was noted that this was an external physiotherapist). One resident spoke of a previous care home, where the level of care received by them had not been as good as their current home.

9.2 There was generally good feedback from families/carers about the staff at the homes, and the quality of care that residents received. There were some comments that there was a

need for more staff in some of the homes, particularly at times when residents required personal care, and there were no staff left in the day rooms.

- 9.3 Feedback indicated that there were also some occasions where communication was lacking, particularly in relation to the assessment process for residents, but also regarding everyday details of care. Easier access to assessment and review documents would help service users and carers to have a better understanding of the details and any changes relating to the care plan that affects them.
- 9.4 The Panel is aware of Haringey Council's advice booklet, *Preparing for Adulthood Pathway Guide 2019*², which provides information about transitioning from children's services to adult service. The Panel considers this to be a useful resource that could potentially be replicated to provide advice for service users and carers about adult social care services.
- 9.5 Transportation was an issue in some homes – requests had been made to have transport so that staff could take residents on trips, as the transport provided by Haringey Council was unreliable. This was echoed in another home, where free outings for clients were no longer possible.
- 9.6 There seemed to be a problem with supply of equipment at one of the homes, with only one hoist and a few wheelchairs, but staff were uncertain who had supplied the equipment and how to get more.
- 9.7 Staff at one home commented that management could provide better support to carers when a client died. Staff also reported problems where there was no next of kin for a resident. They had been advised to contact the Council, but often it was difficult to make contact.
- 9.8 Some additional support was provided by the CCG, particularly in relation to dementia nursing and the rapid response team. Support was also provided from the North Middlesex Palliative Care Team. However, there were some comments from staff that some placements were unsuitable, e.g. clients with alcohol issues; and instances where some clients care needs have increased following discharge from homes.
- 9.9 On the issue of inspections, Gloria Dowling, Inspection Manager from the CQC set out details to the Panel at an evidence session about the CQC's programme of inspections for care and nursing homes within the borough. The inspections process was described as robust and, amongst other things, looked at levels of risk and outcomes. Regular inspections took place on an annual basis but were six monthly for services that were rated as 'requiring improvement'. The CQC had a number of systems for collecting intelligence on homes and the inspection schedule was flexible to take into account any issues that might arise. Inspectors talked to residents and families as part of inspections and also took into account any other local intelligence that had been received.

Recommendation 6 - To set up an Independent Advocate service which would provide information and support to service users and designated carers, particularly in relation to the first Social Worker review for care assessment.

² <https://www.haringey.gov.uk/children-and-families/local-offer/preparing-adulthood>

Recommendation 7 - To ensure that annual reviews of care provision / placements take place, in order to assess whether the services provided are still appropriate for the client. Establish a secure online portal to enable service users and carers (as well as Social Workers) to have easier and faster access to all assessment and review documents in order to a better understanding of any changes to the Service User's care plan. Enable Service Users and Carers to be able to comment directly via this portal with the Social Worker who undertook the assessment in relation to any queries around the care plan. This would allow changes in care to be tracked and rational behind any changes to be explained.

Recommendation 8 - To request that Healthwatch carry out spot checks in every provider where there is a Haringey contract in place, and reports provided to the Local Authority and CCG.

Recommendation 9 - To ensure that better information is provided to service users and carers in relation to community provision, via Community Asset Mapping, particularly before admission to a care or nursing home setting. Specific measures could include:

- Social workers putting service users and carers in touch with their local Community Care Navigators in appropriate circumstances so that they can get access to other local community groups or services that would be useful to them (e.g. in cases where the Service User accesses 'paid care' for less than 5 days a week due to budget limitations)
- To update the Haricare website page to ensure that information is presented in a way that is accessible and user-friendly.
- To provide service users and carers with a booklet at the first contact with the Social Care team that would include details about the assessment process, advice about the rights of service users and carers and useful contact numbers and addresses.

Recommendation 10 - To ensure that Safeguarding information is provided to clients and carers (e.g. leaflet upon first contact on noticeboards at care homes) with clear contact numbers (if home care, then within the home care contract).

10. The relationship between care providers and the local authority/CCG

10.1 At the outset of the evidence gathering, Panel Members met with officers from the Haringey Commissioning Team Care to understand more about the commissioning process. Home placements are commissioned via Dynamic Purchasing Systems (DPS), with quality assurance managed by the CQC and within the Commissioning Team. All homes must be either good or outstanding to join DPS.

10.2 One common challenge to all local authorities is difficulties sourcing bedded care, particularly nursing care. Commissioners / managers from across the boroughs are largely in agreement that this is a supply issue, and there is evidence that this is driving local authorities to place residents in a wider geographical area. Commissioning leads in Enfield consider challenges with nursing bed availability as principally a product of inter-authority competition and price variance, and a lack of clinical capacity in care homes to manage the acuity of patients.

