

March
2017

Overarching Care Home Report

"It takes a minute to feedback, but the difference could last a lifetime"

Contents

Executive summary 4

Background 6

Objectives 7

Methodology 7

Observations 9

Findings 9

Examples of Good Practice 19

 Case Study 1: Peterhouse, Bexhill 19

 Case Study 2: Lauriston, St Leonards on Sea 21

 Case Study 3: Holy Cross Priory, Heathfield 24

Conclusions 29

Recommendations 31

Director’s comment 32

Partner’s comment 33

Contact us 34

Disclaimer 34

Appendices 35

 Appendix 1: Care homes with nursing in East Sussex, for enter and view 35

 Appendix 2: Care homes with nursing in East Sussex, visited as part of the enter and view programme 2017 37

 Appendix 3: Healthwatch East Sussex enter and view programme for care homes. January 2017: Prompt sheet/questionnaire for residents 39

 Appendix 4: Healthwatch East Sussex enter and view programme for care homes. January 2017: Observational recording sheet 40

 Appendix 5: Healthwatch East Sussex enter and view programme for care homes. January 2017: Prompt sheet/questionnaire for manager and/or staff. 41

Appendix 5: Healthwatch East Sussex: Questionnaire for care homes with nursing
enter and view project December-January 2017 42

Executive summary

It is the intention of Healthwatch East Sussex to visit all the care homes in East Sussex over the next three years as part of wider engagement plan. This report brings together the findings from our second wave of visits involving care homes providing nursing care. These number 82 in East Sussex, although the number has changed due to recent changes, for this report, 43 of the original 50 identified for this wave were visited. Care homes providing nursing care were chosen for these visits, following local and national concerns that had been voiced about the shortage of vacancies in care homes that provide nursing care.

The first visits were carried out in early 2016 and the report on that work can be found on our website: www.healthwatcheastsussex.co.uk.

Most providers responded positively to our request to visit. Some asked for additional information and this was provided. However, two services declined a visit.

These visits focussed the themes of choice and independence. These were seen as key issues for people who move into care homes. It is often assumed that people who go into care homes will lose their sense of independence, that they will have no choices and be unable to make their own decisions. Part of these visits was to determine the validity of these assumptions, both from what residents told us and from our observations.

Residents spoke highly of all members of staff. One said, "They are good to us." She said they had a lot of choices including clothes, food and what films they would like to see. She said:

"It's these little things which mean so much." (Copper Beach)

We were particularly interested in the way in which people with cognitive issues, such as dementia, were supported to make decisions and have as much control over their own lives as possible. Linked with this is how the environment was set out to assist people and whether any specific equipment was used to help people make choices and decisions. We were also keen to ask residents about the best thing about being in a care home and about any improvements they could suggest.

Our findings

Several key themes were identified by Authorised Representatives visiting the services. These themes form the headings of the findings section of the report. Examples will be given from the reports from individual care homes as evidence of what we saw or what we were told. These include;

- activities
 - pets and animals
 - more staff
 - bedrooms
-

- funding
- staffing; and
- communal areas

The report also includes quotes from individual reports provided to each care home and they also include direct quotes from residents. This is important, as our role is to represent the views and experiences of people receiving services.

Two of the key outcomes from this programme of visits were;

- The identification of good practice and a commitment to sharing these with other providers; and
- Observations that, in most care homes, residents appreciated the extent and variety of activities provided.

These have been reported in four case studies and a total of eight recommendations have been made. Three recommendations involve discussions with East Sussex County Council;

- One around the contract specification in relation to what activities are provided
- The second for East Sussex County Council to consider their funding of placements in care homes considering a potential shortage of such placements highlighted; and
- Lastly, East Sussex County Council to investigate the delays in putting care packages in place and ascertain the extent of this problem across the county.

The remaining recommendations are for care home managers and owners to respond to the sharing of good practice identified and highlighted in this report to make similar changes for the people who use their services.

Healthwatch East Sussex will follow up on these recommendations with a series of impact reports, to demonstrate how these findings have supported care home owners and managers to make changes based on the experiences of people who use their services.

"it's their home and they run it."

Background

This is the Healthwatch East Sussex report on the second programme of visits to care homes. The first visits were carried out in early 2016 and the report on that work can be found on our website: www.healthwatcheastsussex.co.uk. Our intention is to visit all care homes in East Sussex in coming years. Recently, concerns have been raised, locally and nationally, about the shortage of vacancies in care homes that provide nursing care. Therefore, this programme of visits involved only care homes with nursing.

The criteria for choosing the services to be visited were:-

1. Care homes that can provide nursing care. These number 82 in East Sussex, although due to recent changes, homes closing and new ones opening, the number has changed recently. The care homes visited as part of the first programme were discounted and these numbered 17, this left a potential 63 care homes to visit.
2. The intention was to visit 50 care homes and so 13 were left off the list. These were those services that had more recently had an inspection from the Care Quality Commission. Achieving a good geographical spread across East Sussex was also important, so this was another factor which helped determine which services to visit.

The care homes, identified as meeting the above criteria are outlined in Appendix 1.

Of the 50 care homes we planned to visit, 43 were actually visited. There were several reasons for this. Grange House stated that they do not cater for people with nursing needs; Wisteria Lodge reported that they are a specialist service for people with learning disabilities and so it was agreed that they did not fit the main criteria for a visit. St David's Nursing Home had closed and we were informed that Clyde House was in the process of closing. No visit was made to Hastings Court as they reported an outbreak among residents at the time the visit was planned.

The majority of providers responded positively to our request to visit. Some asked for additional information and this was provided. However, two services, Hailsham House and Woodside Hall declined a visit. It is important to note the legal basis of our visits, as set out below.

The role of local Healthwatch organisations is defined in the 'The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.' These state:

"DUTY OF SERVICES-PROVIDERS TO ALLOW ENTRY BY LOCAL HEALTHWATCH ORGANISATIONS OR CONTRACTORS

11.—(1) IN RELATION TO PREMISES THAT A SERVICES-PROVIDER(1) OWNS OR CONTROLS, THAT SERVICES-PROVIDER MUST ALLOW AN AUTHORISED REPRESENTATIVE(2) TO—

(A) ENTER AND VIEW THOSE PREMISES; AND

(B) OBSERVE THE CARRYING-ON OF ACTIVITIES ON THOSE PREMISES.”

By declining a visit from Healthwatch, providers are failing to meet their obligations under this Regulation.

A letter was sent to these two providers setting out their responsibilities and pointing out that they were falling to meet their responsibilities under the Regulations. We also followed our protocols and informed the Care Quality Commission and East Sussex Adult Social Care, that the providers had failed to work positively or cooperatively with us.

The list of services visited is contained in appendix 2. We thank the managers and staff of these services for their assistance and for the way in which they welcomed us into their care homes. We would also like to thank the residents for their assistance and cooperation.

One service, Sovereign Lodge, invited Healthwatch East Sussex to attend a relatives' and residents' meeting. This was a positive approach taken by Sovereign Lodge, and the invitation was taken up, we commend this positive step, which illustrates their openness to outside agencies and to work cooperatively with Healthwatch.

Objectives

The focus of the visits was on choice and independence. These were seen as key issues for people who move into care homes. It is often assumed that people who go into care homes will lose their sense of independence, that they will have no choices and be unable to make their own decisions. A key part of these visits was to assess these assumptions, both from what residents told us but also from our observations.

We were particularly interested in the way in which people with cognitive issues, such as dementia, are supported to make decisions and have as much control over their own lives as possible. Linked with this is how the environment was set out to assist people and whether any specific equipment was used to help people make choices and decisions. We were also keen to ask residents about the best thing about being in a care home and about any improvements they could suggest.

