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| Conversation prompts  for Enter and View visits to residential and nursing care homes |
| **June 2025** |



Introduction

What’s the purpose of this set of prompts?

These prompts have been produced to support Healthwatch Authorised Representatives get the most from conversations with residents in residential and nursing care homes.

Developed by Healthwatch Milton Keynes, with input from other Healthwatch, they are based on considerable experience of Enter and View activity in these settings. The aim is to help Authorised Representatives focus on the key areas of importance for residents and ensure a visit is as effective as possible. Used alongside the accompanying Enter and View Report Template, you can be sure of increasing the opportunity for impact with your Enter and View work.

In addition to prompts for conversations with residents, there are prompts to help focus on the most important issues when observing life in the home and some suggestions for areas of discussion with staff.

How should I use this?

The conversation prompts provided here are just that – suggestions to start off a conversation. **They are not intended to be used as a checklist or questionnaire.** The same goes for the observation prompts.

The type of home and stated purpose of your visit will influence your conversations. You should use your own skill and judgement at the time to decide what to talk to a resident about, how to word your questions, and how to chat with them in a way that takes your interaction beyond just the prompts presented here. Whilst we do suggest that the section headings provide the main topics that most Enter and View visits should concentrate on, every interaction you have with a resident will be unique.

Some Authorised Representatives who trialled the prompts decided to reformat this document to suit the way they preferred to use it during a visit. You may wish to do the same. For example, you might find that it suits your own individual need to condense the text so that each section fits on one or two sides of A4.

Remember that when the Enter and View report is written, findings from conversations and observations under each key theme should be combined into a single analysis with conclusions. This creates a readable and focused report. You shouldn’t refer separately to conversations with residents, then observations, then conversations with staff; repeating this under each theme.

Why is there a section of prompts for speaking to staff?

During your visit you will of course also almost certainly speak to staff. What staff tell you can often be enlightening.

But don’t forget you’re there to find out how residents see things. Your primary task is to speak to them and their relatives to ensure their voices are heard and can influence change. Consider whether relatives’ and residents’ views shared with you and your own observations back up what staff have told you or raise questions.

Conversations with residents: Prompt sheet

**These are suggestions to start off a conversation. They are not intended to be used as a checklist or questionnaire.**

**These can also help guide conversations with relatives.**

**Premises**

Guide the conversation to explore:

* What are the resident’s views on the comfort and layout of the home?
* Do you find it easy to get around the home? Can you find what you want in different parts of the home? Do you need to ask for help to get to wherever you want to in the home?
* What are the resident’s views on the bedrooms?
* What are the resident’s views on the gardens and surrounding grounds?
* When people come to visit, is it easy for them to get in and get to see you?

**A typical day**

**This is a key area of conversation that, with your guidance, can give you much of the information you need.**

Some prompts to explore different parts of the day might be:

* Can you describe a typical day? / What does a typical day look like for you?
* Do you prefer the mornings or the afternoons here? Why is that?
* Are you able to get up when you want to? Do you need support to get dressed/ washed?
* I noticed the activities schedule – do you have a favourite?
* Do you go to the dining room for meals? Do you want to?
* Do you get to go to bed when you want to?

**Staff interactions and quality of care**

Guide the conversation to explore:

* Do you feel safe?
* Do you feel you are treated with respect and dignity?
* Do you feel you can be yourself here?
* Do bedbound residents feel their personal care is adequate (how often are they bathed/ given the opportunity to brush their teeth)?
* Have you read and signed your care plan? Were you involved in creating it?
* Are staff responsive to your needs?
* Do staff remember to help you put your hearing aids in/ bring your mobility aid?
* Are your cultural, faith, and/ or physical needs known/ considered by staff?
* Is there an appropriate faith service/ awareness of your faith/beliefs?
* Do staff ask permission before helping you?
* Do people feel cared for?
* Do people know who they would complain to if something went wrong? Do they think that person would fix it?
* How do you access medical/ dental/ eye care? What about hair and nail care?
* How is the laundry managed? Do your clothes come back?

