healthwatch Dorset

I'm Still Me

A look at how care homes in Dorset support people to live active, independent lives.

Healthwatch is the national independent consumer champion for health and social care, established throughout England in 2013 under the provisions of the Health and Social Care Act 2012, with statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Healthwatch exists in two distinct forms – local Healthwatch, and Healthwatch England at national level.

The remit of local Healthwatch encompasses all publicly funded health and social care services for both adults and children. Healthwatch Dorset covers the area of the three local authorities of Dorset, Poole and Bournemouth.

As part of the remit to gather views, Healthwatch Dorset also has the power to "Enter & View" services and undertake announced or unannounced visits.

We would like to thank all those care homes who contributed to this investigation, their residents, families and friends and staff.

We would also like to thank our Enter & View volunteers for undertaking the visits, reporting on what they observed, and contributing to the review of the project. Thanks also to staff at NHS Dorset Clinical Commissioning Group, our local authorities, AliveActivities, Kinson Library and Partners in Care for their input and promotion of the project. Thanks also to Healthwatch Sunderland and Healthwatch Isle of Wight for sharing some of their documentation and to staff at Nazareth Lodge for their feedback on our draft documentation.

Disclaimer: Please note that this report relates to findings observed on specific dates and is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

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Introduction

In recent years there has been an emphasis on "personalisation" in care services (through, for example, the Our Health, Our Care, Our Say White Paper and the Putting People First concordat). This means acknowledging people as individuals and putting them at the centre of the process of identifying their care needs and making choices about how they are supported to live their lives. This person-centred care and support should be at the heart of services offered in residential care homes.

Healthwatch Dorset identified "care homes" as one of the priority areas for investigation in our work programme. We wanted to focus our work and identify where we could "add value" to what is currently known about care homes in Dorset. We therefore conducted some research to help establish the scope of a potential project and from there concluded that undertaking Enter and View visits in care homes across the county would present valuable evidence of what is being delivered around 'Meaningful Activities' and what is in place for residents to keep them mentally and physically stimulated to enhance their quality of life and retain their sense of self. Residents living in care are not only coming to terms with a loss of independence but often find they are unable to do many of the things they used to do or wish to continue doing.

This report sets out how we undertook our research, developed our project scope and methodology and undertook a pilot project to test out our approach. It also sets out our findings in terms of what we learned from the pilot.

We have also provided the findings from the pilot visits.

March 2017

Summary

How we developed and tested our methodology

We wanted to find out whether our approach would “add value” to the evidence base already established through Care Quality Commission (CQC) inspections and local authority Quality & Compliance team audits. We also wanted to test our volunteer training modules and project specific documentation with a small number of care homes before rolling out a more comprehensive schedule of visits. Therefore, we randomly selected 8 care homes (spread across all districts of the county) and undertook unannounced visits over a period of 2 months. After the visits, we asked the homes for feedback on our approach and carried out a review with our Enter & View authorised representative volunteers. We then amended and adapted our methodology, considering all the feedback received. Any future Enter & View visits will use the amended approach.

Even though we will amend our scope for the future, the findings from the 8 pilot visits remain valid and we provide those results (and our recommendations for action) in this report. We have not named the homes visited as this was a pilot and we feel it would be unfair to do so when any further visits will be undertaken with an amended scope and approach. However, we retain the right to make the names public at a future date, should we feel it appropriate to do so.

A summary of our findings

- Not all homes had a "whole home" approach to who is responsible for activity planning and provision.
- Some larger homes had dedicated activity "teams".
- Larger homes had easier access to transport (especially homes which are part of larger groups).
- Smaller homes knew their residents better.
- Larger homes appear to have more resources (especially homes which are part of larger groups).
- Most homes did some kind of Life Story work but some better than others.
- Bigger buildings have more flexibility in terms of space (quiet areas, lounge areas etc.)
- Some homes access resources such as NAPA (National Activity Providers Association) or OOMPH (Our Organisation Makes People Happy). Others do not.
- Although some homes said that residents would be able to undertake activity at night this seemed more limited to support rather than to actual "activity".
- Some homes are very active with their local community, while others are not. (This depended somewhat on location – rural/urban).
- Risk assessment varied from risk averse to encouraging positive risk taking (with possibly a different approach taken by homes which are part of larger groups in comparison to single, independent homes).

- Most homes said they added information about residents' activities to care plans and updated "knowledge" about a resident.

- Many homes had a good range of activities but few had a true "person-centred" approach in the sense of personalised activity programmes.

- Most homes relied on families and friends to take residents out on trips.

We hope that our findings will help homes and local authorities to focus on areas that could be improved to make people's experience of living in care more fulfilling wherever possible.

Background to the project

The following research was undertaken to identify, define and then refine the scope for the project.

a. Feedback Healthwatch Dorset has from local people about care homes.

Concerns about care homes that had already been raised with us by local people included Issues about fees/confusion about fees and concerns about the quality of care.

Most comments received have been about concerns over the treatment of residents (potential neglect, support for eating, help with medication, basic care). It is unlikely that any Enter & View visits would identify any further issues from purely observation (i.e. staff are not likely to mistreat residents in front of witnesses!) but talking to residents/carers/families may highlight concerns. There would need to be a relatively high level of training provided to volunteers to ensure that they could recognise issues, question residents/families appropriately and understand safeguarding issues. There would also be a need to involve local authorities and the CQC in any work involving trying to identify such issues. It is unlikely that Healthwatch could "add value".

b. The national picture.

