



Enter and View

Highfields Nursing Home

January 2017

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1. Summary of Evidence

During December 2016, the Healthwatch Nottingham Enter and View team visited Highfields Nursing Home, Bulwell, Nottingham. The objective of this visit was to gather information about experiences of the home and the care that is received from residents who use the service, and those who visit them. We specifically wanted to know about:

- How caring staff working in the care home were perceived to be;
- Whether service users were treated with dignity and respect;
- Whether residents and visitors feel involved in decisions made about their care;
- What service users liked best about the home;
- What service users liked least about the home.

In total we spoke to 10 residents and 6 visitors.

2. Key findings

The overall experience rating of the home was 4.1. We asked people to rate their overall experience of the home, where 1 is poor and 5 is excellent. 7 people did not give a rating. The average rating from nine respondents was 4.1



Source: Responses from 9 people

The caring rating of the staff was 4.1. We asked people to rate how caring they felt that the staff were, where 1 is poor and 5 is excellent. 7 people did not give a rating. The average rating from nine respondents was 4.1



Source: Responses from 9 people

90% (9 residents) felt that the staff in the home cared about them and 100% (6 visitors) felt that the staff cared about the person they visit. We were told that some staff were helpful and that residents felt comfortable in the home:

It's like a family here. They check your notes. They [the staff] have been here a long time.

Experience of a resident

Definitely, they really do [care about him]. They're there for him. He only puts his hand up and they're there, and they have a laugh.

Experience of a visitor

We were told about a perceived variation in staff attitude and how caring staff are. We were told that overall the staff were perceived to be caring. However we were told that there were some differences in how caring some of the staff were perceived to be.

For example, when we asked residents to state the extent that they felt that staff knew their likes and dislikes:

- Half (four people; 50%) neither agreed nor disagreed;
- Two people (25%) agreed;
- Two people strongly agreed (25%).

One resident told us that they felt that individual differences between staff members could be attributed to this, e.g. “One or two don’t seem to take much interest”.

Residents told us that they felt that some but not all staff treated them with kindness and compassion, but were not always able to give specific examples though spoke highly of staff:

Half and half. Some of them [treat me with kindness and compassion]. For example they lead you into the garden, but then leave you, and you have to shout, when you want to come back in.

Very kind and polite, no complaints. Not insolent!

Always kind and considerate. If you ask them anything they'll take time to answer.

Experiences of residents

Our evidence does not clearly indicate whether residents are listened to by staff. One resident (10%) disagreed with the statement “The staff listened to me”, and whilst 9 residents (90%) felt that staff listened to them, we were told a number of examples where this was not the case:

I asked to change the timings of tablets, as it was too many tablets all at once... That's what's happening today, the timings are being adjusted. Staff are listening now after I was sick.

Yes, I suppose so... Had a problem yesterday - I asked for 2 stamps and an envelope last week, and didn't get them till today.

Not really; I wouldn't say so. In one ear out the other. -Something happened today - I had to keep asking for my bin back... No one in a hurry to get it.

Experiences of residents

All residents told us that they felt safe in the home and all visitors told us that they felt that the person they visit was safe in the home. However some concerns were raised about staffing levels. We asked residents the extent to which they felt safe in the home. Eight residents answered this question and the majority (5 people; 63%) strongly agreed that they felt safe. We asked visitors the extent to which they felt the person they visited was safe (5 people) of which over half (3 people; 60%) strongly agreed. We also asked visitors the extent to which they felt other residents were safe, with 80% (4 people) agreeing. However two visitors raised concerns about understaffing, with the perception that some accidents with residents may be attributed to this. One resident also made reference to high staff turnover.

The majority of people we spoke to felt that the home respected the privacy and dignity of service users. We asked residents the extent to which they felt that their privacy was respected. Of the six people that answered this question, 67% (4 people) agreed. We asked visitors the extent to which they felt that the privacy of the person they visit is respected. The four people who provided a response strongly agreed (100%), stating that the main reason for this response was that the resident had a private room. We also asked visitors the extent to which they felt that the privacy of other people in the home was respected. The six people who answered this question strongly agreed (3 people; 50%) or agreed (3 people; 50%).

