

Bowthorpe Care Village Engagement Project - Report (April 2016) - Chris Knighton

1. Background:

This report is presented to Norwich CCG at the end of October 2016. It reflects work to date on the assessment of the transition of Norse Care residents from their previous care homes to Bowthorpe Care Village.

The scope and methodology of the engagement activity was agreed between Norwich CCG and WriteOnCommunications Ltd before work commenced and is reflected in this report.

It was agreed that the project should follow the national social care outcomes framework for residential care and as such would focus on the following aspects of the transition to Bowthorpe Care Village:

- Access to information (about the move)
- Control over care support
- Participating in family/community life
- Protection from feeling alone/isolated
- Access to information about care needs
- Linking with health services
- Responding to changing care needs
- Involving family members in decisions
- Keeping people safe
- Keeping people healthy
- Planning ahead

A question set to be used with residents and (where appropriate) relatives was agreed in the early stages of the project (see Annex 2 for full question set).

It was agreed that the project would consist of the following three phases of engagement:

- Phase 1 - Engaging with residents and their relatives prior to the move to Bowthorpe Care Village
- Phase 2 - Engaging with residents and their relatives two to three months after the move to Bowthorpe

- Phase 3 - Engaging with residents and their relatives a further two to three months later.

Three stages of engagement were initially agreed with the underlying principle that we would give those who responded in phase one of the project to respond again at phases two and three.

However, in a review meeting in November 2016 (following the completion of phase two of the project) it was decided to vary the approach in phase three to speak to a selection of all residents (and their relatives) and not only those who had participated in phase one and two. This decision was taken as it was felt it would give a more representative picture of how the care village was operating about eight months since opening, i.e. in a more "settled" position than at phase two.

2. Before the move to Bowthorpe Care Village - Phase one of the project (April 2016)

The first phase of the project was completed in April 2016 completed with 48 interviews/survey responses. Given the total moving to BCV from the four Norse care homes that were closing down, this represented a very positive response rate.

2.1 Resident interviews

Twenty one (21) residents completed surveys in the company of a researcher. These interviews were conducted largely at Somerley and Philadelphia House care homes. Some interviews were conducted at Mountfield and Heathfield (which provided dementia-specialist accommodation) but only where care staff identified residents as being able to give informed consent and as being able to respond to the survey questions. In one of the resident interviews family members were also present and their responses were also recorded.

In some cases the Managers of the care homes gave advice that individual residents were particularly anxious about the move to Bowthorpe Care Village and we did not seek to interview those individuals to avoid exacerbating that anxiety.

Guarantees were given to all residents that their anonymity would be protected in all reports and that no identifying information would be included.

In all four-care homes where interviews took place Norse Care staff were exceptionally helpful in facilitating the process - even at a busy and disruptive time for them. We would like to record our thanks.

2.2 Relative surveys

Postal surveys were sent to the relatives of all residents moving from Heathfield and Mountfield care homes (ie dementia-specialist provision). Again, thanks should go to the staff at these care homes for facilitating this process at a very busy time for them.

Twenty seven (27) surveys were returned by relatives of residents moving from Heathfield and Mountfield. It should also be noted that some of the surveys were completed and returned following their relatives move to Bowthorpe. However, given that where there this is the case the surveys were completed only very shortly following the move, these responses were included in the results of phase one.

Relatives were asked to give an address (postal or email) to allow them to be directly contacted for subsequent phases of this project.