Some of the national concerns (current at the time of project scoping) include:

- The Care Act 2014 sets the scene for change in terms of commissioners and providers responsibilities. The White Paper on which the provisions of the Act are based was framed in terms of 'I' statements – descriptions of services written from the perspective of a service user, e.g. 'I am supported to maintain my independence for as long as possible'. A service-user, whole-person, perspective is intended to be at the heart of modern social care.
  http://www.local.gov.uk/documents/10180/5854661/L14-

532+Must+Knows+The+care+act_02.pdf/7949466d-36d0-4c8a-b64a-a3cce022568d

- Problems with accessing primary care for residential care homes has been identified as a concern. http://www.careinfo.org/our-members-will-no-longer-pay-retainers-to-gp-practices-says-care-england/
- More and more issues are being highlighted about poor care in care/nursing homes across the country – see Observer article highlighting several concerns including the CQC report into major problems with Birdsgrove Nursing Home in Berkshire (report 7th August 2015). http://www.theguardian.com/society/2015/aug/08/social-care-england-elderly-budget-cuts
- The Joseph Rowntree Foundation (JFR) John Kennedy's Care Home Inquiry provides a depth of information and research which could provide the basis of our work. http://www.jrf.org.uk/sites/files/jrf/Care_home_inquiry_FULL_0.pdf

Conclusion: This is only a small amount of information regarding current issues about care homes. A good focus for our work may be to look at how person-centred (or, rather, "relationship-centred") homes are. Taking on board the JRF work, homes that are providing a good range of activities, engaging with residents, families, carers and local communities, involving residents and encouraging interaction and independence are potentially less likely to be mistreating residents. By focusing on this area, we can hopefully be more structured in the work and help identify issues easier (and highlight the good practice).

c. What has been done by other local Healthwatch nationwide.

Many local Healthwatch across the country have undertaken projects and work with care homes. A check of around 20 reports from various local Healthwatch shows that the majority have not focused on a particular area or issue but have undertaken a general look (in a similar way to a

CQC inspection) at care homes in their area. Most have produced reports and recommendations for actions with some care homes responding with action plans for change.

A small number have focused on a particular area such as the provision of meaningful activity or residents' experiences of mealtimes.

> *Conclusion: most local Healthwatch tend to undertake general reviews of care homes with no particular focus on one aspect of care. Although this does produce some useful recommendations there is the potential to duplicate the work of the CQC and local authority.*

d. The local picture from other stakeholders' perspectives.

The local CQC Inspection Managers and Quality & Compliance Managers at Poole and Dorset local authorities were asked for their thoughts about where Healthwatch Dorset could "add value". The following feedback was received:

- Poole advised that good areas to focus on may be:
    - Mental Capacity Act and whether care home staff understanding the implication
    - Meaningful activities
    - Mealtime experiences

- Dorset advised they have a new risk assessment system that allows them to prioritise care home visits and focus their time looking at specific areas rather than all standards within the service specification so there "will certainly be areas of work that Healthwatch Dorset could undertake that would complement our own work". This response prompted a meeting between the Healthwatch Dorset Research Officer and the Quality & Compliance Manager with the following outcome:
    - Looking at activity-based care would be very welcomed. This is an area that is not always monitored in-depth and is also an area that tends to be a "tick box" for many care homes.
    - They would be happy to provide Healthwatch Dorset with the full residential care service specification which includes

details on how the monitoring team inspect this area of care and what they expect care homes to provide.
    - It was agreed that it would be useful and appropriate for the local authority to review any documents to be used in visits (with the proviso that they cannot change the scope unless there are relevant governance issues)
    - An alternative scope would be looking at whether residents have appropriate access to primary care (dentistry, opticians, hearing aid repair, chiropody services, OT, physiotherapy, pharmacy services, speech therapy)
- CQC responded with "We would appreciate any feedback on how people experience care in these services – both positive and negative information. You may want to look in the Provider handbook for adult social care services on the CQC website. The sections on Caring and Responsive may be the most relevant for your visits".

e. Guidance, useful information available from other organisations to help focus on specific areas to review.

- My Home Life – www.myhomelife.org.uk

My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. It is supported by all the national providers of residential care and the Relatives and Residents Association www.relres.org Their "Keys for Care" could provide a foundation for an Enter & View "template".

- The National Care Association – www.nationalcareassociation.org.uk

They have developed a quality assessment system "Taking into Account the Views of Service Users" including a range of survey questions for use by providers.

- Care England - www.careengland.org.uk

Independent charity and the leading representative body for independent care services in England. Some useful guidance about "Sensory Loss in Care Homes: Diagnosis, Awareness, Response" which could provide a basis for any Enter & View work around reviewing how care homes communicate with residents who have some kind of sensory loss.

- National Activity Providers Association (NAPA) - www.napa-activities.com

Promotes high quality activity provision for older people. Some useful information which could help develop Enter & View around reviewing activity provision in care homes.

- Independent Age – www.independentage.org

Established charity providing a voice for older people. Has produced several "Wise Guides" that could help with volunteer training.

- Care UK – www.careuk.com

Care UK promote "Activity based care (ABC)" – a philosophy used to support people to continue to lead meaningful and fulfilled lives in care homes. They have produced a guide "As Easy as ABC" http://www.careuk.com/sites/rcs/files/Care_UK_rcs_Easy_as_ABC.pdf that lists 100 practical hints and tips for activity based care and is for carers, relatives of residents and visitors.

- The Social Care Institute for Excellence - www.scie.org.uk

Leading improvement support agency and independent charity, working with the care and support sector in the UK. They co-produce work with people who use services and carers. Provides a whole range of useful guides and documents that would help with volunteer training for any Enter & View work.

- Age UK - www.ageuk.org.uk

Guidance and checklists that could help develop any surveys for Enter & View work.

- First Stop Advice - www.firststopcareadvice.org.uk/downloads/kbase/3072.pdf

FirstStop Advice is an independent, impartial and free service for older people, their families and carers. They provide a range of useful guides and factsheets that could be adapted for Enter & View work.