Methodology

The process for organising visits was as follows:

1. Identify care homes to be visited.
2. Hold a planning meeting for all Authorised Representatives (ARs), who would be carrying out the visits. Finalise the documentation to be used on the visits. This was: prompt sheet/questionnaire to be used with residents, questionnaire for manager/senior staff and an observation prompt sheet. These are attached as appendices 3, 4 and 5.
3. Contact made with all care services by phone, to introduce the programme of visits and to inform them of Healthwatch East Sussex, along with our responsibilities. It was emphasised that we are not inspectors and our role is to seek the views and experiences of people receiving a service.
4. This was followed up by a letter outlining the above and informing providers that an AR would be contacting them to arrange a suitable and convenient date for the visit. A pack containing a poster advertising the visit and some leaflets about Healthwatch East Sussex was also sent to most services, along with a request for the poster to be displayed in an area accessed by residents and visitors.
5. ARs made arrangements with the individual care homes and carried out the visits.
6. A debrief meeting was held for ARs to discuss how the process worked, whether any improvements could be made to the process and/or methodology and to highlight any themes from the visits.
7. Each service received an individual report on the key conclusions of the visit. This was sent with a letter thanking them for their assistance and support for the programme. Copies of these reports are not made public, but have been sent to CQC and the East Sussex Adult Social Care, for their information.
8. This report presents the conclusions from the programme of visits and is available on the Healthwatch East Sussex website.

The programme of visits included care homes that accommodate people with dementia and very frail residents. In these care homes, there were communication complexities, which meant that we were unable to obtain direct feedback from many residents. This meant we relied to a greater degree on our conversations with staff and also on our observations of care routines and interactions between residents and staff.

Observations

A number of key themes were identified by Authorised Representatives at the debrief meeting. These are listed below and they form the headings of the findings section of the report. Examples will be given from the reports from individual care homes as evidence of what we saw or what we were told.

1. **Activities.**
2. **Pets and animals.**
3. **More staff.**
4. **Bedrooms.**
5. **Funding.**
6. **Staffing.**
7. **Communal areas.**

Residents were overwhelmingly positive about their experiences in the care homes, positive about the standard of care and positive about the staff.

The sections below include quotes from individual reports provided to each care home and they also include direct quotes from residents. This is important, as our role is to represent the views and experiences of people receiving services.

One of the key outcomes from this programme of visits is the identification of good practice and an endeavour to share these with other providers. One resident stated:

Findings

1. Activities

There was a consensus that where there was an activity coordinator, the range and extent of activities was very good and that was appreciated by residents. Some services had employed more than one member of staff to organise activities, resulting in a seven-day programme. This had a positive impact on outcomes for residents. Also, the better services were ones which recognised that many residents needed one to one activity/stimulation, rather than just group activities. 'Rummage boxes' were also observed and were thought to offer opportunities to residents.

In most services, we observed staff providing one to one stimulation and activities. This was often something as simple as reading a newspaper to a resident or just chatting with them. People appreciated this individual attention. Where residents and relatives thought there could be more staff, the reason often given was that this would enable the person to have more individual time. This is particularly important for care homes with nursing as many of the residents are frail and so tend to remain in their bedrooms. This may not always be by choice, but is due to the dependency and other needs of the person.

In nearly all services, an activity information sheet was seen on display. Some services had developed this further. They had a pictorial version, to assist more people to identify what is taking place and when. Even better, were those services which had provided an individual information sheet incorporating pictures, and had then distributed this to all residents as well as having copies available to visitors. One or two services had a newsletter, which include not only activities but also a range of other information. At least three (Pentlow, Elstree Court and Holy Cross Priory) had a weekly newsletter and information sheet for residents.

The family member said it was quite often difficult to pin her relative down as she was so busy doing activities.

Authorised Representatives (ARs) concluded that outcomes for residents were greatly enhanced where they had a very good and extensive activity programme. Examples from the reports include: -

- The person coordinating activities visits people in their own bedrooms to provide one to one support and stimulation. (Manor Hall)
- Paints and a box containing knitting materials and other things were left out to encourage residents who walked by to stop and do an activity. We were told that activities took place on different floors to encourage residents to move between floors. There is also a cinema room which is used by residents wanting to watch television undisturbed and a big screen in the Priory itself. (Holy Cross Priory)
- We saw the weekly activities' sheet which was in large print and in colour. There were a wide range of activities each day including: mass, chats, art, yoga, poetry, bus trip to Heathfield, pub evening in the bar, bingo, singing. (Holy Cross Priory)
- There was a craft activity in the lounge and all of the people there seemed to be enjoying it. There was also an activity with balloons for those unable to do the craftwork. (St Raphael's)
- On the second floor, in the lounge area, a lively atmosphere with good interaction between staff and residents was observed. One member of staff was using ball games to keep residents active. At other times staff were talking with residents individually. (Sovereign Lodge)
- The activities co-ordinator was very enthusiastic - we saw her working both with individual residents and generally with residents in one of the lounges. (Sovereign Lodge)
- We saw the activity room, in the dementia unit. There were plenty of things to do. (Abundant Grace)
- Activities were organised and included one to one for those residents who do not leave their bedrooms. (Brooklands)

- Carers discuss daily activities and plans each morning with residents. (Carlisle Lodge)
 - Activities take place every day including weekends. There are three staff specifically dedicated to prepare and organise activities. (Inglewood)
 - Staff spending time with individual residents. (Elstree Court)
 - There are various activities scheduled for residents: theatre trips, shopping, arts and crafts, games, singing, pet therapy, church services. (The Polegate)
 - We saw an example of a weekly calendar that is produced and given to all residents. This tells them what activities and events are taking place for that week. The calendar showed that something is arranged daily, including weekends. (Pentlow)
 - The activities co-ordinator explained that he spent a significant amount of his time working one -to-one with residents in their rooms. (Coppice Court)
 - We noticed a group of residents making ready in the afternoon to attend a tea dance and this included 2 wheelchair users. (Westerleigh)
 - The family member said it was quite often difficult to pin her relative down as she was so busy doing activities. (St Rita's)
 - A group of five residents were in the lounge with a carer running a discussion group. The atmosphere was pleasant and relaxed - it felt more like a friendly chat than an organised activity. (Peterhouse)
 - We saw residents actively involved in a session and enjoying it. (Glottenham Manor)
 - There are 70 hours' worth of activities a week and looking to do more. The range of activities includes: yoga, exercise, music, outings, poetry reading, tea and chat. We were shown the weekly activities programme which is given to residents each week showing activities for the morning, lunchtime and afternoon. The sheet was produced with words and pictures. We were told that activities also took place in a resident's own room. (Claydon House)
 - Activities take place on a one to one basis, as this is deemed most suitable for residents. (Hazlemere)
 - Observed a new member of staff, employed recently to provide activities, preparing various puzzles, games and other activities for residents. (Normanhurst Nursing Home)
 - Those residents that were in the communal area appeared to be relaxed and enjoying the activities led by the activities co-ordinator. (Bexhill Care Centre)
 - There is a member of staff who provides the activities. She is in most days and talks to residents about what activities they might like. The resident mentioned doing exercise classes, cooking cakes and having people in such as singers. (Alfriston Court).
 - The residents in the lounge area were all, apart from one, in an animated session of bingo with the activities co-ordinator, but were all interested to learn the purpose of our visit and to share their experiences and thoughts. (Heatherdene)
-

One member of staff was using ball games to keep residents active. At other times staff were talking with residents individually.

2. Pets and animals

Although this was not highlighted in the reports, when ARs thought back to their visits, they commented that residents had spoken positively about animals being in the house, whether these were visitors or home animals, such as house cats. Many care homes had a range of animals visiting. Many residents would have had pets themselves previously and so this is a link with their past.