Social engagement and activities

Guide the conversation to explore:

* Do you feel you can join in with activities? Do you feel included?
* Are there enough interesting things to do?
* What sort of activities do you/ would you like?
* If the resident is bed/ room bound, are there any activities for them?
* Are you able to keep in touch with family and friends?

**Dining experience**

Guide the conversation to explore:

* Are you able to choose where to eat? When to eat? Who to sit with?
* Do you get a choice of meals? How/ when do you get to choose?
* What if you don’t like what is on offer?
* Are your preferences (meal size/ dietary requirements) met?
* Do you ever get asked what you would like to see on the menu?
* Do the things on the menu change over the weeks? Do they rotate what’s on?
* Are there snacks and drinks available at any time?
* Bed/ room bound people – What do they tell you about their mealtimes? Are meals placed where they can reach them? Are their meals hot by the time they get them? What happens if they spill their food or drink?

**Choices**

Here, you are exploring the autonomy people have, and much of this may have been drawn out through the conversation already.

You could ask people:

* How much choice do people have in personalising their rooms? More than only pictures and photos?
* Can you always choose what to wear?
* Can you choose when to have a bath/ shower?
* Do they have any say in who provides personal care (gender matching)?

Your own observations: Prompt sheet

**These are suggestions of things guide your observations. They are not intended to be used as a checklist or questionnaire.**

**Premises**

Your overall conclusions about whether you think the home seems well-maintained can be backed up with some examples of maintenance issues you’ve seen, or positive examples of the premises being well looked after. However, the purpose of your visit isn’t to perform a maintenance ‘snagging’ inspection, so avoid the temptation to focus too much on small individual repairs that are needed if these don’t suggest any bigger issue about how residents might experience their home.

* Is the home accessible? What about the gardens?
* How many floors are there – and are there lifts/ stair lifts?
* Are the dining areas laid out appropriately for the type of resident? (spaces left at tables for wheelchairs?)
* Is there Dementia friendly décor/ signage?
* Is there evidence of personalisation?
* Are there any strong/ lingering odours?
* Are there any obvious hazards?
* Do residents seem happy with the temperature (Too hot? Too cold?)
* Is it clean/ well maintained overall?

**A typical day**

**You’re unlikely to be seeing a totally typical day, just because your Healthwatch visit is taking place. But aside from that, try to take into account anything that people have specifically told you isn’t typical when you are making your observations.**

**Staff interactions and quality of care**

* Do staff engage with residents?
* Are people asked for consent before staff enter rooms or carry out personal care?
* Do staff and residents look content? Do staff smile at residents? Do they know their names?
* Are residents you see and speak to dressed appropriately? Are they clean? Has their hair been done?

Social engagement and activities

* Can you see any activity schedules or observe activities taking place during the visit?
* Are there dedicated activities staff?
* How are activities made accessible to all residents (especially over multiple floors)?
* Is there evidence of resident/ family meetings or feedback sessions?
* Are people encouraged to stay active to the level of their ability (seated exercise, etc)?

**Dining experience**

**While an observation around the appetising look/ smell of the food can be useful, this should not contain your personal views/ preferences or your conclusions from ‘taste testing’ or sampling the food.**

* How many people are using the dining rooms/ lounges for meals?
* Are people eating at their own speed? Being rushed?
* Are staff assisting people who need help with eating?
* Do the soft/ puree meals look appetising? Has a mould been used, or is it just in a bowl?
* Are there picture menus on display? One menu on a wall? On each table? Do the menus indicate to you that there is choice at mealtimes, and this changes over the weeks?
* Are there snacks available outside of main mealtimes?
* Is water or other suitable drinks always available to help maintain hydration?