- CQC

Use of the service provider handbooks would help provide a basis for templates for Enter & View. The CQC Key Lines of Enquiry also provide some useful information for any observation/semi-structured interviews.

Overall Conclusion

Taking into account all the above information, Healthwatch Dorset agreed we could "add value" in undertaking a piece of work to ascertain how well care homes across Dorset are "person-centred" (how they consider the whole person; taking into account each individual's unique qualities, abilities, interests, preferences and needs, rather than focusing on their illness or on abilities they may have lost and treating residents with dignity and respect), focusing on how people are supported through meaningful activity to continue to be as active and independent as possible and to retain a sense of self.

Agreed Key Objectives to be tested through the pilot

- How to identify innovative and creative practice
- How to highlight areas for improvement
- How to identify barriers to promoting meaningful activity
- How to identify ways to support the implementation of any recommendations we may make.

Scope

- For the purposes of the pilot it was decided to only include residential care homes without nursing care and those not supporting people with learning difficulties or children. This was in order to have the maximum opportunity to engage with management, staff, relatives and families whilst testing out the methodology and allowing our volunteers to gain experience in Enter & View visits where they would not need further training or support to engage with people who may have additional communication needs or be potentially disrupted by our presence.

What is "meaningful activity"?

The NICE quality standard (QS50) Dec 2013 Mental Wellbeing of Older People in Care Homes states “It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living that helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Wherever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained”.

It goes on to say “Organisations providing care should ensure that opportunities for activity are available and that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them and that promotes their health and wellbeing” and “Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of activities that are undertaken within the care home and can demonstrate that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them.”

We based our project around the definition of meaningful activity: “Meaningful activity includes physical, social and leisure activities that are tailored to the person’s needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts & crafts, conversation and singing. It can be structured or spontaneous, for groups or for individuals and may involve family, friends and carers, or the wider community. It should take place in an environment that is appropriate to the person’s needs and preferences, which may include using outdoor space or making adaptations to the person’s environment” [Adapted from SCIE guide 15, Choice and Control, Living well through activity in care homes: the toolkit (College of Occupational Therapists) and expert consensus.]

Methodology

Project Documentation

- We designed a set of questions for managers, staff, activity co-ordinators, residents and family and friends along with several observation prompts. These questions were adapted from sources such as the ASCOT Adult Social Care Outcomes Toolkit www.pssru.ac.uk (Personal Social Services Research Unit), CQC Key Lines of Enquiry and "Living well through activity in care homes – the Toolkit 2015" by The College of Occupational Therapists https://www.cot.co.uk/living-well-care-homes The toolkit emphasises the importance of 3 main commitments care home staff can make to residents. We took account of these when development our checklist:

    - **Connecting** with residents through eye contact, touch, conversation and doing. Connecting relatives and friends with the life of the home and connecting residents with the community and outside world.
    - **Understanding** residents' lives (past and present)
    - **Encouraging** through conversation, mobility and physical activity and through daily activities

- We also considered the definitions of "meaningful activity" as described previously in "What is meaningful activity".

- Once we had a draft set of questions we asked for feedback from the local authority Quality & Compliance teams and from a local care home (Nazareth Lodge, Sturminster Newton) which had received an "outstanding" rating from the CQC. Appropriate amendments were made.

Authorised Representatives

- We designed a project-specific Role Description and application form (to eliminate any possible conflict of interest no volunteer could visit a home where any of their family or friends were

resident) and publicised the opportunity to get involved with the work through our networks, social media and Champions database.

- We chose 11 volunteers to be involved in the pilot and these received DBS checks and a full training day covering Enter & View, safeguarding, dementia awareness, how to use the documentation and how to undertake observations. We used several videos from www.scie.org.uk/socialcaretv to highlight what to expect during the visits.
- Our volunteers received information packs that included safeguarding contacts, letter of authority, ID badge, Healthwatch leaflets, Code of Conduct, complaints procedures and project documentation. They also received additional Family & Friends questionnaires (with pre-paid envelopes) to leave with homes should family wish to complete them after the visit.
- All visits were undertaken by at least 2 volunteers accompanied by a Healthwatch Dorset member of staff.

Visits

- To effectively test our documentation, we selected 8 care homes (stratified random sample), one from each district across Dorset to include urban, rural, large, small, independent and group run. Everyone had some level of publicly funded care (checked with local authority teams).
- Each home was sent a letter advising them about Healthwatch Dorset and the project but giving no timescale apart from "we will be visiting at some point in the next couple of months". We wished to conduct the visits unannounced to view a "real" day in the life of the home. However, care homes were aware we were undertaking some work as we had a briefing article placed in the CCG quarterly Care Home newsletter.
- Homes were also provided with information/posters for residents and family.
- Visits were conducted on various days of the week and various times of day. However, we did not conduct any visits after 6pm or at the weekend to have maximum opportunity to test our approach (we will undertake weekend and evenings visits in the future where possible and practicable).
- Although we had some structured questions for residents the Enter & View team used these more as prompts to allow for an informal

and relaxed approach. Many of the residents we spoke with had some level of dementia or communication difficulty which may have had an impact on what they told us. We have taken this into consideration.

- All visits began by requesting a meeting with the on-duty manager or appropriate person to introduce the Enter & View team and provide details on the format of the visit. At this time, we asked whether there were any infection control issues we should be aware of and any residents who would not be comfortable speaking with us. Visits were conducted over a period of 2 to 3 hours.

Conclusions & Recommendations

1. Most of the homes undertook some kind of life story assessment although not all the approaches were comprehensive or consistent.