- A volunteer from Sussex Caring Pets was visiting the home with his dog. Many of the residents enjoyed stroking the dog and talking to its owner. (Sovereign Lodge)
- "I like the animals when they come in." (The Polegate)
- The communal area seemed to be very much the centre of activity. Initially the activities co-ordinator was organising events and when we returned later, the residents were being entertained by patting and stroking rabbits. (Ashridge Court)
- Two pet cats and some caged birds were resident in communal areas. (The Moreton Centre)

3. Staffing Levels

This was raised by some residents, but not in all care homes. There was an understanding expressed by many residents that they knew they could not have as many staff on duty as they would like, due to financial constraints.

As stated above, residents enjoyed the activities and stimulation provided and this was a key factor in our conclusions about how good care homes are, in relation to outcomes for residents. For many, this meant seeing people in their own rooms as this was generally where they spent most of their time. Providing individual attention is labour intensive and so this is linked with people's views that services would benefit from more staff.

Some of the relevant comments from the individual reports include:

- One resident said that she sometimes has to wait for her call bell to be answered to go to the toilet and another suggested that an area for improvement would be "answer bells more quickly." (Manor Hall)
- A relative stated "Would like to see more staff but understand this will not happen." (The Polegate)
- There was some concern about waiting to get up in the morning but they appreciated why this is so. (Grosvenor Park)

4. Bedrooms

The majority of residents had personalised their bedrooms and were pleased to do so. Managers stated that residents could bring in their own possessions (often qualifying this with “within reason” or “dependent on them being safe”). Residents confirmed this.

Generally, where bedrooms had not been personalised, the reason was because the person had no family or friends locally to assist them. Care homes could take the initiative and assist the person. For example, they could try and find out the resident’s history and put up photos etc. related to where they lived, their likes etc.

- We could see that residents had their own furniture and pictures in their rooms. (Holy Cross Priory)
- One resident on the ground floor had personalised her room more than any other we had ever seen. There must have been over 100 teddy bears, every square inch of wall space was covered with stickers, postcards and other decorations. They said it had taken her two years to do and that she was very happy in the home. (Sovereign Lodge)
- There were pleasant individual rooms and various lounges and dining rooms which were appropriately furnished and colourful. Bedrooms have en suite facilities. (Brooklands)
- Personalised individual rooms most with toilet and wash basin en suite. (Carlisle Lodge)
- Residents were helped and encouraged to personalise their room. They are allowed to bring any item they want as long as it fits in their room and it’s not a health and safety issue. (The Polegate)
- Rooms all had had some element of personalisation - typically family photographs or favourite objects. (Coppice Court)
- One of the rooms we went into had a homely look being furnished with the resident’s own sofa and dressing table. (Quinnell House)
- We noted that one bedroom door had a bell on it. The manager explained that this was on the request of the resident who wanted to replicate her own front door as much as possible. We saw this as being very positive and an example of going with the wishes of the resident. (Glottenham Manor)
- Residents can bring any furniture they want (including their own bed) and the home will re-decorate a room to meet the taste of the resident. (Claydon House)
- The bedrooms seen were personalised by the residents and evidenced that they had could bring in their own possessions. (Lydfords)
- One resident had a fridge in their room which their son keeps topped up with personal treats. (Bryher Court)

- Residents are helped and encouraged to personalise their room. They are allowed to bring any item they want as long as it fits in their room and it's not a health and safety issue. (Ersham House)
- We were able to see into many rooms, these varied considerably in size shape and décor. Some very highly personalised with some small items of their own furniture, others were virtually empty of anything other than the standard furniture with few if any decorative features. (St Dominics)

One resident on the ground floor had personalised their room more than any other we had ever seen. There must have been over 100 teddy bears, every square inch of wall space was covered with stickers, postcards and other decorations. They said it had taken two years to do and that they were very happy in the home.

5. Funding

Funding issues were not raised by the majority of care services, but this could be because this was not an issue we raised directly with managers and providers. However, two services said they would not be accepting publicly funded residents in the future, due to the low level of funding. One service highlighted the low funding as an issue which prevents them from being able to provide the level of care they would like.

A key issue identified from these enter and view visits was the importance of a programme of good quality, varied activities. The best approach observed was where an activity programme was planned every day, including weekends contained one to one activities. As stated above, this is labour intensive and so the level of funding will have a big impact on this.

There was some uncertainty as to what was included in the contract between East Sussex County Council and care providers in terms of activities. One person thought that this is being looked at and the provision of activities is potentially coming out of the contract. Judging from the findings of this report, this would be a retrograde step and have a negative impact on outcomes for residents.

- The manager told us that in her view there is a low level of funding from the local authority which affects the overall budget for the service and limits what they would like to do and achieve for residents. (Filsham Lodge)
- However, the new owner will only take in new residents who are privately funded as the payment from the local authority gives rise to a deficit of some £500 per person per week. (Carlisle Lodge)
- Currently, five placements are publicly funded but this is going to come to an end as the fees are too high for the local authority. (Alfriston Court)

A survey form (appendix 6) was prepared and sent to all providers who were part of the enter and view programme of visits. 24 providers returned these forms, which is approximately 55% of services visited. These 24 care homes were registered for a maximum of 1078 residents, but had an effective maximum (once double rooms had been discounted) of 1049 residents. The majority of care homes had no set limit on residents funded by public authorities. However, some did, either by not taking anyone publicly funded or by setting a maximum number. Despite this, some care homes had more than their 'allocated' number, as residents who were privately funded had become publicly funded once their own funds had reduced to below eligible limits.

The number of reported vacancies in the homes contacted totalled 105. This is about 10% of the total number of places available. However, for publicly funded residents, this was reduced to 34 (32% of the vacancies) due to the following reasons:

- 34 beds not being allocated by the care homes to publicly funded residents.
- 37 beds (27 in one care home) not being available as the local authority had decided, following an inspection and rating by CQC, not to place anyone at these two services until standards had improved.

Therefore, only one third of vacancies were available for those who are publicly funded. This supports the view that there is a shortage of places, although for those people who can fund their own placements, there is much more choice.

6. Staffing and general positive comments about the standard of care

Residents and visitors spoken with were very positive and complimentary about staff, with some examples being given below. Authorised Representatives also saw very good examples of staff supporting individual residents, often taking time with them. Lunch routines were observed and it was good to see that people were regularly supported to the dining room, offered choices of what to eat and drink and supported where necessary with their food. Care staff were observed spending time with some residents encouraging them to eat.

Services reported that they held residents' and relatives' meetings. These are used to gain feedback on the service. However, others have taken this further. For example, at least two services (Southlands Place and Lauriston) have a residents' forum or relatives' council. One service is looking at involving residents in interviews for new staff.

Some of the better services tended to be those where they had good consistency of staffing.