Some people that we spoke to felt that there are differences in care provision during the day time compared to at night, and during the week compared to weekends. Nine people told us whether they noticed any differences in the provision of care during the week compared to the weekend. The majority (7 people; 5 residents and 2 visitors; 78%) told us that they didn't notice any differences. Two people (1 resident and 1 visitor; 22%) felt that there were fewer staff working at the weekends, which people felt compromised the quality of care:

See more of them [staff] during the week than weekends. Suppose there's less of them on at weekends. Better during the week than at weekends. As long as they always come when they say they're going to (which they don't tend to...). There is a lot of waiting.

Experience of a resident

One resident that we spoke to felt that there were not enough staff working on the weekend and told us about an accident one of the residents had. They attributed this to staff reductions.

Nine people told us whether they noticed any difference in the provision of care during the day compared to night. The majority (8 people; 6 residents and 2 visitors; 89%) told us that they didn't notice any differences. One resident felt that they had to "push for things at night".

When people told us about a typical day in the home, this was mostly talked about positively (4 people; 67%), with negative comments relating to a lack of activities (2 people; 33%). Some key themes that arose from the discussion included:

- The provision of trips outside of the home, e.g. one resident told us that they had been to Hucknall with a member of staff and another told us that they had been to Bulwell Market;
 - Feeling as though they were independent and able to choose what they do, e.g. "I can go to sleep when I feel like it."
 - Four residents (80%) made positive reference to the food, saying that they enjoyed this and were able to choose what they ate.
-

100% (3 people) of residents and 80% (4 people) of visitors felt involved with decisions about their care/how the person they visit is cared for. The residents that we spoke to were unable to give specific examples, but the visitors we spoke to were able to highlight occasions where they felt informed about the care of the person they visit:

They talk to us about the background... but when carers are here I leave it to the carers - they tell me what's going on, and I let them do their job.

Yes, they always try and involve you. They always tell me, e.g. about any change in meds, and involve me. They always inform me, e.g. if the chiropodist has come, a test, and any small things that [the person I visit] has done. The home is good at liaison.

I'm not talking day to day decisions, but if anything changes or is out of the ordinary they'll advise me. If the doctor comes in to see her, I'm always advised.

Experiences of visitors

Visitors told us that they would challenge the home if they were concerned about the aspects of the care of the person they visit, or other residents in the home. However not everyone was aware of the homes' policy on making a complaint. We asked visitors what they would do if they were unhappy about the care that the person they visit was receiving, or the care of another resident. Three visitors spoke about this and their experiences were variable. One visitor told us that they weren't familiar with a complaints policy and another visitor stated that they had seen and read the policy. One visitor gave an example of when a concern had been raised and satisfactory action had been taken.

Some residents and visitors told us that more trips and activities and better working conditions for staff would improve their overall experience. For example, one resident told us that they have a priest come to the home once a week, but would prefer that these visits were more frequent. Concerns around the working conditions for staff were raised by both visitors and residents. We were told that the staff no longer had an allocated staff room for breaks during their shift, and one visitor voiced concerns about staff using their mobile phones when they were perceived to be working.

3. Conclusions and recommendations

Conclusion 1:

Based on our evidence, residents appear to have a positive experience of Highfields Nursing Home. The findings show overall experience and how caring the staff were was 4.1 and 90% of residents felt that staff listened to them. 100% of residents felt that they were safe and 67% felt that their privacy was respected and their dignity maintained.

Conclusion 2:

There are concerns about the number of staff working during the nights and weekends compared to the weekdays. Whilst the majority of people we spoke to did not raise this issue, we were concerned that understaffing was perceived to be the reason for an accident that a resident had had. Whilst Healthwatch Nottingham appreciates the difficulty in the recruitment and retention of staff, these perceptions around accidents and staffing levels cannot be ignored.

Recommendation 1: Evaluate staffing levels. We seek information from the manager regarding how they determine the number of staff required to ensure that residents are safe. We seek assurance that this number is maintained regardless of whether it is a weekday, weekend or evening.

Conclusion 3:

Both residents and visitors identified specific issues that the home could address to improve service user experience. We were told by one resident that they would like more opportunities to actively observe their faith, either through regular visits to church or by having services in the home. Another issues that was raised was around the staff, specifically about them not having an allocated space for their breaks.

Recommendation 2: Routinely review how that religious needs of residents are being met. This may involve some further engagement with residents and staff about their specific needs.