   ### We recommend…

   Consistent use and regular updating of a recognised Life Story tool such as "My Life Story" (developed by DementiaUK) or similar would help ensure that people are seen as individuals, not just one of many in an institutionalised setting. A good understanding of a resident's preferences and their individual life story allows staff to help them to remain, as far as possible, distinctly who they are.

2. Many of the staff we spoke to had a varied understanding of the definition or importance of "meaningful activity". In some homes the responsibility of undertaking activity was delegated to a dedicated Activity Co-ordinator or to one or two care staff.

   ### We recommend…

   All staff need some support and/or training to recognise that the social and emotional needs of residents are just as important as the daily physical aspects of care. Some staff we spoke to had received formal NVQ training for example, some had received limited "on the job" awareness. Not all activity co-ordinators had enough knowledge or support to be able to effectively undertake the role or know where and how to access useful resources. Alternatives to formal training could be use of assessment tools such as the Pool Activity Level (PAL) Instrument and the Cardiff Lifestyle Improvement Profile for People in Extended Residential Care (CLIPPER) that can help guide and support staff on how to integrate activity into personal care tasks. Use of such tools can also help management provide evidence for CQC and local authority inspections and audits.

   A better awareness for staff would help reduced institutionalisation of both residents and staff. Many staff told us that residents "don't want

to go out or don't want to get involved". Is this actually what residents want or is it just what they have got used to? Is this something staff have got used to?

There is also a need for all staff to have better training in dementia awareness and communication. NICE standards state that activity should be seen as part of the job of all staff in a home. This was not evident across all the homes we visited.

3. In many homes, we found evidence of a good range of general activities for residents. Although there were pockets of good practice, we found little evidence of true "home-wide" individualised activity planning (note some homes advised care plans reflected individual preferences to some extent but as we are not authorised to view care plans this was difficult to verify).

We recommend…

True "meaningful activities" should match the personal interests and capabilities of the individual. Even if only one person wishes to undertake a particular activity, homes should be empowering and enabling them to do so wherever possible. All residents should have an individual activity plan which is regularly reviewed and updated as part of their care planning. Commissioners should build this in as a requirement to their service level agreements with providers.

4. We found little evidence that care homes share good practice with each other (although some sharing is done through forums and organisations such as Partners in Care (supports activity co-ordinators forum) and Skills for Care and local provider conferences etc.).

We recommend…

We understand (through conversations with care home owners and managers) that homes are often in competition with each other and can be very reluctant to share ideas. One manager said, "we put a lot of time and effort into developing good ideas and we don't just want others to come along and take those ideas without having done the work". Another said, "we are in competition – there's no incentive to share our good practices". We recommend that commissioners place more

emphasis on sharing good practice where possible. If all homes share, then all will be "on the same level" thus no home gains a commercial advantage but all residents gain a better quality of life.

5. Most homes rely on residents' families and friends to take them out of the home environment. This is due to lack of accessible transport and/or available staff. For those residents who have no such support networks it can mean they do not have access to any activity or community involvement outside of the home environment for very long periods. This can lead to institutionalisation, social isolation and residents becoming more reluctant to take up such opportunities as and when they arise due to fear of change.

We recommend…

For the larger care home organisations, it is often possible to share transport resources. Homes located within easy reach of local community facilities or in town centres may be able to take residents out without transport but for rural homes this is a real issue. Some homes told us they cannot spare the staff to take residents out with high needs (due to lifting and other issues) or they do not have access to vehicles with appropriate access. More links could be made with voluntary car schemes or existing community transport schemes, sharing resources with other local homes and/or schools and other voluntary organisations.

Homes could also make more use of volunteers for undertaking activities and befriending. Commissioners and providers could also work together to develop shared trips programmes with accessible transport.

6. NICE quality standard QS50 - mental wellbeing of older people in care homes - Quality Statement 1 advises "Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of activities that are undertaken within the care home and can demonstrate that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them".

We recommend…

Commissioners need to promote protected time for staff to facilitate meaningful activities for residents, encourage appropriate staff training and development of true individualised activity planning which is regularly reviewed. There should also be regular reviews to identify those residents at risk of social isolation i.e., those that prefer to stay in their own rooms, do not have the opportunity to leave the home for trips etc. or do not wish to be involved in groups activities.

There was also some anecdotal evidence that larger group run homes see the provision of meaningful activity as an "added extra". This needs to be addressed through the commissioning process as does the issue of residents sometimes having to pay extra for activities.

7. Relatives, families, friends and carers need to be kept well informed of their cared for person's activities in the home and provided with the opportunity to be involved with activity planning.

We recommend…

Not all the homes we visited kept relatives etc. well informed. Better use of newsletters (electronic and paper) and social media may be effective and general updates with families when visiting the home.

And finally, most of the managers we spoke to in the care homes told us about the stresses and difficulties of running an efficient care home with often limited resources and difficulties in finding and retaining staff. We understand that reports such as this usually list several recommendations for providers to implement. One manager told us, "We've heard it all before. Even if you give us the best idea ever on a plate with the most comprehensive evidence it will improve the lives of our residents, we still have to find the time, staff and resources to implement that idea in an already stressful, underpaid and overloaded environment".

We are very aware that in the current social care economy, with ongoing budget and service reductions, it would be very difficult for most care homes to be able to take on board our recommendations and implement changes immediately or in the short term. However, by working more closely together with other homes and with commissioners, local authorities, the NHS and local communities, we believe they can start to change the culture of "we can't" to "we will".

Learning from the project

Since this pilot project was completed, we have collected feedback on it from the care homes involved and from our own volunteers and staff. As a result, we have identified the following learning points:

Volunteer Training

- The Enter & View training could be done by volunteers in their own time with a review and Q&A session on a training day. This would reduce the length of the training day.
- Volunteers felt the safeguarding module was too in-depth for this project and could be reduced.
- Volunteers would have liked more time to go through the project documentation.
- Volunteers would like some role play to get an idea of what to expect.
- All visits need a Healthwatch Dorset member of staff involved to answer any challenging questions from managers and provide an "authority figure" should homes be a little reticent in allowing entry.