2.3 Phase 1 - Key themes

2.3.1 Resident engagement

The following key themes emerged from the engagement with residents during phase one of the project:

1. Residents were concerned about the continuity of staff and, particularly mentioned where they had a strong relationship with care home managers who were not going to be working at BCV.
2. Some residents expressed concern about the potential to feel isolated in the housing with care flats.
3. Some residents were still unclear about the change in charging/benefit structure involved in the switch to housing with care.
4. Some residents were concerned about the perceived *requirement* to cater for themselves and/or were anxious about managing shopping.
5. Not all residents had visited BCV in advance of the move. It was not always clear whether this was from personal or family choice or other reasons (illness etc).
6. For some, there was anxiety about the unknown elements of life at BCV - this included very simple activities where they were concerned that some residents didn't know exactly how things would work - egg receiving visitors.
7. Some residents (4 of 21) expressed concern that BCV was further away from family or friends. This is clearly a factor outside the control of Norse care staff but is worth recording as a key factor for some residents. For some of those interviewed the Bowthorpe site would be much closer to relatives and, in these cases, this was viewed as a significant positive.

2.3.2 Relative engagement

The following themes emerged from relatives survey responses in phase one:

1. Some relatives were concerned about continuity of care staff – and there was consistent emphasis on the importance of care staff to successful transition and life at Bowthorpe.
2. In 12 of the 27 engagement responses there was explicit concern expressed regarding the lack of information in advance of the move but others felt that information was good and timely
3. There was positivity that Bowthorpe will offer more things for their relative to do
4. Some had concerns about how their relative would cope with the greater independence of housing with care (eg shopping and managing money)
5. Some respondents (9 of 27) felt that they had to ask for details of how the move was being managed which should have been given more proactively by Norse Care or others.
6. Concern about the emotional impact of the move on relatives was quite common in the responses - indeed there was mention of this in 21 of the 27 responses.

3.0 After the move to Bowthorpe Care Village - Phase 2 Engagement

Phase 2 of the project was completed between 20 July and 5 August 2016 and consisted of further face-to-face interviews with residents who had participated in phase one of the project and further postal surveys sent to those relatives who had participated in phase one.

It should be noted that four residents who had participated (or whose relatives had participated) in phase one of the project had died since the move to Bowthorpe Care Village.

While there was a short delay to the start of phase two of the project owing to management annual leave at Bowthorpe Care Village, the general helpfulness of the management and care staff in enabling the resident interviews should be acknowledged.

The following factors should be noted as possibly influencing responses from both relatives and residents at phase two.

- A delay to the completion of the care village meant that planned moving dates were put back at the last minute. From comments made this clearly meant that for some residents and families life at their new home got off on the wrong foot.
- Apparent staffing turnover meant that residents had experienced a real or perceived shortfall in staffing numbers and a high number of agency staff. This is reflected in some of the negative comments made by residents about staff during phase two of the engagement.

NB While objective review of the scale of these issues falls outside the scope of this report, hard data may be available to the CCG through other channels, quality fora etc. They are mentioned here because as a contextual factor for the phase two engagement.

3.1 Resident interviews

Over the course of five days at Bowthorpe Care Village interviews were sought with all surviving residents who took part in this project at phase one.

Of the 27 residents who we spoke to at phase one, sixteen (16) phase-two interviews were completed. Some residents were absent, unwell or otherwise unavailable. Two residents who had participated in stage one said that they didn't want to participate at this stage.

3.2 Relative surveys

All relatives who participated at phase one of the project were contacted and 15 returned the phase two survey responses.

3.3 Key themes from phase two

3.3.1 Resident interviews

The following key themes emerged during phase two of engagement:

- A number of the residents commented on the physical distance that they felt from the "hub" of care village activities. This was reflected in comments such as "they don't often come to take me down for activities" or "it's difficult to get down there without a wheelchair".
- Isolation from family and friends. A consequence of the physical distance was that a number of residents reported that they felt lonely at times. This was usually understated but included remarks such as "I don't see anyone from morning to lunchtime" or "I had to wait for an hour and a half for someone to make me a cup of tea".
- The range of activities offered did not appeal to everyone. One male resident commented, "I am not going to go dancing or play bingo". On the other hand, one resident commented "there's something to do every day"
- Most felt that the actual move to Bowthorpe had gone smoothly although a number commented on the delay and some felt that the information that they had in advance was incomplete or actually misleading. One resident commented, "they told us that we would be able to do this or that but none of that is on offer".
- A number of residents talked about the staff shortages and turnover and the impact this had on their lives. "There seems to be someone leaving every day" or "you are lucky if someone answers the buzzer". One relative commented that they had yet to see their key worker since the move.
- Some residents commented on the price of the care village restaurant and felt that it was unaffordable.
- It should also be noted that some residents were almost entirely positive about their experience to date.