Recommendation 3: Allocate a specific area for staff to use during breaks. We were told that often staff work 12-hour shifts and there may be a negative impact on service user care if they are unable to have routine breaks. We suggest allocating a specific area within the home (that is not accessible by service users) to allow members of staff to rest during breaks.

Conclusion 4:

Not everyone that we spoke to appeared to be aware of the complaints policy at Highfields Nursing Home. All of the service users, relatives and representatives should be able to inform the home of any problems or complaints that they have, so that the service can be improved.

Recommendation 4: We seek clarity from the home regarding how the complaints policy is communicated to visitors and residents.

4. Introduction

4.1 What is Enter and View?

Enter and View is a power given to local Healthwatch through the Health and Social Care Act 2012. It enables Authorised Representatives of local Healthwatch to go into health and social care premises to see and hear for themselves how services are provided and to collect the views of service users at the point of service delivery. Service providers must allow our authorised representatives entry so long as it doesn't affect their provision of care or the privacy and dignity of people using their service.

Healthwatch Nottingham has this power across the whole remit of health and social care services (with the exception of social care services for children under 18) within the city. As residential care facilities are not open to the public, they may not be open to scrutiny as readily as other health and social care services. Using our Enter and View power within residential care facilities could potentially identify services in need of support to improve resident and visitor experience, and therefore provide us with the opportunity to influence quality for people who are likely to be vulnerable and seldom-heard when it comes to expressing their experiences and views of health and social care services.

4.2 Highfields Nursing Home, Bulwell, Nottingham

Highfields Nursing Home is a residential and nursing home in Bulwell, Nottingham. The home has capacity for up to 36 residents. During our visit there were 36 residents (6 residential, 18 nursing and 12 continuing care).

4.3 Our approach

Nottingham has approximately 80 residential care facilities. To identify a suitable residential care facility to undertake an Enter and View exercise, the following steps were taken:

- All residential care facilities with an overall CQC rating of “Requires Improvement” were shortlisted. Any residential care facilities with an overall rating of “Good” or “Outstanding” were excluded because we felt that we were unlikely to identify any problems relating to service user experience. We also excluded any services with an overall rating of “Inadequate” as we felt that these services would already be subject to ongoing scrutiny from the CQC and local authority.
- We searched our database of service experiences for anything shared regarding care homes that may inform our decision. Experiences held on our database were collected through four main channels:
 - Direct methods including Healthwatch engagement activities, our website, telephone and email.
 - Through our online monitoring system which collects evidence from Twitter, blogs and news sites.
 - Patient Opinion, although this data has only been collected since May 2015.
 - Information sharing from other organisations with an interest in social care, e.g. Nottingham City Council.
- Nottinghamshire City Council shared their Quality Monitoring Scores with us, where homes were given a percentage to indicate quality.

- We liaised with CQC care home inspectors who shared intelligence with us about homes that they had recently visited.

Highfields Nursing Home was notified of our intention to visit four weeks before the visit. The Enter and View leads met with the care home manager to discuss the Enter and View process, to answer any questions and agree how to make the best use of the visits.

4.4 The project team

The use of volunteer Enter and View Authorised Representatives was a key part in collecting experiences of residents and visitors. These individuals went through a formal selection process, including the taking up of references, a Disclosure and Barring Service (DBS) check and an interview with a panel of Healthwatch staff. All received training over two days, which covered the role of an Enter and View Authorised Representative and how that would fit in with our rolling programme of visits into care home, confidentiality, safeguarding, equality and diversity and Dementia Friends awareness.

In addition to the Enter and View Authorised Representative training, all staff and volunteers in the Enter and View project team attending a training session regarding this visit specifically. The session covered the aims and objectives of the visit, contextual information about Highfields Nursing Home and review of data collection tools and how to use these. We wanted to prepare our volunteers as much as possible when they attended Highfields Nursing Home. Our project team was made up of four members of staff from Healthwatch Nottingham and Healthwatch Nottinghamshire, and six volunteers.

5. Findings

5.1 Overall experience

We asked people to rate their overall experience of the home, where 1 is poor and 5 is excellent. 7 people did not give a rating. The average rating from nine respondents was 4.1



Source: Responses from 9 people

The most frequently give score was 5, with 4 respondents (44%; 3 visitors and 1 resident) reporting their overall experience of the home as excellent.