Visits

- The pre-visit letter to care homes needs to be adjusted. Feedback from one care home advised "the letter was informative but possibly a little harsh in tone".
- There were too many questions to get through and not always possible to get answers.
- It was not always possible to speak with staff.
- It was sometimes difficult to get "reliable evidence" from many residents who may have a dementia or communication difficulty. This emphasises the importance of "triangulating" evidence received e.g. if a resident or family member states there has been no activity it should be checked with staff or management where possible (and without breaking confidentiality)
- There were too many questions for relatives. Talking to residents needs to be less formal.
- It was easy to go off scope and ask questions not relevant to the objectives.

- A longer visit may elicit more quality feedback – there was a suggestion of doing a “day in the life” of a home where volunteers undertake a more observation focused piece of work rather than question based.

Summary

- Volunteer training needs to be reviewed and adjusted as above with more emphasis on the definition of “meaningful activity”.
- The methodology appears sound but documentation and questions need to be reduced, simplified and duplication removed. More observation may be necessary and a longer visit time reviewed.
- Volunteers need to be accompanied by a Healthwatch Dorset staff member in the short term (this will be reviewed in the light of further visits and more experience gained).
- Healthwatch Dorset needs to review the way forward in terms of the scope and objectives of our work. The pilot has enabled us to think again about our scope and whether we can better "add value" reviewing other aspects of care in the residential care home environment.

Observations recorded by Healthwatch Dorset on the visits

HOME PROFILE	
Home 1	Independent home 1-10 residents.
Home 2	Independent home 11-20 residents.
Home 3	Independent home 21-30 residents.
Home 4	Independent home 21-30 residents.
Home 5	Independent home 21-30 residents.
Home 6	Group home 31-40 residents.
Home 7	Group home 41-50 residents.
Home 8	Group home 51-60 residents.
INFORMATION FROM OPENING INTERVIEW	
Home 1	Home had heard of Healthwatch but not sure what it is. Little reluctant at first but quite happy to engage when we explained our brief.

	Latest CQC rating visible.
Home 2	Home had not heard of Healthwatch before receiving letter. Did not see notice of latest CQC rating
Home 3	Environmental health told them they can't have a dog (they inspected and saw dog bowl in the kitchen). They don't have pet therapy visits now either because of that. Additional notes – home finds it very hard to get dental treatment for residents. Dentists won't attend the home. Latest CQC rating notice not available. Manager advised she is in the process of completing PIR forms (Provider Information Return) and is having problems with it with CQC.
Home 4	It was stated that no resident would go out unaccompanied but there didn't seem to be sufficient staff to enable that to happen anyway. When we asked to talk to care staff, perhaps when residents had tea, manager refused saying they were busy giving tea to residents in their rooms (only 3 residents used the dining room). Front entrance had A3 display of daily activities. No visible sign of latest CQC rating.
Home 5	Nothing to add. Did not see notice of latest CQC rating.
Home 6	At no time were we asked to sign in or cleanse hands (note when we left we were told the hand sanitisers were empty). Stated they were unaware of our pre-visit letter and did not at first understand who we were. The Admin person found the letter later.

	No displays or photos up anywhere to show what residents had been doing and the visits e.g. llamas, owls etc. – to enable residents to remember and recall. Photos were in the newsletter but not seen on walls. Were also given list of activities for October – fairly repetitive but something on every day. Did not see notice of latest CQC rating.
Home 7	Fairly warm welcome – they stated they hadn't seen the pre-visit letter so took copy of letter and our authorisation letter and explained they were awaiting a new manager. Did not see notice of latest CQC rating.
Home 8	Nothing to add. Latest CQC rating on notice board at front entrance.
QUESTIONS FOR MANAGERS	
Who is responsible for meaningful activity?	
Home 1	No activities coordinator. Everyone is responsible
Home 2	Activities Co-ordinator
Home 3	All staff are responsible. No activity coordinator although a member of staff attends Partners in Care sessions to gain new ideas and share good practice.
Home 4	Pastoral Carer – present 5 days a week 10am to 2pm. Stays later one day a week to do one to one activities with residents.

Home 5	There is an activity "team" but all staff have a role in the afternoon between1.30pm and 5pm to engage with residents.
Home 6	Manager and Admin. Some staff can plan things separately
Home 7	No activity coordinator as such. On a daily basis responsibility is delegated to care staff to organise activities.
Home 8	There are activity coordinators but all staff are expected to interact with residents and get involved
Do you collect life history information?	
Home 1	Have Life History doc- includes different life stage events. Memory books with pictures. On arrival, they gather as much info from family as possible. Some people have memory boxes with personal photos and mementos from as far back as possible right up to present day.
Home 2	Yes, but only 2 residents are able to relate their histories. Most information comes from social services on referral.
Home 3	Yes, where possible but sometimes residents don't have much information or don't have family. They use "This is Me". They also make use of memory boxes.
Home 4	We were told they do but all information didn't seem to be incorporated yet. New residents have some life history information in care plans.
Home 5	Yes, on admission and regularly updated. Staff also note down on care plan if they learn anything new about a resident. Family photos by rooms. Care plans are held in or near residents' rooms so are accessible to family and friends. Regular weekly reviews and additional reviews by senior management.
Home 6	Collected from family at initial assessment. "A day in the life" is used to assess the needs of residents. Letter is sent to families to find out if there is anything specific a person needs to do.