3.3.2 Relative surveys

In general, the themes, which were identified in relatives' responses, echoed those identified in the resident interviews. The most commonly mentioned issues were:

- Staff shortages - "you can see that there aren't enough staff", "I am not sure that she gets enough visits from the staff", "lots of staff have left"
- Inaccurate or misleading information prior to the move - "in hindsight we wouldn't have moved my mum here", "it was hyped up before hand"
- Concern about isolation - "we come as often as we can but otherwise I am not sure anyone comes in the room"
- As with residents, some relatives were much more positive about their relative's experience in Bowthorpe - "it just feels a much nicer place", "there's lots to do for them"

4.0 Further and wider consultation - phase three (February - March 2017)

As indicated above, the original scope for this project envisaged a third round of engagement with the same cohort of residents and relatives, approximately three months on from phase two of the project. However, a joint decision at an interim review meeting with the CCG in November 2016 it was decided to vary the approach for phase three. The following points were all factors that influenced the decision to vary the phase three approaches.

- The respondent numbers for both residents and relatives fell from phase one to phase two. Ill health and other factors suggest that this might continue to phase three.
- The percentage of original participants in relation to the total residents numbers is falling so that this would give a distorted view of overall perceptions of residents at phase three.
- The tendency for people to share negative experiences may obscure more positive stories as arrangements at the care village settle down.

It was agreed that phase three would open participation to all residents by holding a full day of engagement in the communal area of the care village and/or residents flats. Four volunteers who regularly work with the CCG kindly made themselves available to maximise the number of residents that we could speak to.

It was also agreed that the authors of this report would work with BCV management to contact as many relatives as possible through email/post to maximise participation.

At the same time as opening up the engagement to a wider group of residents and relatives, it was decided to simplify the question set to focus on the following three points:

- What do you like about living in the care village?
- What do you think could be improved?
- Have you had good access to the doctor at the care village?

The third question was added at the CCG's request in order to provide insight into its commissioning arrangements for residents at BCV.

4.1 Engagement with residents

An engagement day was held on 15 February 2017. The author of this report and the Norwich CCG engagement manager were in attendance for a full day, supported by four volunteers who had experience of working with the CCG on other engagement work. This meant that four people were available to talk to residents for approximately seven and half hours.

Engagement interviews were conducted either in the communal "hub" areas of the care village or in residents' flats in The Meadows part of the care village.

Twenty six (26) one-to-one interviews were completed. Interviews lasted between 15 minutes and 30 minutes. Of the 26 interviews conducted, seven (7) were with residents who had been spoken to at both phase one and phase two of the project.

4.2 Engagement with relatives

Relatives of residents were contacted in one of two ways. Either directly, through contact details given at earlier stages of this engagement project or through a call for contributions facilitated by BCV staff. Relatives of residents in Mayflower Court (the dementia specialist unit at BCV) were targeted in the call for input as residents of Mayflower were not included in the phase three engagement described in 4.1. Relatives were asked three questions closely aligned to those asked of residents at phase three. ie:

- What do you like about living in the care village?
- What do you think could be improved?
- Has your relative had good access to the doctor at the care village?

Only six responses were received from relatives at phase three. While this is slightly disappointing there may be a number of explanatory factors (including a general positive attitude to Mayflower from relatives). In any future engagement project with relatives thought could be given on how to encourage greater responses.