10.3 Demand for residential care with or without nursing is set to increase by 56% by 2035.

- 10.4 To address issues of supply, NCL boroughs have agreed to explore: understanding the specific nature of supply gaps, and scoping out what an appropriate model of nursing care is; and to scope out an approach to shared capital investment / market development.
- 10.5 Some quick wins / short term recommendations have been identified:
- Undertake a detailed review of the following to understand what the NCL 'supply gap' is:
 - Local Authority demand
 - Care Home available supply
 - Delayed Transfer of Care (DTC) reasons
 - Evaluate enhanced health in care homes models and costs / savings / cost avoidance for local authorities and across the Health and Social Care system.
 - Present supply gap to STP Urgent Care Workstream and make case for joint CCG / Local Authority sector investment / intervention.
- 10.6 The Commissioning Team has also identified some longer term recommendations:
- Agree joint MPS across 5 boroughs for bedded care.
 - Collectively agree model of nursing care to be adopted.
 - Engage care marketplace jointly to manage supply gaps.
 - Agree a shared capital investment plan / approach (across the 5 boroughs) for supply.
- 10.7 The Panel also explored commissioning issues as part of the conversations on the site visits. 70% of residents at one home were local authority funded, which was a factor in the viability of the home. There were concerns raised regarding the future of the home, as the maximum capacity had been lowered due to health and safety concerns about using certain areas of the home.
- 10.8 Haringey Council did not fund day-care for those in residential care, but it was felt that the activities provided on site were not always appropriate for all residents.
- 10.9 At an evidence gathering session, Sue Lister, Senior Officer from the RCN said that social care was desperately underfunded and there was little access to NHS funding. However, the setting up of Sustainability and Transformation plans (STPs) had necessitated collaboration between health and social care services and could provide a way forward. The RCN was part of the Local Workforce Action Board, which sought to address the staffing challenges that health, and social care services were facing.
- 10.10 Sue Lister also commented that there was an expectation that the London Living Wage would be paid by homes but it was often only the National Minimum Wage that staff received. She stated that she would like to see closer monitoring of contracts by local authorities.

Recommendation 11 - To set up quarterly forums, attended by CCG and Council commissioners, for service providers to raise any issues or concerns that they have about funding. This forum should report the service providers' concerns and any identifiable solutions to the Cabinet Member to

improve their understanding of the stress within the system and how the Council is working to address any problems within its remit.

Recommendation 12 - To encourage a dialogue with providers in relation to recommendations 1 – 3, to ensure that there is consistency across the board.

Recommendation 13 - To work with the CCG to address concerns around funding for local providers.

Recommendation 14 - To embed Social Workers within the staff of the new GP hubs to enable better coordinated care delivered in a community setting.

Appendix A

Review contributors

The Committee interviewed the following witnesses as part of their evidence gathering
– in order of their appearance before the group

Name	Job Title / Role	Organisation
Scoping		
Charlotte Pomery	Assistant Director of Commissioning	Haringey Council
Evidence session 1		
Farzad Fazilat	Commissioning Manager	Haringey Council
Sujesh Sundarraj	Commissioning & Safeguarding Officer	Haringey Council
Site visits		
Clients, relatives & staff		Peregrine House
Clients, relatives & staff		Priscilla Wakefield House
Clients, relatives & staff		Morriss House
Clients, relatives & staff		Stamford Care Home
Evidence session 2		
Anne-Marie Gray	Project Officer	North London Councils Workforce Team
Evidence session 3		
Gloria Dowling	Inspection Manager	Care Quality Commission (CQC)
Sue Lister	Senior RCN Officer	Royal College of Nursing (RCN)
Mohammed Gbadamosi	Chair of the Board	National Association of Care and Support Workers (NACAS)
Sean Fox	Joint Branch Secretary and NEC Member for Greater London	UNISON
Liam O'Donohue	Recruitment & Representation Officer	UNISON

Appendix B

Questions used for care home site visits

Residents

- Did you get all the help/support you needed from Haringey when you were deciding to come into a care home?
- Looking back, could the social worker have given you any more/different information that would have helped you?
- Thinking about the care you receive now, is there anything that could be done to improve your care?
- Would you like to have access to different services like physio, nail cutting, exercise classes or external trips in the community?

Carers

- When you first thought about accessing care in a home, was there any information you wish you had been given?
- During the decision process were you offered any support services for yourself?
- Were you given enough support in filling out the forms/choosing the right care home?
- Now your loved one is in the care home; do you have access to any support in the community?
- What would you like to see change to help others before they start this process?

Staff

- Do you feel you have enough support to care for your clients in the best way?
- Do you have enough information if relatives ask about other services such as podiatry or exercise classes?
- Are you supported?
- What other support would you like to help you develop in your career?
- Do you feel that you could ask for any study time if you wanted to attend a course?
- How many courses have you been on in the last year i.e. safeguarding or patient handling?