Home 7	Information is collected from families via care plans and assessments. "This is me" form used at initial assessment meeting gives useful information about the residents with help from family (copy provided). Do life history when resident comes to live permanently- many start as respite before coming to live permanently. Care plans are being updated at present. There is a Communication book that staff can fill in with observations and facts they find out about people. 3 daily handovers where staff meet and exchange information.
Home 8	As much life history information as possible is taken on admission and added to care plan, including what people liked to do, hobbies etc. This information is used in memory/reminiscence work.
What training do staff have to support meaningful activity?	
Home 1	Manager and deputy have done course about activity for people with dementia which they cascade to staff.
Home 2	Activity Co-ordinator received training
Home 3	Either not asked or not answered
Home 4	Apart from Cognitive Stimulation Therapy training for Pastoral carer there didn't appear to be anything for other staff. Staff remind residents what activities are on offer
Home 5	Staff have NVQ training – includes lifestyle issues not just physical care.
Home 6	A training pack is provided and they work through this at during 3-day induction. Training covers all aspects of carers work.
Home 7	3-day off-site induction but unsure if covers activities.
Home 8	Activity staff are going on the OOMPH training course in New Year
What role do friends and families have in planning and taking part in activities?	

Home 1	Some families come in regularly and some residents have no family. Family inputs on assessments and can help planning activities.
Home 2	Finding out what residents did before admission
Home 3	Families take residents out
Home 4	They are consulted. Some family members take relatives out
Home 5	Relatives take residents out.
Home 6	Family and friends are included in activity planning and encouraged to take part.
Home 7	We use data gathered about the residents' likes and dislikes from questionnaires given out to families.
Home 8	Unless relatives ask or are involved with the residents and relatives' meetings they would not be told what their relative had done. There used to be a newsletter for relatives which they are looking to reinstate. Relatives are encouraged to get involved and are often invited in to join in with entertainment.
What involvement do you have with the local community?	
Home 1	Use garden centre. People come from the church to do communion and sometimes local hospital Chaplin comes. Local school choir sometimes. Also have animal visits dogs, donkeys, and owls from the wildlife centre
Home 2	Use of community swimming pool and amenities
Home 3	Not much. Groups (e.g. from Bovington Tank museum) tend to come to the home. They are looking at getting in touch with local Rainbows. Often hard to get community to be involved. Home did a harvest festival and couldn't find any group who wanted to take the food afterwards!

Home 4	None but thinking about it a number of outside people and organisations come into the home to do music, pets etc.
Home 5	Churches, schools, voluntary organisations, SCOPE, Quaker Society. Big involvement.
Home 6	Some involvement with the church. They tried to engage by sending out information about home events. "Because of residents' mental health it may put outsiders off".
Home 7	Getting local schools in to sing – awaiting response. Regular events with families coming in like garden fete. Flyers are given out to local community to encourage them to come in, for example at Christmas time. They had a party and people from the local warden controlled home came long. Local people attend the garden fete.
Home 8	Local theatre (although often difficult to access given the additional needs residents have). Visits to garden centres and local café. Church coffee mornings.
What do you see as the barriers to carrying out meaningful activity?	
Home 1	Difficult to take residents out with limited mobility – no van/bus. Some places can be reached with wheelchairs – garden centre etc. In the past, have hired vehicles from the council and have used local taxi company that has a wheelchair friendly car. Some people refuse to take part in things though.
Home 2	Only real barriers are the resident's particular care needs.
Home 3	Don't really feel there are any barriers as such apart from transport. Residents sometimes don't want to join in. Money to pay for things can be an issue sometimes – comes out of home budget.
Home 4	In the afternoon, most residents want to retire to their rooms. Home does not have transport – families tend to do the taking out.
Home 5	Either not asked or not answered

Home 6	Residents with mental health problems are not always able to explain their needs especially as they change over time. Difficult to get information. Families are often away or residents don't have family. Staff are not here to support those wanting to go out, makes it hard.
Home 7	Some residents don't like doing certain things even if their family say they do. Peoples like and dislikes can become a barrier. Residents who don't like things will take themselves away to do puzzles or read.
Home 8	Either not asked or not answered
What do you feel is the purpose of encouraging meaningful activity?	
Home 1	Motivation, quality of life and develop relationships with each other and staff. Getting to know residents through doing things together. Have the chance to enjoy themselves.
Home 2	Expressed importance of activities, used the assessment of capacity on the care plan as a basis. Importance of independence, meet needs linked to capacity & interests. Flexible on residents getting out – 3 cars available. Sensory room on site. Mentioned residents are challenging, some with negative attitude towards the home and refuse to do any activities. There was a running video of residents doing activities and photos of one resident visiting a stables. Also, website shows activities in the garden.
Home 3	Enriches life and gives purpose to residents
Home 4	It's about trying to make the home feel like a homely place. Social bonding to make a good spirit.
Home 5	Either not asked or not answered
Home 6	"Whatever residents want to do". 1 to 1 time is important.
Home 7	Eliminate boredom and provide stimulation.
Home 8	Keeping people as independent as possible.