- Residents told us that the best things about being at the care home included: the atmosphere, the carers, the security and the ambience. (Manor Hall)
- A distressed patient was attended to quickly and effectively. (Palm Court)

- In answer to the question what is the best thing about living at Holy Cross, one resident said “kindness, the quality of service.” (Holy Cross Priory)
- The home also has monthly residents’ meetings which are very well attended. The reason for this was because the wishes of the residents are nearly always implemented. It is at these meetings that decisions are made about the running of the home - “it’s their home and they run it.” Family members can attend these meetings too. We were told that residents were involved in interviewing new members of staff. (Holy Cross Priory)
- One resident said that she liked it there, “It’s a very nice place.” She also said, “I like all of the activities.” (St Raphael’s)
- Residents spoke highly of all members of staff. One said, “They are good to us.” She said they had a lot of choices including clothes, food and what films they would like to see. She said, “It’s these little things which mean so much.” (Copper Beach)
- A relative praised the attitude of the care staff saying that some of them were excellent. (Sovereign Lodge)
- None felt their situation could be improved and no improvements could be made at the care home. (Abundant Grace)
- The staff had a very caring and considerate manner when approaching residents. The manager showed patience and skill in her approach to residents. (Dudwell St Mary)
- A resident stated “I have everything I need.” (Dudwell St Mary)
- All carers and nurses are caring and considerate. (Dudwell St Mary)
- Staff excellent. (Brooklands)
- They said that they appreciated the small size of the home and the length of service of the majority of the staff because they believed that this provided a safe environment and a more caring and home-like atmosphere. (Evergreen)
- A family member stated that she is involved in the care planning. She likes the small size, the continuity of staff, the attention and the friendliness. If the resident presses the button he gets prompt attention. (Evergreen)
- “Excellent matron and great staff.” (Carlisle Lodge)
- All residents spoken with thought the staff were wonderful. (Inglewood)
- “Excellent staff.” (Sunrise)
- Staff are excellent. (Elstree Court)
- Staff always seemed to be present when residents needed assistance. (Pentlow)
- A relative stated “They can’t do enough for her. She is happy here, safe and comfortable. I cannot praise them enough for what they do.” (Quinnell House)
- We noticed a very friendly relationship between the staff and residents. (Westerleigh)
- Everybody is friendly - staff and residents. (Peterhouse)

- Residents appreciated that the home is clean and that they are looked after by staff that are caring, sensitive, cheerful and appreciative of their individual choices and needs. (Grosvenor Park)
- One resident spoke in detail about the quality of care she receives, the kindness of the staff and the freedom she has, despite her own physical limitations, to do what she wants to when she wants to. (Lauriston)
- There is a relatively settled staff team with no agency staff currently being used. Despite its rural location it has a full staff team. This is aided by the fact that a minibus is used to collect and return staff who live some distance from the care home, primarily from Eastbourne. This is an innovative approach to recruiting and retaining staff. (Lydfords)
- Residents praised the staff for their kindness and the good food. (Firwood)
- Two residents told us this was their home, that they liked being here and they liked the staff. (The Moreton Centre)

7. Communal areas

Although this was not a focus of the enter and view visits, we could not ignore issues relating to the physical environment and these were noted. Most care homes were seen as having good and positive environments, offering a choice of where to go during the day. Some had developed cafe style areas and this was seen as quite imaginative use of space. Comments in the reports included:

- One main Lounge arranged in groups with dining area. The room was light and pleasant. Several other smaller, quieter seating areas around the home. (Palm Court)
 - We saw the dining room laid out with white table cloths and flowers on the tables. We saw a lounge which was divided in two - one side with a TV and the other side without - having a bookcase with books and a reminiscence area. On walking round, we saw a bookshelf in the corridor which contained information about the home as well as other literature. There was another sitting area with a piano which looked out onto a terrace. (Holy Cross Priory)
 - The variety of facilities promotes independence and choice very well. (Holy Cross Priory)
 - The communal areas (dining room, lounge) were generously sized with a lot of natural light coming through the windows. (The Polegate)
 - The home was clean, tidy and well organised. Communal areas were bright and well decorated. (Coppice Court)
 - Residents were sitting indoors in a warm lounge, with a guarded log fire burning at one end, a window to the street at the other. There were about 10 residents in the lounge, tending to divide naturally due to the oblong shape into two groups. This enabled people to congregate with a choice of companions at either end. (Fabee)
 - The resident liked the small homely feel of this one so they went with her preference and remained very pleased with it. (Fabee)
-

- The communal areas (dining room, lounge) were generously sized with a lot of natural light coming through the windows. (Quinnell House)
- The restaurant acts as an excellent focal point for the home and offers opportunities for social interaction three times a day. (St Rita's)
- There are three floors with a total of 71 en-suite rooms. Each floor has a quiet lounge and two lounges and adjacent dining areas. The ground floor has a hair salon/nail bar, a cinema room and a bistro/café where light refreshments are freely available. Outside there is courtyard with borders, a gazebo, greenhouse and potting shed. This is secure and easily accessible. (Southlands Place)
- The unit that caters for people suffering from dementia was particularly bright and cheerful, with many pictures, reminiscence boxes, and colourful toys on the handrails in corridors, cradles with baby dolls and much more besides. The décor in the large dining room was created to resemble a colourful French Café. (Lauriston)
- The home is purpose built and has an activities room offering a full programme run by specific staff. As well as two lounges, there is also a well-equipped cinema room, a holistic therapy room, a hair salon and a reminiscence room. There are also several small seating areas near windows. (St Clare's)
Our first impression was that it is a light and airy environment, this being aided using light coloured walls and ceilings. (The Haven)
- It was clear that specific actions had been taken by staff to get the resident out of his room more and into the communal area. They had made the environment more interesting for him so he had chosen his own chair positioned so that he could see people moving about in the whole room and in the corridor too. (St Dominics)

8. Some additional, general comments

Authorised Representatives during the enter and views visits, noted several other issues that they assessed as impacting on residents and their experiences of care.

- Managers reported that prior to admission, nearly every resident either visited the home themselves or a family member or friend did so. Due to the nature of admissions to care homes with nursing, often direct from hospital, residents tended not to visit at that point. However, some people have planned ahead and have made contact to visit with the aim of hoping to go there in the future. The Polegate Nursing home has a number of beds allocated to those people who are post-operative and need some time for rehabilitation. Often these people know they could go to this care home and so visited it prior to their surgery. The home encourages this.
 - One care home (Copper Beach) had a document on display entitled 'You said, we did'. This highlighted the feedback from residents and what the service had done in response. This was seen as a good example of how
-

services can work with resident and families, to work implement service improvements.

- There is wide variation in the services, with some being purpose built, some being for over 50 residents and others being small and in converted houses. There are advantages and disadvantages to each type of care home. Interestingly, some residents in the smaller services, said they had deliberately chosen a smaller home (at Evergreen and Carlisle Lodge). They felt them to be more “homely.” This indicates that there is a need for a variety of care home settings to enable people to have a wide choice.
- In a couple of care homes, the chef played a prominent role at lunch time in serving the food. (The Polegate and Claydon House). At the latter, the chef served residents individually, asking them what they would like. This meant there was direct feedback to the chef about the quality of the food and also it enabled the chef to find out more about the preferences of residents.
- A number of care homes had developed cafe style environments. Residents saw this as a positive development making the home less institutional.
- At one service (Lydfords), the chef piped one aspect of the pureed food. This made the food more presentable and appetising.
- At one service (Lydfords) at least two residents were in the care home who wanted to return home. This discharge had been delayed due to a lack of a care package being put in place for them.

Examples of Good Practice

Case Study 1: Peterhouse, Bexhill

1. What we saw

- A group of five residents in the lounge with a carer running a discussion group. The atmosphere was pleasant and relaxed - it felt more like a friendly chat than an organised activity.
- Two residents in the day centre working on an art activity. Again, a very friendly atmosphere with plenty of discussion.
- Some quite ambitious artwork on display in the day centre. This showed imagination from the day centre senior and also good collaborative work from visitors to the centre.
- A notice board showing the results of the most recent satisfaction survey of residents and their relatives, with explanations of what was being done as a result e.g. more fresh fruit.

2. What people told us

The residents we spoke to were clear that they were able to make choices and be independent within the limits of their mobility. They said things like:

- I choose what I want to wear and when to stay in my room
- There is a choice of meals and where you eat them.
- I choose what to wear, dress myself and join in the various activities.