**Safeguarding / DOLs**

**The purpose of your visit isn’t for a formal inspection with any sort of official patient safety role, so you should avoid trying to hunt for issues here. But, as covered in your training, remain alert for anything that doesn’t appear right and discuss any concerns with the lead Authorised Representative or another Healthwatch manager after the visit.**

* How much choice do residents have in personalising their rooms? More than only pictures and photos?
* Are professional language or BSL interpreters being used (rather than friends, family or non-clinical care home staff) for GP visits and conversations involving significant decision-making or about care plans?
* Are there guard rails on beds, or stairgates on doors that weren’t mentioned by the manager when they briefed you? If so, you could ask staff about these at the end of the visit.

**Choices**

**It’s unlikely that you will observe residents making choices in a range of situations throughout a day, and you should learn more about this from your conversations with them.**

Here are a few examples of things you may be able to consider during the visit:

* Do you have the opportunity to notice what happens if someone changes their mind about the meal they’ve ordered?
* Can you see anything that suggests there is a resident forum/ meeting?
* Is there anything on notice boards to suggest residents’ views and suggestions are acted on, such as a ‘You said… We did…’ sections?
* Do you observe staff asking residents about things like whether the TV is the right volume, or how they are finding the room temperature?

Conversations with staff: Prompt sheet

**These are suggestions to start off a conversation. They are not intended to be used as a checklist or questionnaire.**

**Many of the points in this section are likely to be covered by the lead Authorised Representative with the senior care home staff member/manager who is the point of contact for the visit.**

**It can be useful to find out how long the home manager has been employed in the role and if they worked there or in the sector previously.**

**Your other conversations with staff are likely to happen as you are shown around the home or at various other less-predictable points during the visit. So, your best insight into life at the home will often come from picking up on things they have shown you or explained to you and showing some further curiosity. This is why we have only provided a few suggestions for discussion topics here.**

**Remember: if you are with a resident who is receiving care from one of the staff, then your priority should be to engage with the resident. You are there to understand their perspective. Be mindful of not talking to the staff member about the resident as if they weren’t there.**

**Premises**

* Was the building custom-built as a care home or something similar, or was it converted from something else?
* Is this a nice building to work in?
* What do you think residents like the most about the building and any grounds/gardens?

**A typical day**

You’re unlikely to be seeing a totally typical day, just because your Healthwatch visit is taking place. But aside from that, try and take account of anything that staff might tell you about what might happened differently on other days.

* How many staff are usually on the rota on weekdays, in the day? At night? At weekends?
* How often does the home use agency staff?
* How do you manage continuity of care when shifts and/or staff change?

**Staff interactions and quality of care**

* How are arrangements put in place when a resident needs a GP appointment; dental treatment; opticians or hearing tests?
* What specialisms do you cater for? How are staff trained and supported with these?
* Can you tell me about the training staff get when they start, and what they get at other times throughout the year?

Social engagement and activities

* Do you have staff responsible for activities? Is that their main role or part of a role that covers other things?
* Do you have volunteers to support with activities, or with other things?

**Dining experience**

**While an observation around the appetising look/ smell of the food can be useful, this should not contain your personal views/ preferences or your conclusions from ‘taste testing’ or sampling the food.**

* Do you have an onsite chef, or is the food all brought in from a food preparation company?

**Safeguarding / DOLs**

**The purpose of your visit isn’t for a formal inspection with any sort of official patient safety role, so you should avoid trying to hunt for issues here. But, as covered in your training, remain alert for anything that doesn’t appear right and discuss any concerns with the lead Authorised Representative or another Healthwatch manager after the visit.**

* Which residents have a DOL order in place?

**Choices**

* How much choice do people have in personalising their rooms?
* Does the way things are done ever change because of resident suggestions or suggestions from a resident forum or meeting?

Record of conversations with residents and relatives: Prompt sheet

**As well as making notes about what residents and relatives tell you, also, where possible, record the following information for each person you speak to.**

|  |  |  |
| --- | --- | --- |
| **I spoke to:** | | |
| Name (not for reporting) |  |
| Age |  |
| Ethnicity |  |
| Gender |  |
| How did they come to be here? |  |
| Other demographic information that you have decided is relevant to the stated purpose of this visit. |  |

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