How do you encourage residents to engage with meaningful activity?	
Home 1	90% have dementia but staff try to consider everyone individually by trying to find out what they find interesting and what they enjoy and providing it if possible in some way.
Home 2	The interests of residents are identified and activities are linked. We have conversations with residents every day.
Home 3	It's difficult, people need encouraging. Residents prefer activities in the lounge where they like to sit.
Home 4	Pastoral Carer does it
Home 5	Either not asked or not answered
Home 6	Activities vary according to residents' wishes, needs and mental capacity. Some of the residents have their own carers who take them out for visits to the park, pub, and church. There are activities requested by residents, encouraged by both home and visiting staff. Staff know residents well and will sit with them and try to encourage but it's often difficult.
Home 7	A lot comes from having knowledge of the residents through their care plans and getting to know them and what they like. All staff lead activities – they know the residents. 90% of residents attend the outdoor activities.
Home 8	Either not asked or not answered
How do activities link to individual care plans?	
Home 1	When residents first come to the home a list is made of their interests by talking with family and friends and build up as we go along. Care plans are added to as we find out about person.
Home 2	Use of life histories. Activities are based on assessment of capacity

Home 3	Activity folder and diary which logs the activities on a daily basis. There are also individual resident's activity folders or scrapbooks with photos and notes of what they have done. Lots of photos everywhere of what residents have done.
Home 4	At present activities are not linked but this omission has been identified as being part of upcoming review. Management to link with carer who had been on training related to activity care plans.
Home 5	If staff find out something new about a resident, they log it in the care plan. Excellent "prompt" list on notice board title Activities – Everyone's Job – Never a dull moment. A list of 50 things for residents and/or staff to do.
Home 6	Activities should be linked to care plans by means of daily updated activity sheets – usually just before staff changeover. Most activities are purchased by the group of homes centrally. Individual needs are met by varying methods. Some mental health residents can "purchase" help to get out and about. Other residents' needs are met by care staff as they are able depending on resources.
Home 7	We discuss their interests in assessments and initial meetings and try to build these into the activities programme. Staff update care plans daily with what residents have been doing. They can follow the trends for each resident i.e. what they do and don't get involved with. One resident doesn't like the music so he will remove himself and a carer will go and sit with him.
Home 8	All staff are able to access plans. Plans are reviewed monthly and staff can add any "knowledge or information they have learned about someone. This is also voiced to staff as" not everyone will regularly access the written records for updates.
How are activities tailored to meet individual needs?	
Home 1	Listen to relatives and friends as well as requests by residents. Also, ask care professional such as CPN, GP and DN. Some activities take place on a pre-booked basis – manager decides on these.

Home 2	Through discussion with residents, family and friends if there are communication difficulties with the resident – by compiling prior interests before admission to the home.
Home 3	There was a "set" list of activities that happened regularly and 1 to 1s with residents. Staff will also go into residents' rooms and play board games etc.
Home 4	From notes on care plans. Care plans were being reviewed to make them person centred. Plans are updated monthly on computer – wants them to integrate both mental and physical needs.
Home 5	By getting to know people. Chatting to a resident and family staff found out he had previously been a very good pianist. They sourced a keyboard for him.
Home 6	Residents are asked about their interests and hobbies. Residents' mental and physical capacity is taken into consideration. Information is also gathered from families. There are some spontaneous activities and some planned such as bus trips, alpacas, owls. If residents request to do something and staff are available, they will consider it.
Home 7	Monthly activity chart for each resident and use data to collate interests. If staff are free they will engage with residents on activities. Monitoring takes place with data gathered. This is a new project but should give information about what residents like to do. The data will show when residents engage with something. The new individual sheets will hopefully highlight preferences etc. of residents.
Home 8	Either not asked or not answered
How are activities evaluated and reviewed?	
Home 1	Residents meetings – discuss activities – what they have done and what they would like to do.
Home 2	From behaviour and facial expressions (if residents can't communicate). Monthly reports to families and from compliments.

Home 3	We stop doing things if residents don't take part or don't enjoy it.
Home 4	Seemed to be limited and not very proactive and done by Pastoral carer.
Home 5	"If the activity is asked for again then it is a success" and will be repeated. Reviews with residents take place with key worker (fortnightly?). Family may be involved if available.
Home 6	Either not asked or not answered
Home 7	Evaluation from observation sheets after 3 months. (Observations from staff talking to and engaging with residents). The new paperwork with help look for trends in preferences
Home 8	There is residents and relatives meeting every quarter or so – comments are gathered from those meetings.
How do you support residents with additional needs to get involved?	
Home 1	Staff provide individual support e.g. reading to resident with visual problems or enlarging print. It's a small home so staff are aware of individual needs.
Home 2	Transport is available to take wheelchair users as most residents have both physical and mental health needs. Able bodied go out with or without escort depending on capacity. If group work is not possible or wanted, then more one-to-one engagement takes place (which we saw happening).
Home 3	People with extra needs are supported on a 1-2-1 basis
Home 4	They won't push people into what they don't want to do
Home 5	Communication aids. Hearing loop can be installed. Sensory equipment. 1 to 1 activities

Home 6	Hard to engage those with dementia. There is a sensory garden (overgrown). One blind resident taken to park and setting described (possibly by paid carer). People with dementia brought downstairs to engage with the music. People come in to do memory work, aromatherapy, music and sensory work.
Home 7	All the information we have and from families goes into planning activities. Peoples needs lead how we engage them. A lot of residents have dementia and don't always know what is going on. One resident with dementia who doesn't like to be involved in things used to be a cleaner so they give her a duster and she happily goes around "cleaning" with supervision.
Home 8	Home has social support workers who do 1 to 1 sessions with people, especially those who do not like to be involved with group activities.
Do you use any resources to help with meaningful activity?	
Home 1	Home organises most things itself
Home 2	Use NAPA. Also, have Sensory room
Home 3	Either not asked or not answered
Home 4	Locked cupboard that had some board games and other activity resources Some jigsaws and board games in the day room. Only communal areas in the home were the day room (a conservatory extension) and dining room
Home 5	Use NAPA.
Home 6	Use OOMPH and music. Memory boxes and entertainment.
Home 7	They have a SharePoint with group and use the Daily Sparkle. Each lounge area has activity basket. Use OOMPH
Home 8	NAPA, OOMPH. Also, link with Skills for Care.