Residents appreciate the caring and friendly atmosphere. They said:

- They do look after you. Want anything and they are there.
- Everybody is friendly - staff and residents
- I felt lonely before, but now I am socialising as everyone is so friendly and staff are so helpful.

- Four of the six residents had visited Peterhouse themselves before making their choice. For the two others, it was family members who visited first.
- Several residents explained that they had initially come to Peterhouse to visit the day centre or to live in the sheltered accommodation. This meant that when the time came to move to a care setting they were already familiar with what Peterhouse could offer them. This made the transition easier.
- The Director of Operations told us about the bi-monthly residents and relatives meetings. One of the residents also explained how she went and asked all the others if there were particular things they wanted to have discussed.
- Peterhouse has two dining rooms - one in the care wing and another close to the main entrance. This had previously had been reserved for residents in the sheltered housing and visitors to the day centre. After consultation, it had also been opened up for the more mobile residents in the care wing, offering a more restaurant style experience. One resident we spoke to said that she enjoyed going there.
- The Director of Operations explained that she was bidding for funds to extend the paved path in the grounds to improve access for residents.
- One relative spoke to us at some length about difficulties she was finding in getting appropriate medical attention for mother. This was not a criticism of care at Peterhouse, but related mostly to getting support from GPs.

3. Conclusions

- Peterhouse has a warm and friendly atmosphere. Residents say that they have plenty of choice in terms of everyday life at the home. They say the staff are friendly and are quick to meet their needs.
- The links between the sheltered accommodation, the day centre and the care wing work well.
- Systems to gather residents and relatives views and to act on them for improvement are effective.

- The Director of Operations has a clear vision of how Peterhouse can further improve facilities. She has plans to extend the paved pathway further into grounds and to develop the activities programme for residents.

Case Study 2: Lauriston, St Leonards on Sea

1. What we saw

- A comfortable modern home with attractive gardens divided into separate units for residential, care for residents with a dementia and a nursing unit.
- Units have very pleasant communal areas with small kitchen facilities with fridges, kettle and microwaves. The communal areas are also used for dining and tables are set up with table linen and flowers, restaurant style.
- Clear security protocols were observed; each unit is secure and separated from others and from general corridor and facilities areas. Within each unit all residential areas were generally open access, some residents were in their rooms, many in communal areas.
- Residents in rooms had the option to have closed doors, although those who were mainly confined to rooms tended to have doors left open.
- All areas were well decorated and in good condition. Many rooms have pleasing views to the outside, many onto the gardens. Those rooms seen were all en-suite, of a good size, clean, well decorated and individualised to a varying extent. Many rooms have significant levels of personal items, furniture, ornaments books etc. In the nursing unit rooms tended to be more functional.
- The unit that caters for people suffering from dementia was particularly bright and cheerful, with many pictures, reminiscence boxes, and colourful toys on the handrails in corridors, cradles with baby dolls and much more besides. The décor in the large dining room was created to resemble a colourful French Café.
- Another communal room is also used for religious services (the home is a Methodist establishment).
- The public spaces were full of bright interesting objects, photos on the walls of times gone by, stimulating articles on tables, residents had doors to their rooms resembling front doors with bold brass numbers to give a homely feel to their personal space.
- The garden is divided to cater for the diverse needs of the residents with a large summerhouse & walkways and sensory plants in one section, and a bus stop in another to help stimulate dementia sufferers with the sight of familiar objects. We were told that a bar area is in the planning stages.
- A friendly relaxed atmosphere was observed throughout. Many residents were up and about, socialising, talking, reading, watching TV and engaged in activities. Much activity took place in communal areas but we also observed people visiting each other in their own rooms.

- We observed several residents with dementia being cared for or entertained by various members of staff who, without fail, demonstrated a high level of care and affection toward them.
- We observed a member of staff speaking with a resident who was looking rather “untidy” and was a little smelly. She was very gentle and quietly asked if he would like to take a shower. This was immediately rejected, the carer simply let it pass saying let us know when you would like to.
- A distressed lady was observed wandering in the corridor and was quickly supported by a staff member who very patiently and with very kind and soft words tried to get to the bottom of the problem. The carer gently persuaded her to go to a quieter place, after unsuccessfully trying to establish what she wanted and why she was upset.
- A ringing bell on the nursing unit was very quickly answered.
- In the dementia unit, we observed a resident having her hair done while she cuddled a baby doll.
- An activities’ session was going on with a group of residents and one person with significant disabilities was made to feel a part of this even though he could not join in. Another resident had chosen to watch rather than participate.
- A hairdressing salon is almost complete and is attractive and apparently well equipped.
- All communal areas were staffed; one or two residents were asleep but the majority were engaged in some activity.

2. What people told us

- The acting manager told us that the manager left in December and she was standing in until a new manager is appointed.
- In answer to our questions, she explained that the choice of home enquiry generally comes initially from relatives. Every prospective new resident is visited prior to admission and, if possible, they are invited to the Home for ‘tea & cakes’ beforehand. The home does not accept everybody as “we need to feel secure in meeting a person’s needs” (if equipment or specific expertise is required that the home is unfamiliar with for example). In the event of hospital emergency discharge the Home will not accept anyone after 6pm feeling it to be unfair to the patient concerned but does all it can to accommodate the needs of potential new residents.
- Six beds are held under contract to the emergency placement team.
- The acting manager checks on everyone on a daily basis. Residents are considered to be a ‘big family’. They come and go as they please as “this is their home.” There is an open door to visitors who are invited to stay if they wish. Those with capacity can go out at night and get back late if they want to.

- Size is the only limitation on bringing in personal items of furniture and possessions.
- The majority of residents are not keen on getting involved in small practical tasks in running the home, although they would be accommodated if they wished to do so. Some people make cakes and fruit drinks. One resident said "I am retired and I don't want to do these things."
- There is a residents' group that meets on a regular basis managed by the residents themselves with support as needed. (This was reinforced by residents we spoke to, who also told us that they plan the agenda and raise any issues they wish).
- The acting manager would like to involve residents in interviews for new staff appointments.
- We were shown a full and varied activities diary. Trips are organised individually if required e.g. to events, church services, out for lunch or shopping, or to the theatre or collectively if there is a demand such a recent trip to see the new pier. "Every single resident went at some point." BBQ's are held in the summer and a 'mock pub' is planned for the near future to add to the conviviality of the home.
- We were told about choices for food and the flexibility available and that the company is shortly to put in place a new almost completely flexible and personalised menu system.
- We saw and spoke to several members of staff involved in their duties and all appeared to be genuinely happy and motivated in their respective roles.
- In particular, the activities coordinator was passionate about the importance of her role, clearly clarifying that residents are not met by a "medical model" approach. She spoke of her qualifications and extensive training, the support she receives from management and about working with staff from other homes. She outlined the ways in which she supports all the residents, including those receiving palliative care. She showed us examples of life histories particularly pointing out a beautifully presented poster on the door of a resident outlining his life, work and interests and told us she was trying to persuade families to do similar things for their loved ones. She spoke about being an advocate when required and put all her work in the context of engagement, rapport, dignity and respect.
- The volunteer coordinator told us about the eight people who come in and we discussed opportunities to extend this, particularly with teenagers. Younger children visit sometimes as do music therapists.
- We spoke to several residents who reiterated everything the manager and staff had told us. Everyone seemed extremely content and had no wish to go anywhere else. They all felt that this was their home.
- One resident spoke in great detail about the quality of care she receives, the kindness of the staff and the freedom she has, despite her own physical limitations, to do what she wants to when she wants to. She can go to bed and get up as she pleases, regularly goes out and has a visiting chiropodist.