4.3 Key findings from engagement with residents.

Of the 26 resident interviews conducted the sentiments can be broadly grouped as follows:

- Fourteen (14) residents were wholly or largely positive about their experiences of BCV.
- Seven (7) were generally positive about their experiences of BCV with some specific comments on areas to improve
- Four (4) were balanced between positive and negative sentiments
- One (1) resident was overwhelmingly negative about BCV.

The following comments from the resident interviews are not exhaustive but are representative of the full set of responses to the three interview questions:

4.3.1. What do you like about living at the Care Village?

"I really like having my independence."

"It's brilliant, Warm and clean."

"The people are lovely"

"The staff are lovely. I am glad to be here."

"The nursing and the care staff are wonderful"

"It's good that the help is there if I need it. Whenever I have called on them they have been quick to be there."

"The food is good and the price is ok."

"The staff often just pop in for a chat when they have time."

"It doesn't feel like a care home."

"I like it very much. The room is much better than where I was before."

"It's lovely to sit outside in the balcony and get some fresh air."

"I like Fridays because of the fish in the restaurant."

The restaurant is very good."

"The activities are good."

"I like the bingo."

"I appreciate the quietness of the place."

"I like having my own flat with my own bathroom and toilet."

It is also important to highlight the comments that were made by one of the residents who had also participated in phases one and two of the project. Having been particularly negative, particularly at phase two (shortly after the move to BCV) this resident was very positive about the current situation. This particular resident praised the quality and responsiveness of the staff which had previously been a particular concern - "I didn't like it at all to begin with but I am used to everything now." This "turn around" in perception was generally noticeable in the comments of other residents who had been interviewed at earlier stages of the project.

In general the impression left by the phase three interviews was that BCV has largely overcome the "teething" problems identified at phase two of the project. The repeated praise for staff (including management) of BCV were a pleasing contrast to the concerns about staffing levels and turnover expressed at phase two.

While strictly speaking outside the scope of this engagement project, one exchange that we observed between a resident and a staff member (about arrangements for a bath) exemplified the strong relationships and helpful approach of the staff that was repeatedly mentioned by interviewees.

It is also worth mentioning that most people were positive about the on-site catering arrangements. For some this had been an area of concern both before and after moving to BCV.

4.3.2 What do you think could be improved?

"Loneliness is a big problem"

"I don't get to speak to people very often."

"I'm fine but I have a friend who doesn't get out of her flat much".

"It's too big here."

"I spend most of the time in my flat."

"The activities aren't really my cup of tea and they're often cancelled"

"The bingo prizes were sweets so I had to stop doing that because I'm on a diet."

"People don't mix as much as they used to at Philadelphia."

"It would be good if there was a small lounge where you could just meet and chat when their are activities in the big lounge."

"I need more help from my family - with shopping - than I did before."

"I miss my dog."

"We have to pay for some things that we were told would be free before the move."

"The onsite shop doesn't always have everything you need."
"I don't get the daily hygiene clean that's in my care plan"
"It's too big - I don't know what you can do about that, though."
"The toilets don't flush properly - there's not enough water."
"The mattress isn't comfortable - it's taking a long time to sort that out."
"There's only one washing machine in the laundry."
"There's no sun on my balcony. I would prefer to be facing south."
"My view is blocked by the parked cars."
"To be honest I can't think of anything that needs improvement."

Taken as a whole, the most significant aspect for improvement that was identified at this phase of the project was related to the isolation or loneliness that some residents felt. When compared with the engagement at phase two of the project, increased staffing levels have gone some way to address isolation for some residents - there being more staff available to assist those who need help getting to the communal areas and activities. However, for some residents we spoke to (and particularly for those less gregarious or who need more practical assistance in participating and socialising) the issue of isolation is still a real problem. Most of these interviewees mentioned their reliance on friendly relationships with staff above friendships with other residents. For some the nature of the communal activities taking place meant that they didn't want to take part.

Some residents did say they wished they weren't at BCV but this was usually while complementing the staff or facilities. For example, one resident who had recently lost their spouse said would clearly have preferred to be at home but "couldn't fault the place".