5.2 Staff

We asked people to rate how caring they felt that the staff were, where 1 is poor and 5 is excellent. 7 people did not give a rating. The average rating from nine respondents was 4.1



Source: Responses from 9 people

The most frequently given score was 5, with 4 respondents (44%; 3 visitors and 1 resident) reporting their overall experience of the home as excellent. We specifically asked residents to state the extent that they agreed with the statement “The staff care about me”. Of the ten residents who answered this question, four people (40%) strongly agreed, five people agreed (50%) and one person (10%) neither agreed nor disagreed. We asked visitors the extent that they agreed with the statement “The staff care about the person I visit”. Of the six people who answered this question, four people (67%) strongly agreed and two people (33%) agreed.

The residents who agreed with this statement talked about the staff being “helpful” and told us that they were made to feel comfortable in the home:

It’s like a family here. They check your notes. They [the staff] have been here a long time.

Experience of a resident

Definitely, they really do [care about him]. They’re there for him. He only puts his hand up and they’re there, and they have a laugh.

Experience of a visitor

In contrast one resident perceived there to be a high staff turnover, an inconsistency in the standard of care provided by staff and differences in staff attitude:

Some of them [care about me]. They change a lot, at least once a month. You don’t get to know them. Some of them could care a lot more than they do. They’re alright, the ones I deal with. For example, some make the bed good, some bad. Some of them care.

Experience of a resident

We asked residents to state the extent that they felt that staff listened to them. Of the ten residents that answered this question, five people (50%) strongly agreed, four people (40%) agreed and one person (10%) disagreed. We also asked residents the extent to which staff spoke to them with respect. Of the eight people who answered this question, the majority agreed (6 people; 75%) with two people (25%) strongly agreeing. We asked residents to give us examples of when staff had listened to them, but residents gave us examples of when they felt staff had not listened to them:

I asked to change the timings of tables, as it was too many tablets all at once... That’s what’s happening today, the timings are being adjusted. Staff are listening now after I was sick.

Yes, I suppose so... Had a problem yesterday - I asked for 2 stamps and an envelope last week, and didn’t get them till today.

Not really; I wouldn’t say so. In one ear out the other. -Something happened today - I had to keep asking for my bin back... No one in a hurry to get it.

Experiences of residents

We also asked visitors to state the extent that they felt that staff listened to the person they visit and talked to them with respect. Of the five visitors that answered this question, four people (80%) strongly agreed and one person (20%) agreed. We also asked visitors the extent that staff spoke to them with respect and found that four people (80%) strongly agreed and one person (20%) agreed.

We asked residents to state the extent that they felt that staff treated them with kindness and compassion. Of the seven residents that answered this question, over half (57%; 4

people) strongly agreed, two people (29%) agreed and one person (14%) neither agreed nor disagreed. Residents told us that they felt that some but not all staff treated them with

Half and half. Some of them [treat me with kindness and compassion]. For example they lead you into the garden, but then leave you, and you have to shout, when you want to come back in.

Very kind and polite, no complaints. Not insolent!

Always kind and considerate. If you ask them anything they'll take time to answer.

Experiences of residents

kindness and compassion, but were not always able to give specific examples though spoke highly of staff:

We asked residents to state the extent that they felt that staff knew their likes and dislikes. Of the eight people who gave an answer, half (four people; 50%) neither agreed nor disagreed with this statement, two people (25%) agreed and two people strongly agreed (25%). One resident told us that they felt that individual differences between staff members could be attributed to this, e.g. "One or two don't seem to take much interest".

We also asked visitors to state the extent to which they felt that staff knew the likes and dislikes of the person they visited. Of the four people who answered this question, the majority (3 people; 75%) strongly agreed and one person (25%) agreed, for example:

They have learnt over time for example they know she likes porridge for breakfast so will give her that.

Yes, and they know her moods, recognise her moods. Staff are very responsive, they can see when [resident] is likely to want to do something. Staff can tell, e.g. when she needs painkillers - they pick up on her moods and needs.

I've overheard staff adapting food for others' likes and dislikes.