She often watches the afternoon film and always goes to the services which are very important to her. She spoke at length about the difficulties she had in her previous home and residential accommodation and how she now feels completely that she is at home, surrounded by as many of her possessions as is practical. She also told us that her care plan is kept in the room and is readily accessible and that she and staff check it and sign it off every six months.

3. Conclusions

The acting manager radiated enthusiasm and love of her job and this commitment was patently evident in the whole ambience of the home, the residents and staff. We felt that this really was a “home” for the residents, that people had independence and an appropriate level of support to allow them to make choices subject to their capacity and capability. The residents appeared happy, stimulated and safe.

To quote one resident who had previously been in other homes: “nowhere better.”

Case Study 3: Holy Cross Priory, Heathfield

1. What we saw

- The home is purpose built over four floors. The top floor has apartments for residents over 55 who live independently, but who can make use of the facilities of the care home, in the basement is the laundry and kitchen. The heart of the care home is therefore on the ground and first floor.
- On the ground floor is a reception area with a shop and the manager’s office. The floor is designed in a square so that in walking round you end up where you began. The ground floor has a chapel, with a sitting area outside the chapel room with a bar. Nearby was a notice board which had information about activities, the minutes of the last residents meeting, the results of the most recent patient survey etc. There is a hair salon. We saw the dining room laid out with white table cloths and flowers on the tables. We saw a lounge which was divided in two, one side with a television and the other side without having a well provided bookcase and a reminiscence area. Two residents were asleep in the lounge. On walking along the corridors we could see residents in their rooms, some were asleep. We could see that residents had their own furniture and pictures in their rooms. On walking round we saw a bookshelf in the corridor which contained information about the home as well as other literature. There was another sitting area with a piano which looked out onto a terrace which was accessed by a door next to the sitting area.

- The first floor is the nursing floor where a nurse is always present. On coming out of the lift we went to a lounge known as the music room. Again, there was a notice board. Nearby was the activities area which wasn't in use whilst we were there. Paints and a box of knitting materials and other things were left out to encourage residents who walked by to stop and do an activity. We were told that activities took place on different floors so as to encourage residents to move between floors. We saw a quiet room/library with a music player, books and games. We saw another split lounge with a television on one side with a resident watching programmes and a side without. We saw the dining room made ready for lunch and on the wall, was a picture painted by one of the residents and a clock with date and time. There is also a cinema room which is used by residents wanting to watch television undisturbed. There is a big screen in the Prior itself.
- Residents have access to both floors of the home and can use the lift. There is a key pad with the key written above the pad in case residents need help, there is also a door bell. Residents are able to move about the home by themselves. Those who wish to, can leave the building and walk in the extensive grounds. Immediately outside the home is a bowls rink and a terrace set out with tables and chairs.
- The variety of facilities promotes independence and choice very well.
- The building is very well maintained, clean and well organised.
- Rooms had the name of the resident on the door and in some cases a picture of the resident.
- We saw a weekly newsletter for residents which was in large print and had sections "On this day"; "Do you remember?", "Over to you" and quizzes.
- We saw the menu for Sunday which included choice of main meals and puddings at both lunch and dinner.
- We saw the weekly activities sheet which was in large print and in colour. There were a wide range of activities each day including mass, chats, art, yoga, poetry, bus trip to Heathfield, pub evening in the bar, bingo, singing.

2. What people told us

- The manager told us that around 20 residents had moved into the home in the last six months. About a third of the residents visited before moving in. In all cases relatives did. Residents can bring their own furniture, including their own bed. The only restrictions were of space and health and safety. On being asked how the home supported residents to make their own choices, the manager mentioned care plans and said that they were reviewed every month and the residents would say what they wanted in the review. The home also has monthly residents' meetings which are very well attended. The reason for this was because the wishes of the residents are nearly always implemented. It is at these meetings that decisions are made about the running of the home, "it's their home and they run it." Family

members can attend these meetings too. We were told that residents were involved in interviewing new members of staff. The manager also has an open-door policy. The home carries out a residents' survey covering such matters as the menu. Residents can also attend staff meetings. Also, to help choice, is the bookshelf area on the ground floor which contains service information including key documents in large print.

- We spoke to three residents one of whom had lived in the home for around seven years whilst the other two had lived in the home for less than a year. We also spoke to two relatives. Two residents said it was their decision to move in and that they had visited beforehand, whilst the third said it was her doctor's but she had known the home as her mother used to take her to the Priory. The family of the fourth resident said it was their decision but hadn't visited beforehand.
- Residents and the family members we spoke to were very positive about the home and said things such as:
 - "Can ask questions and they will help with all your troubles which is nice";
 - "Sisters are very good, ask them and they will help you";
 - "I am very satisfied. I am very fortunate."
 - "I am very happy."
 - "Really super. So friendly. So helpful. Can't fault it."
- Residents told us that they could make decisions - for example around what time they got up; what they ate and around what activities they participated in and staying in their own room. One resident spoke about doing on-line banking and Skyping. Another resident spoke about how they were a "great reader" and that they got the daily newspaper and that the home had lots of books.
- Residents are supported to do as much as possible for themselves. One resident said that they monitored their own diabetes and injected themselves.
- Residents said they were able to go out as much as they wanted. One resident liked to go down to the lake.
- The family members said that they attended the monthly review meeting with the manager about their relative. These meetings lasted around half an hour to three quarters of an hour and were very thorough.
- In answer to the question what is the best thing about living at Holy Cross, one resident said "kindness, the quality of service."
- In terms of what could be improved one resident said "Nothing - if want anything you only have to mention it and they'll help me." "They couldn't do more." One person said they would like to go out in the grounds more but was in a wheelchair and that sometimes staff were too busy.

3. Conclusions

Holy Cross Priory offers residents very good opportunities to make choices for themselves and act independently. The design of the building, the variety of communal areas and the wide range of activities all contribute to this. The home supports choice and independence through its monthly residents' meetings, its approach to care plans and reviews, monthly residents surveys and permitting residents to attend staff meetings and residents being involved with interviewing new members of staff. The manager told us that the residents ran the home and were in charge. Choice is also supported through the weekly activities sheet, the information area and leaving out activities in the activities area ready for residents to do.

Case Study 4: Sovereign Lodge, Eastbourne

1. What we saw

- On the second floor, in the lounge area, a lively atmosphere with good interaction between staff and residents. One member of staff was using ball games to keep residents active. At other times staff were talking with residents individually
- The activities' co-ordinator was very enthusiastic, we saw her working both with individual residents and generally with residents in one of the lounges. She was very energetic, made good connections with residents and obviously loved her job.
- A volunteer from Sussex Caring Pets was visiting the home with his dog. Many of the residents really enjoyed stroking the dog and talking to its owner.
- One resident on the ground floor had personalised her room more than any other we had ever seen. There must have been over 100 teddy bears, every square inch of wall space was covered with stickers, postcards and other decorations. She said it had taken her two years to do and that she was very happy in the home.
- On the top floor, a member of staff accompanied a resident into the lounge and invited her to sit down. The resident was hesitant and not sure that she wanted to. The member of staff did not insist and followed as the resident decided to go for a walk.
- In the ground floor dining room we saw three residents at a table all able to eat without help.
- Another resident sitting in the lounge was brought soup. Initially he did not respond, but a short time later began to eat this independently.
- In the second floor dining room, one resident was shown two different main courses already plated up and invited to choose between them.
- A married couple, with different needs and living in separate rooms, being brought together by staff in one of the lounges.