4.3.3 Have you had good access to the doctor at the care village?

"Before I moved here they told us that there would always be a doctor on site but they have to be called if we need them."
"I don't know why I have to explain why I want to see the doctor."
"I know the GP is there if I need them. The nurses are really nice."
"There is a nurse available all the time."
"The doctors and nurses are only available on Tuesday and Thursday and sometimes they are too busy"
"There are no staff available to come with us if we have to go to hospital. It's OK for me but I think it might be a problem for some people."
"I have no problems if I need the nurse practitioner or the doctor."
"All the doctors were lovely."

Despite some negative comments about the ease of seeing the GP in general the comments were positive. For the most part, residents didn't seem to draw a distinction between BCV staff and medical professionals, suggesting there was a good integration between social and health care on site.

4.4 Key findings from engagement with relatives.

Of the six relative responses at phase three, all were largely positive with only minor suggestions for improvement.

4.4.1 What do you like about living in the care village?

"I am much happier with her here. It feels safe"

"The staff are great"

"The nurses take care of him"

"I'm sure she's cared for"

"It feels nice"

"It's still difficult but it's as good as it can be."

"it's nice when they do the little displays" [ABOUT INDIVIDUAL RESIDENTS]

"nothing to complain about"

While some positive comments were, unsurprisingly set against concerns about a relative's condition from the small comments an overwhelmingly positive impression emerged.

4.4.2 What do you think could be improved?

"He doesn't really want to do any of the activities"

"It's a long way for us to travel now"

"nothing"

"Sometimes he's just lying there when we're not in?"

Suggestions for improvement were few and none directly related to the quality of care. The suggestions for improvement were also expressed in such a way that acknowledged the value of staff and the difficulties of the relative's condition.

4.4.3 Has your relative had good access to the doctor at the care village?

"There haven't been any problems."

"sees the doctor regularly"

There were no criticisms about access to medical staff (as opposed to concerns about a relative's condition). Again, positive remarks were given about "nurses" at BCV in response to this question.

5.0 Project summary findings and outline recommendations

At the end of this engagement project a clear "story" has emerged of problems overcome and service improvement as Bowthorpe Care Village has bedded in. This is true of responses from both residents and relatives - albeit with a small response number from the latter group at phase three.

The contrast between the engagement at phases two and three of the project was marked. The former giving a largely negative impression while the latter interviews/responses were largely positive. While it might be easy to dismiss the earlier negative comments as "people need time to adjust" this would be to wrongly downplay the concerns and, in some cases, distress experienced by those people moving to BCV from more other care settings.

Based particularly on the themes that emerged during phase one and two of the project we have identified the following points to consider for similar future transitions of residents within the local care estate.

1. Provide more comprehensive and flexible support to people before any move

It was clear from the engagement at phase one and two of this project that different residents view this type of transition in very different ways. A more varied suite of transition support might allow residents and their families to pick and choose from a menu of support. This might include:

- Managing your own finances
- Catering for yourself
- IT skills (to reduce isolation)
- Taster sessions for activities
- Orientation days for new location
- Modelling procedures in the new setting (eg role plays)

These were all areas which people identified as causes of anxiety and might reasonably be assumed to be factors that would be repeated in any similar future transitions.

Partnership with local voluntary sector organisations could, potentially, ease some of the resource implications for these types of activity.

2. Longer crossover period - Keeping existing provision open for a longer period would give the opportunity for the transition to be smoothed for residents.

3. Staff continuity - A number of residents and their relatives commented on the positive relationships between staff and residents at the previous care homes. Proactive involvement of all levels of staff (for example in advisory "change teams") and throughout the transition process may help with retention and allow providers to provide greater continuity of relationships. The fact that staff relationships were one of the strongest positive points identified in phase three of the project serves to

highlight the issues created by staff shortages and/or turnover in the period following the opening of BCV.

While the impression left at phase three of this project was largely positive, the issues connected to the isolation for some residents are a cause for some concern based on the resident interviews.