Experiences of visitors

Nine people told us whether they noticed any differences in the provision of care during the week compared to the weekend. The majority (7 people; 5 residents and 2 visitors; 78%) told us that they didn't notice any differences, stating that it was the same and that the number of staff members appeared to be the same. Two people (1 resident and 1 visitor; 22%) felt that there were fewer staff working at the weekends, which people felt compromised the quality of care:

See more of them [staff] during the week than weekends. Suppose there's less of them on at weekends. Better during the week than at weekends. As long as they always come when they say they're going to (which they don't tend to...). There is a lot of waiting.

Experience of a resident

One resident that we spoke to felt that there were not enough staff working on the weekend and told us about an incident where the resident sustained an injury. They attributed this to staff reductions and assured us that an enquiry was currently taking place about this.

Nine people told us whether they noticed any difference in the provision of care during the day compared to night. The majority (8 people; 6 residents and 2 visitors; 89%) told us that they didn't notice any differences. One resident felt that they had to "push for things at night" and felt that communication between staff on the day and night shifts was poor, giving an example of when they had not received their pain medication in the evening.

5.3 Safety

We asked residents the extent to which they felt safe in the home. Eight residents answered this question and the majority (5 people; 63%) strongly agreed that they felt safe and 3 people (37%) agreed. We asked visitors the extent to which they felt the person they visited was safe (5 people) of which over half (3 people; 60%) strongly agreed and 2 people (40%) agreed. We also asked visitors the extent to which they felt other residents were safe, with 80% (4 people) agreeing and one person (20%) strongly agreeing. However two visitors raised concerns about understaffing, with the perception that some incidents involving residents may be attributed to this.

5.4 Dignity and Respect

We asked residents the extent to which they felt that their privacy was respected. Of the six people that answered this question, 67% (4 people) agreed, one person (16.5%) strongly agreed and one person (16.5%) neither agreed nor disagreed. People gave this response as they had their own room.

We asked visitors the extent to which they felt that the privacy of the person they visit is respected. The four people who provided a response strongly agreed (100%), stating that the main reason for this response was that the resident had a private room. We also asked visitors the extent to which they felt that the privacy of other people in the home was respected. The six people who answered this question strongly agreed (3 people; 50%) or agreed (3 people; 50%) and gave the following examples:

They ask us to leave if someone has an accident [with continence], which is right.

Sometimes their [other residents] bags and drips are emptied in the main rooms, but it's sometimes difficult to move them and it's always done discreetly.

If I wanted to have a private conversation with my mother, we'd use her bedroom. They provide a private room if I need to have a conversation with staff about her.

Experiences of visitors

We asked residents the extent to which they felt that they were treated with dignity and respect. Of the four people that provided a response, 3 people (75%) strongly agreed and 1 person agreed (25%). None of these individuals could give an example when asked. We also asked visitors the extent to which they felt that they person that they visit is treated with dignity and respect. All six visitors strongly agreed with this statement (100%) and gave examples:

When staff are feeding and changing her [the person I visit], it's done kindly - they never rush her, they treat her with respect.

All the carers are very good with the person I visit- they make a fuss of her, and are very responsive - lots of little things.

Experiences of visitors

We also asked visitors the extent to which they felt that other residents were treated with dignity and respect. Four people (80%) strongly agreed and one person (20%) agreed:

Other residents seem happy as well. I've met others, there's birthday parties with cakes and candles. They treat people as I'd like to be treated myself.

Experience of a visitors

5.5 A typical day for residents

Six residents told us in some detail about a typical day in the home. Of these, four people (67%) spoke positively about this. Some key themes that around from the discussion included:

- The provision of trips outside of the home, e.g. one resident told us that they had been to Hucknall with a member of staff and another told us that they had been to Bulwell Market;
- Feeling as though they were independent and able to choose what they do, e.g. "I can go to sleep when I feel like it."
- Four residents (80%) made positive reference to the food, saying that they enjoyed this and were able to choose what they ate.

Two residents (33%) spoke negatively about a typical day in the home, telling us that they felt that there weren't enough activities.

5.6 Involvement in decisions

We asked residents whether they felt involved in decisions about their care. Of the three residents who spoke about this all (100%) felt as though they were involved, though couldn't give specific examples. We also asked visitors if they felt involved in how the person they visit is cared for (insofar is appropriate for their relationship). Four visitors (80%) spoke positively about this and gave examples about how they felt informed about decisions that were made:

They talk to us about the background... but when carers are here I leave it to the carers - they tell me what's going on, and I let them do their job.