2. What people told us

- We were not able to complete full discussions with any of the residents. We were however able to get a few comments:
 - the food is very good.
 - I can please myself here.
 - I'm very happy here.
 - The staff are nice.
- We also had more extended discussions with the husbands of two of the residents. They both spent nearly every day at the home with their wives.
- The first told us that while he was quite satisfied with care his wife was receiving, he felt that some residents needed more help with eating, especially for the evening meal. He had alerted the manager to his concerns.
- The second said that that he had no complaints, that the food was good and that 'the entertainment was good, no . . . very good.' He praised the attitude of the care staff saying that some of them were excellent. He also explained that some relatives made a point of visiting at meal times and were able to help family members with eating. He thought that the home did its best for the residents. He did however say that he had some longer term financial worries over meeting fees for his wife's care.

The deputy manager told us that:

- she assesses every prospective new resident and travels around East Sussex to do this
- it is normally relatives who visit the home before a family member moves in
- that residents are welcome to bring furniture or personal belongings provided there is enough room
- care plans indicate the extent to which residents are able, with prompting, to do things for themselves
- entry to and exit from the home are controlled by keypads.
- only one resident has the capacity to leave the home independently and staff let her in and out.

3. Conclusions

- The general atmosphere was of a happy, well run home which meets the needs of the residents. A key feature was the positive and lively interaction between staff and residents.
- The activities co-ordinator played an important role in the home, both in terms of her own contacts with residents and the programme of outside visitors she organises.
- The home has had good staffing levels. This is reflected in the amount of time staff had to sit or interact with residents.

- Staff showed a good understanding of promoting residents' choice and independence within their capabilities.

Sovereign Lodge invited Healthwatch to a residents' meeting, in order that we could explain who we are and what we do. This offer was taken up and the meeting went well. This was a very positive move by Sovereign Lodge and illustrates their openness.

Conclusions

The vast majority of providers and managers were very welcoming to Authorised Representatives on these visits. They have subsequently stated how positive the experience was and they are pleased with the feedback contained in the reports for their care home.

A key conclusion of the visits has been that services have given great emphasis to activities and stimulation for residents. Nearly all have employed someone specifically for activities, often more than one person. It was good to hear from residents how pleased they were with the range and extent of activities and ARs were impressed by how care services were approaching this. The best services were those that had a seven day a week programme of activities. It was also good to see that there is an emphasis on one to one activities, which is particularly important for care homes with nursing due to the high number of residents who tend to stay in their bedrooms. Many services produced colourful information newsletters to tell residents what is happening and when. These were also seen as a good idea.

In the light of the real benefit to residents of a full and individual programme of activities, it is of concern that these activities might not be included in contract with providers in the future. This will be a step back and have a negative impact on outcomes for residents.

The survey results indicate that there is a shortage of vacancies in care homes with nursing. This is particularly so for publicly funded placements. Based on the information provided by care services, it was calculated that there were only 34 vacancies for publicly funded placements.

Residents were very positive about the standard of support provided by staff. Authorised Representatives saw staff supporting residents in a very sensitive and caring manner. Residents also confirmed that they are supported to make choices and their own decisions. Many gave examples of how and when they received this support.

Managers stated that residents could bring in their own possessions and this was supported by what residents said. ARs saw many bedrooms that had been personalised by residents and their family.

It was concerning to hear that two residents wanted to move to their own accommodation but that they had waited months for this to occur due to delays in setting up care packages. If this is occurring in one care home, this could also be true for other care homes. This would benefit from further investigation.

Examples of very good practice and innovation were identified from the visits. There were also examples of where the service had gone the extra mile for a resident. These included:

- A manager supporting a resident to find alternative and more suitable placement, as he had no one else to assist him. (Glottenham Manor).
- Enabling and supporting a resident to personalise their own bedroom including covering all areas of the wall with stickers and posters and having about 100 teddies. (Sovereign Lodge).
- A resident's door having a bell on it, to replicate the person's home, at the request of the resident. (Glottenham Manor).
- At least two services had a residents' Council or a residents' Forum with others having very regular, such as monthly, residents' meetings.
- One service had a notice called 'You said, we did', as a means of providing feedback to residents on what action they had taken in response to ideas put forward by residents. (Copper Beech).
- A number of services have thought imaginatively about their environments and have produced cafe style areas.
- One service had piped part of the pureed food to make it more appetising and presentable.
- One service had invited Healthwatch to a residents' meeting, which evidenced their positive approach to outside agencies. (Sovereign Lodge).

We heard laughter and saw smiles

Recommendations

1. Healthwatch East Sussex to discuss with East Sussex County Council their contract with care home providers, to verify whether or not it includes the specification that care homes provide a programme of activities.
2. East Sussex County Council to consider their funding of placements in care homes in the light of a potential shortage of such placements highlighted.
3. East Sussex County Council to investigate the delays in putting care packages in place and ascertain the extent of this problem across the county.
4. Care homes to consider how they advertise activities and the potential for using a wide range of processes, such as weekly newsletters and the use of pictures.
5. Care homes to consider how they respond to individual requests for activities i.e. whether they could support a relative to do some cooking with their resident.
6. Care homes to consider how they currently provide feedback to residents and how they could develop this, such as the 'You said, we did' approach.
7. Care homes to consider ways of improving the presentation of food to improve its attractiveness to residents.
8. It is recommended that care homes share good practice and learn from the examples outlined in this report.

As a final remark, we leave you with a quote from a manager of one of the visited homes:

"it's their home and they run it."

Director's comment

We are pleased to be publishing our second report on Enter and View activity in care homes in East Sussex, this report focusses on homes with nursing. We are encouraged by the overall findings which are that residents report a largely positive experience of services. In the words of one of our representatives "we heard laughter and saw smiles". The visits also identified examples of good practice and innovation and examples of where the service had gone the extra mile for a resident.

One of the key conclusions of the visits is that services are placing emphasis on providing activities and stimulation for residents. This is an area which has given rise to concern in the past for Healthwatch East Sussex, therefore I am particularly pleased to see how this picture has changed. We would encourage service providers to act upon our recommendations, share best practice and continue to improve the experience for people using residential care services.

The report identified a small number of concerns around delays in care packages being arranged and we are committed to working with colleagues in adult social care to address these issues.

We will be planning the next phase of this work later this year, and we hope residents, carers, family members and members of the public find the report informative and useful when they are looking for services.

Julie Fitzgerald - Director



With special thanks to the service users who provided such valuable insights.

Partner's comment

Details of the purpose & methodology used by Healthwatch in this report included - "to seek the views and experiences of people receiving a service". Adult Social Care, East Sussex County Council, values feedback from the individuals and representatives of those who are receiving a care service and the impact the service has had on their health and feelings of well being. We welcome every opportunity to receive information regarding the client experience and as such found the comments of benefit and will look to this report and the individual reports on each home when gathering information regarding services prior to any visit we may make.

References within the report regarding the impact of funding especially in respect of activities clearly demonstrated the concerns of many homes regarding the future of this element within the contract for services providing residential or nursing care. There is an expectation however, that all homes ensure that care & support includes interaction and engagement that is meaningful to each individual.

Since publication of the report, we are also pleased to confirm that CQC ratings of registered services in East Sussex have improved considerably and we have now a significantly increased number of services rated Good by the regulator.

Our Quality Monitoring Team, would very much welcome the opportunity to work in partnership with Healthwatch colleagues. Discussion with QMT counterparts in Brighton & Hove indicated a close working relationship with Healthwatch, which has proved to be very beneficial to both parties.