The size of the Bowthorpe Care Village site as well as the "my-own-front-door" principle of the housing with care model seem to offer an increased risk of isolation - even with excellent staff-resident relationships and appropriate staffing levels. While we are sure that this is not news to BCV staff and management it seems clear that a continued and rigorous focus on this aspect of resident wellbeing is required. Some aspects that might be considered include:

- Partnering with voluntary sector organisations to explore the possibilities of befriending arrangements.
- Ensuring that the range of activities offered is as representative as possible at meeting the full range of resident's interests. Again, developing further relationships with voluntary sector organisations may help with this.
- Encouraging greater use of the hub/cafe area by making with resources etc. so there is greater resident "ownership" of this area of the site.

In general people's perception of the GP service for residents was positive it is worth continuing to ensure that the GPs and other non-Nurse Care staff who work on site are fully sensitive to resident wellbeing. Sharing insight and ideas for innovation can also be an important factor in a concerted effort to minimise the risk of isolation and in mitigating the negative factors when it does occur.

In presenting these findings we do not imagine that this comes as "news" to those working at Bowthorpe Care Village, day in, day out. We do hope that in presenting these findings, directly from the experiences of residents, the report can contribute to on-going efforts to ensure that residents have the best possible experience in the place they call home as well as offering some suggestions for things to consider in future transitions.

We suggest that the findings of this report are discussed jointly between the CCG and BCV management alongside other forms of data and intelligence relating to the move to BCV and on-going provision on the site.

Annex 1 - Quantified responses to phase one and two - Residents' and relatives' responses to the survey questions

Residents and relatives were asked the same question set at both the first engagement (immediately before the planned move from their previous Norse Care homes) and at the second engagement (approximately 12 weeks following the first engagement), once they had had time to settle in at Bowthorpe Care Village.

The questions were worded slightly differently when asked of residents and of their relatives (egg "How good is Bowthorpe Care Village at keeping you safe?" or "How good is Bowthorpe Care Village at keeping your relative safe?"). Similarly the questions usually varied from the first engagement (where people were asked for about their expectations of Bowthorpe Care Village) to the second engagement round (where they were asked about their experience since moving in. The full question set is available at Annex 1 of this interim report.

For each of the 12 substantive questions, residents and/or relatives were asked to rate from very good to very poor each aspect relating to Bowthorpe Care Village (either their attitudes before the move or their experience once they had been in the care village for at least two months). Where additional comments were made these were also recorded and there was also a thirteenth question that asked for any additional comments.

For the first 12 questions a score was assigned to the responses as follows:

- Very good = 5
- Good = 4
- Neither good nor poor = 3
- Poor = 2
- Very poor = 1

Below are recorded the average scores for the sample groups under each question heading. For each question there are four score given. These are:

- Residents – First engagement
- Relatives – First engagement
- Residents – Second engagement
- Relatives – Second Engagement

In addition, a response of "I can't say" was possible for questions 1-12. This is particularly relevant for the first engagement where residents and relatives were asked about their expectations of Bowthorpe Care Village but not felt able to offer an opinion for all questions. The number of "can't say" responses is recorded for each group and engagement and instance of engagement.

The content of the free comments section of surveys and interviews are reflected in the Key Messages section of this report and also reflected in the provisional recommendations. It

should be acknowledged that it is in the nature of the free comments that they may tend to elicit concerns or criticism.

It should be noted in that almost all cases the numerical value has fallen (i.e. become less favourable) between phase one and phase two of the project. It may be assumed that the issues (delays and staffing levels) described under the phase two summary above have had a significant affect on these "scores".

Question 1 – How good is the information you have been given about the move to Bowthorpe care village.