Yes, they always try and involve you. They always tell me, e.g. about any change in meds, and involve me. They always inform me, e.g. if the chiropodist has come, a test, and any small things that [the person I visit] has done. The home is good at liaison.

I'm not talking day to day decisions, but if anything changes or is out of the ordinary they'll advise me. If the doctor comes in to see her, I'm always advised.

Experiences of visitors

5.7 Making a complaint

We asked visitors what they would do if they were unhappy about the care that the person they visit was receiving, or the care of another resident. Three visitors spoke about this and their experiences were variable. One visitor told us that they weren't familiar with a complaints policy and another visitor stated that they had seen and read the policy. One visitor told us about an occasion where they had spoken to the manager about the way that an agency nurse had spoken to another resident and the outcome was that particular nurse didn't return to the home. The visitor told us that "they respond very well [to complaints]".

5.8 Improvements to the home

We asked residents and visitors about what would improve their experience of the home:

- More trips and activities for residents. One resident told us that they have a priest come to the home once a week, but would prefer that these visits were more frequent.
- More new books in the library;
- Better working conditions for staff. Concerns around the working conditions for staff were raised by both visitors and residents. We were told that the staff no longer had an allocated staff room for breaks during their shift, and one visitor voiced concerns about staff using their mobile phones when they were perceived to be working:

One little moan is one or two younger staff spending too long sitting with mobile phones.

Experience of a visitor

6. Response from care home

Stamps issue - The resident presents with Mental Issues and when they ask for something/anything they expect it to be done immediately. They have no date/time orientation, so they don't relate any reliable information because to them 5 minutes could feel like 2 weeks or 2 days, depending on their mental health that day. All Residents are supported with their requests where applicable.

More Staff during the week than weekends - It may seem so because there is Management staff, Admin Staff, Maintenance staff working Monday to Friday which up the number of visible staff during week days, however Care staff and Nursing Staff remain exactly, the same, on week days and weekends. Sickness may occasionally leave us 1 member down but this would be for a short period whilst we get that shift covered.

We have no professional visits over the weekend so this can make it appear there are more staff in the week as visitors may mistake professional visitors as Staff members.

Night Staff has always remained the same ratio - unless we have any new starting staff that maybe on their induction shifts. If there are any Residents presenting with Challenging behaviours, relevant professionals are contacted to provide more support with 1-1 carers.

Lack of Activities - Management are aware of Activity issues and these are being addressed, outside agencies are being contacted to bring in services and special event days are planned for the near future. 1 per month as a minimum.

Religious Visits - The local Roman Catholic Church provides Holy communion every Saturday to Residents in the Home, however despite numerous attempts to contact the Local C of E Church we are not currently able to support residents with any C of E services. This is beyond our control as the local vicar has not been in touch with us despite our attempts to contact them.

Staff Room - Staff have been provided with a Staff room but some staff members choose to have their breaks in the communal dining area as they enjoy engaging with the Residents, and this can encourage any Residents whom need promoting/encouragement with Nutrician and Hydration to have a snack or a drink.

Staff using Mobile Phones - This had been noted and was addressed at our last staff meeting and there has been great improvement and staff are now only using them on their breaks.

Complaints policy - WE have a complete set of the company's policies in the Nurses office for anyone to have a look at, we also have a copy of the complaints policy hanging in frames in the reception area for all to see. Policies are address in all Staff and Residents meetings.

Thank you for you Report, we hope these responses address your recommendations.

Mary Chigodora (Service Manager)

Tracey Cook (Assistant Manager)

Who are Healthwatch Nottingham?

Healthwatch Nottingham is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say by:

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You can sign up to our mailing list by contacting the office by phone, email or by visiting our website.

2. Become a Healthwatch volunteer

We need enthusiastic volunteers to promote the Healthwatch message, to feed information to and from groups, and help us collect people's experiences. We also need specialist volunteers to help us to assess services through Enter and View and other projects.

Interested? Get in touch and we'll let you know what roles are currently available and what to do next.

Acknowledgements

We would like to thank all of the residents and visitors who spent time talking to our project team. We would also like to thank the volunteers who supported this visit:

Steve Badger

Lucy Cooper

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