Adult Social Care and Health, ESCC

Contact us

Address:

(Freepost)
RTTT-BYBX-KCEY
Healthwatch East Sussex
Barbican Suite
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

Phone: 0333 101 4007

Email: enquiries@healthwatcheastsussex.co.uk

Website: www.healthwatcheastsussex.co.uk

Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

We will be making this report publicly available by the end of June 2017, by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright (Healthwatch East Sussex 2016)

Appendices

Appendix 1: Care homes with nursing in East Sussex, for enter and view

Name of service	Area	Rating
Claydon House	Lewes	Good
Haven Care Home	Peacehaven	No rating yet
St Ritas Care Home	Ditchling	Good
St Clares	Ditchling	Good
Abundant Grace	Seaford	Good
Lydfords	East Hoathly	No rating yet
Alfriston Court	Alfriston	Requires improvement
Westerleigh	Seaford	No rating yet
The Polegate	Polegate	Requires improvement
Sunrise	Eastbourne	Requires improvement
Coppice Court	Eastbourne	Good
Woodside Hall	Polegate	Good
Milton Grange	Eastbourne	No rating yet
Pentlow Nursing	Eastbourne	Requires improvement
Manor Hall	Eastbourne	No rating yet
Sovereign Lodge	Eastbourne	No rating yet
Grange House	Eastbourne	Good
Palm Court	Eastbourne	Requires improvement
Elstree Court	Eastbourne	Good
Carlisle Lodge	Eastbourne	Good
Inglewood	Eastbourne	Good
Firwood House	Eastbourne	Requires improvement
Ersham House	Hailsham	Requires improvement
Filsham Lodge	Hailsham	Good
Hailsham House	Hailsham	Requires improvement
Quinnell House	Hailsham	Requires improvement
Ashridge Court	Bexhill	Good
Heatherdene	Bexhill	Requires improvement
Hazelmere	Bexhill	Good
Peterhouse	Bexhill	No rating yet
Southlands Place	Bexhill	No rating yet
Bexhill Care	Bexhill	Inadequate
Normanhurst	Bexhill	Requires improvement
Grosvenor Park	Bexhill	Good
St Dominics	St Leonards	Good

St Davids	St Leonards	Inadequate
Bryher Court	St Leonards	Inadequate
The Moreton Centre	St Leonards	Requires improvement
Lauriston	St Leonards	Requires improvement
Clyde House	St Leonards	Inadequate
Fabee Nursing	Hastings	Good
Evergreen	Hastings	No rating yet
Hastings Court	Hastings	Good
Glottenham Manor	Robertsbridge	No rating yet
Holy Cross Care	Heathfield	Good
Dudwell St Mary	Burwash	Good
Wisteria Lodge	Nutley	No rating yet
Brooklands	Forest Row	Requires improvement
Copper Beech	Uckfield	No rating yet
St Raphaels	Danehill	good

10 October 2016

Appendix 2: Care homes with nursing in East Sussex, visited as part of the enter and view programme 2017

Name of service	Area	Rating
Claydon House	Lewes	Good
Haven Care Home	Peacehaven	No rating yet
St Ritas Care Home	Ditchling	Good
St Clares	Ditchling	Good
Abundant Grace	Seaford	Good
Lydfords	East Hoathly	No rating yet
Alfriston Court	Alfriston	Requires improvement
Westerleigh	Seaford	No rating yet
The Polegate	Polegate	Requires improvement
Sunrise	Eastbourne	Requires improvement
Coppice Court	Eastbourne	Good
Milton Grange	Eastbourne	No rating yet
Pentlow Nursing	Eastbourne	Requires improvement
Manor Hall	Eastbourne	No rating yet
Sovereign Lodge	Eastbourne	No rating yet
Palm Court	Eastbourne	Requires improvement
Elstree Court	Eastbourne	Good
Carlisle Lodge	Eastbourne	Good
Inglewood	Eastbourne	Good
Firwood House	Eastbourne	Requires improvement
Ersham House	Hailsham	Requires improvement
Filsham Lodge	Hailsham	Good
Quinnell House	Hailsham	Requires improvement
Ashridge Court	Bexhill	Good
Heatherdene	Bexhill	Requires improvement
Hazelmere	Bexhill	Good
Peterhouse	Bexhill	No rating yet
Southlands Place	Bexhill	No rating yet
Bexhill Care	Bexhill	Inadequate
Normanhurst	Bexhill	Requires improvement
Grosvenor Park	Bexhill	Good
St Dominics	St Leonards	Good
Bryher Court	St Leonards	Inadequate
The Moreton Centre	St Leonards	Requires improvement
Lauriston	St Leonards	Requires improvement

Fabee Nursing	Hastings	Good
Evergreen	Hastings	No rating yet
Glottenham Manor	Robertsbridge	No rating yet
Holy Cross Care	Heathfield	Good
Dudwell St Mary	Burwash	Good
Brooklands	Forest Row	Requires improvement
Copper Beech	Uckfield	No rating yet
St Raphaels	Danehill	good

10 October 2016

Appendix 3: Healthwatch East Sussex enter and view programme for care homes. January 2017: Prompt sheet/questionnaire for residents

Name of care home:

1. How long have you lived here?	
2. Who made the decision for you to come here and how were you involved?	
3. Were you able to come and visit before moving in?	
4. Are you able to make your own decisions and choices?	
5. What sort of decisions can you make?	
6. Are you able to get up and go to bed at a time that you choose?	
7. Are you able to go out as much as you would like?	
8. Are you able to do as much for yourself as possible?	
9. What things could be done to help you more?	
10. Are you involved in agreeing your care plan?	
11. How do you contribute to the running of the care home?	
12. What's the best thing about living here?	
13. What could be improved?	

Appendix 4: Healthwatch East Sussex enter and view programme for care homes. January 2017: Observational recording sheet

Name of Care Home:

Date:

Time and location of observation:

Names of Authorised Representatives:

1. Examples where residents were offered a choice and supported to make a decision	
2. Were choices open ended or closed eg offered choices of drink and food?	
3. How did they respond?	
4. Could residents spend time in their bedrooms if they chose to and if so how did staff support them to their bedrooms?	
5. Were residents free to walk around the care home or were there any obstacles, eg key pad?	
6. Were any residents asleep in communal areas?	
7. Did staff spend time engaging with residents? How?	
8. If relevant, estimated length of time when no staff in communal room. Any reason identified?	

Appendix 5: Healthwatch East Sussex enter and view programme for care homes. January 2017: Prompt sheet/questionnaire for manager and/or staff.

Name of Care Home:

Date:

Names of Authorised Representatives:

1. How many residents have moved in during the last 6 months?	
2. How many visited prior to moving in?	
3. How many relatives visited prior to the person moving in?	
4. Can people bring in any of their furniture and possessions?	
5. If so, are there any limits?	
6. In what way do you support and enable residents to make choices and decisions.	
7. Are there any limitations on residents making choices and decisions?	
8. Do you have any aids to enable people to make choices and be independent? Eg pictorial menu	
9. Can residents go where they want in the care home or are there any limitations?	
10. How do you support residents to be independent?	

Appendix 5: Healthwatch East Sussex: Questionnaire for care homes with nursing enter and view project December-January 2017

We are planning to visit about 50 care homes with nursing. An issue we have identified is the apparent lack of availability of placements for this type of care. As part of this activity, we are collecting evidence to see if this is the case. It would be appreciated if you could complete the following short questionnaire.

Name and address of care home	
Date	
Registered number of placements	
Effective maximum no of residents (eg non use of shared rooms)	
Max no of beds for public funded beds	
Max no of beds for private funded beds	
At current time; number of beds used by public funded residents	
At current time; number of beds used by privately funded residents	
Number of current vacancies	

Thank you for completing the questionnaire.

Please return it by email to:

Phil Hale

email address: philhale.care@googlemail.com

PO Box 208
 Polegate
 East Sussex
 BN26 9AZ