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1 (pre move)	3.5	1
Residents 2 (post move)	2.5	0
Relatives 1	4	0
Relatives 2	3	0

Question 2 – How good is your/your relative's control over his/her own support in their current home?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4.5	0
Residents 2	NA	NA
Relatives 1	4	1
Relatives 2	NA	NA

Question 3 – How good is your/your relative's control over his/her support in Bowthorpe Care Village

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4	4
Residents 2	2.5	0
Relatives 1	4	3
Relatives 2	3	1

Question 4 – How good is Bowthorpe Care Village at allowing you/your relative to take part in family community life?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	3.5	3
Residents 2	3	0
Relatives 1	3.5	3
Relatives 2	3	0

It should be noted that the main determining factor that influenced residents' responses to this question was the proximity of family members to the Bowthorpe site. Those with family very close to Bowthorpe were generally positive in their responses to this question both before and after the move. On the other hand, where their previous care home had been close to family members residents were more likely to express anxiety before the move and give a "poor" response to the question following the move.

Question 5 – How good is Bowthorpe Care Village at making sure you/your relative don't feel alone/isolated?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	3	3
Residents 2	1.5	0
Relatives 1	3.5	4
Relatives 2	2.5	0

Question 6: - How good is BCV at allowing you/your relative to access information about his/her own care needs?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4	5
Residents 2	3	2
Relatives 1	4	3
Relatives 2	3	2

Question 7 - How good is Bowthorpe Care Village at linking with your/your relative's doctor/other health services/?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4.5	2
Residents 2	4.0	1

Relatives 1	4	2
Relatives 2	4	1

Question 8 - How good is Bowthorpe Care Village at responding to your/your relative's changing care needs?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4	4
Residents 2	3	1
Relatives 1	4	3
Relatives 2	2.5	2

Question 9 - How is Bowthorpe Care Village at involving family members in decisions about your/your relative's care?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4	2
Residents 2	3.5	2
Relatives 1	4	3
Relatives 2	3.0	1

Question 10 - How good is Bowthorpe Care Village at keeping you/your relative safe?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4.5	2
Residents 2	4.5	0
Relatives 1	4	1
Relatives 2	4	1

Question 11 - How good is Bowthorpe Care Village at keeping your relative healthy?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	3.5	3
Residents 2	3.0	0
Relatives 1	4.0	2
Relatives 2	3.0	2

Question 12 - How good do you think Bowthorpe Care Village is at allowing you/your relative to plan ahead for your future care?

Group/engagement round	Average score (1= very poor, 5 = very good)	Number "Can't say" responses
Residents 1	4	5
Residents 2	3	3
Relatives 1	4	3
Relatives 2	3.5	2

6.0 Provisional recommendations

At this stage, with the project still to be concluded, recommendations can only be provisional.

However, based on the themes that emerged during phase one and two of the project we have identified the following points to consider for similar future transitions of residents within the local care estate.

- **Differentiated transition support** - It is clear from the engagement to date that different residents view this type of transition in very different ways. A differentiated suite of transition support might allow residents and their families to pick and choose from a menu of support. This might include:
 - Managing your own finances
 - Catering for yourself
 - IT skills (to reduce isolation)
 - Taster sessions for activities
 - Orientation days for new location
 - Modelling procedures in the new setting (eg role plays)

Partnership with local voluntary sector organisations could, potentially, ease some of the resource implications for these types of activity.

- **Longer crossover period** - Keeping existing provision open for a longer period would give the opportunity for the transition to be smoothed for residents.
- **Staff continuity** - A number of residents and their relatives commented on the positive relationships between staff and residents at the previous care homes. Proactive involvement of all levels of staff (for example in advisory "change teams") and throughout the transition process may help with retention and allow providers to provide greater continuity of relationships.

-

NB For final report recommendations it may be desirable to invite Norse Care management to comment before finalising the recommendations. This would give them the opportunity to share their own learning from the transition.

ANNEX 2 - . Engagement questions for phase one and two of the project (including variations by group and engagement "round".

Q.	Question
1.	Res 1. How good is the information you have been given about the move to Bowthorpe Care Village Res. 1 (Residents pre move)
1.	Reel 1.How good is the information you and your relative have been given about the move to Bowthorpe Care Village Rel. 1 (Residents pre move)
1.	Res 2. Looking back, how good was the information you were given about the move to Bowthorpe Care Village Res. 2 (Residents after move move)
1.	Rel 2.Looking back, how good was the information you were given about your relative's move to Bowthorpe Care Village Rel. 2 (Relatives pre move)
2.	Res 1. How good is your control over your own support in your current home.
2.	Rel 1. How good is your relatives control over your own support in your current home.
2.	Res 2.N/A
2.	Rel 2. N/A
3.	Res 1. How good do you anticipate your control over your own care will be at Bowthorpe Care Village
3.	Res 1. How good do you anticipate your control over your own care will be at Bowthorpe Care Village
3.	Res 2. How good is your control over your own support in Bowthorpe Care Village.
3.	Rel 2. How good is your control over your own support in Bowthorpe Care Village
4.	Res 1. How good do you think BCV will be at at allowing you to take part in family/community life?
4.	Rel 1. How good do you think BCV will be at at allowing your relative to take part in family/community life?
4.	Res 2. How good is BCV at allowing you to take part in family/community life?
4.	Rel 2. How good is BCV at allowing your relative to take part in family life
5.	Res 1. How good do you think BCV will be at making sure you don't feel alone/isolated?
5.	Rel 1. How good do you think BCV will be at making sure you relative doesn't feel alone or isolated?
5.	Res 2. How good is BCV at making sure you don't feel alone/isolated?
5.	Rel 2. How good is BCV at making sure your relative doesn't feel alone/isolated?
6.	Res.1 How good do you think think BCV will be at allowing you to access information about your own care needs?
6.	Rel 1. How good do you think BCV will be at allowing your relative to access information about his/her care needs?
6.	Res 2. How good is BCV at allowing you to access information about your own care needs

6.	Rel 2. How good is BCV at allowing your relative to access information about his/her own needs?
7.	Res 1. How good do you think BCV will be at linking with your doctor/other health services?
7.	Rel 1. How good do you think BCV will be at linking with your relative's doctor/other health services?
7.	Res 2. How good is BCV at linking with your doctor/other health services?
7.	Rel 2. How good is BCV at linking with you relative's doctor/other health services?
8.	Res 1. How good do you think BCV will be at responding to your changing care needs
8.	Rel 2. How good do you think BCV will be at responding to your relative's changing care needs
8.	Res 2. How good is BCV at responding to your changing care needs?
8.	Rel 2. How good BCV is at responding to your relative's changing care needs
9.	Res 1. How good do you think BCV will be involving family members on decisions about your care?
9.	Res 1. How good do you think BCV will be at involving family members on decisions about your relative's care?
9.	Res 2. How good is BCV at involving family members on decisions about your care?
9.	Rel 2. How good is BCV at involving family members on decisions about your relative's care?
10.	Res 1. How good do you think BCV will be at keeping you safe?
10.	Rel 1. How good do you think BCV will be at keeping your relative safe?
10.	Res 2. How good is BCV at keeping you safe?
10.	Rel 2. How good is BCV at keeping your relative safe?
11.	Res.1 How good do you think BCV will be at keeping you healthy?
11.	Rel 1. How good do you think BCV will be at keeping your relative healthy?
11.	Res 2. How good is BCV at keeping you healthy?
11.	Rel 2. How good is BCV at keeping your relative healthy?
12.	Res 1. How good do you think BCV will be at allowing you to plan ahead for the future of your care?
12.	Rel 1. How good do you think BCV will be at allowing your relative to plan ahead for the future of his/her care?
12.	Res 2. How good is BCV at allowing you to plan ahead for the future of your care?
12.	Rel 2. How good is BCV at allowing your relative to plan ahead for the future of his/her care?
13.	Res 1. Other comments
13.	Rel 1. Other comments
13.	Res 2. Other comments
13.	Res 2 .Other comments.