Can residents participate in activities at any time of day or night?	
Home 1	Activities can take place at night.
Home 2	If residents are awake all night they spend time with night staff. They will do their best to allow residents to do whatever they want whenever they want.
Home 3	One resident gets up in the night and wants to do word searches etc. and the night staff facilitate that.
Home 4	Most go to bed after evening meal.
Home 5	Maybe because the care staff on duty would have more time
Home 6	Daylight reversal sometimes in residents. Night staff will support and engage where possible. When I asked staff about out of hours' activities, I was assured that if a resident wanted to get up at 3am (for example) and make themselves a sandwich, or sit and watch television, then they were freely able to do so. Rummage boxes and books are always available on request. Residents go out if they can and staff are available. Note – box was seen in lounge under a shelf and unmarked, closed up and inaccessible
Home 7	Fiddle mits can be used. Mostly people settle well at night. At the moment, they don't have any residents who are unable to sleep.
Home 8	Not much happens in the evenings (if people have capacity they can go out – but with support). Films sometimes on in the evening. Residents do have limited freedom of movement in terms of going outside. They do support people who are awake at night but this seems to be more support than facilitation.
How do your risk assessments promote residents right to choose?	
Home 1	Most residents have a DOL so aren't able to go out without being accompanied. Risk assessments are in care plans. Would be done if someone asked to do something unusual

Home 2	Assessment of capacity in care plans. At induction staff are shown the care plan and can familiarise themselves with the "play" section. Staff do not put barriers up to prevent residents doing what they want and when they want to do it
Home 3	Either not asked or not answered
Home 4	Risk assessments would always be done before residents engaged in activities to enable them to do what they wanted.
Home 5	Positive risk taking – manager advised it's difficult to do this as homes get a siege mentality and worry about CQC etc. so become risk averse.
Home 6	Activity boxes used to be out but things got broken so they put them away. Will meet and discuss needs and possibilities. Staff decide if residents have capacity and if the activity is safe and suitable. If staff are unsure a meeting is held. They like to encourage any reasonable request.
Home 7	Risk assessments are done with care plans. Families come in and help out with activities. Dementia patients are shown a couple of choices of things to do so they decide where possible.
Home 8	They do risk assessments – we didn't get the impression it's very positive though – however the deputy manager said the right things!! They will facilitate wherever possible people doing what they want to do. Garden seems only accessible for those on the ground floor units.
How are transport issues resolved so residents can go out?	
Home 1	Hire taxi or local minibus
Home 2	3 cars are available plus independent travel by bus. Mobile phones available to call for assistance if needed. 1 resident goes out sometimes twice a day and likes to be escorted by carer.

Home 3	Families take residents out. Home does little in the way of outside activities due to no transport also transport would need to be adapted for physical needs, insurances are an issue and staffing – i.e., a lot of staff would be needed to go out with a group of residents. They do sometimes take residents out to the local café. A resident did ask about going to Poole Park but they would need to get a taxi (who pays??).
Home 4	No transport. Can go out by arrangement with family, friends etc.
Home 5	Home doesn't have own transport but uses local voluntary car scheme. Home may be able to fund own transport in the future.
Home 6	Minibus is at other group home - shared between 3 homes. If there is a trip requested bus can be booked in advance.
Home 7	Mini bus available – shared with other group homes. Some residents can come and go as they please. They have phones and stay in contact. The minibus didn't seem to be used for ad hoc things though like popping to the park – just for pre-planned outings
Home 8	Shared minibus with other local group homes. Usually available 1 or 2 days a month. They can take 8 residents out at a time which is done on a rota basis. We were told that even at the last minute some of those going would decide they didn't want to go.
QUESTIONS FOR CARE STAFF	
How are you involved with activities for residents?	
Home 1	Spoke to 2 staff – most activities' take place after lunch. Staff get involved – do crafts, nails etc., and singing – do 1 to 1 things like talking and crosswords and memory boxes.
Home 2	Staff ask residents what they want to do each morning. All staff are involved.

Home 3	Spoke with one staff member who advised everyone gets involved.
Home 4	Either not asked or not answered
Home 5	Either not asked or not answered
Home 6	Care manager answered for staff. All staff try to make time to involve the residents in activities. There is no activity coordinator it "has been done away with"
Home 7	Sees it as part of caring for residents – they have a duty to do activities – they do nails, bingo, karaoke, painting and things in the activity baskets
Home 8	Either not asked or not answered
What do you understand by the term "meaningful activity"?	
Home 1	Tailoring things for individuals especially for people with additional needs. Both said its involving residents in things they enjoy and are stimulating.
Home 2	What the resident individually wants to do
Home 3	Doing something the residents enjoys and wants to do.
Home 4	Either not asked or not answered
Home 5	Either not asked or not answered
Home 6	Care manager understood it as time spent on hobbies, entertainment or amusement.
Home 7	Either not asked or not answered

Home 8	Either not asked or not answered
How do you allow time for activity in daily schedule?	
Home 1	Do activities as and when people want to. Spend time with people in the afternoon as in the morning they tend to do their own thing. Lots of 1 to 1 work.
Home 2	Incorporated as required alongside other duties. X came in about 4.10pm after accompanying a resident shopping
Home 3	Either not asked or not answered
Home 4	It was indicated that care staff were not involved with activities – it was the domain of the Pastoral carer but we were unable to verify as neither Pastoral Carer not care staff were available to talk to.
Home 5	Either not asked or not answered
Home 6	The home is "short staffed and pressed for time". Everyone is busy but they always try to spend time encouraging activity. Staff talk together and if there's time we will put something on. Sometimes we don't have the time to give to what residents want to do. It's finding the right carers who support activities.
Home 7	It's just accepted that it's part of what we do.
Home 8	Either not asked or not answered
How do you support and encourage residents to take part in activity?	
Home 1	If staff find out something about a resident, they record it in the care plan. Offer each person something they have shown an interest in or just let them observe an activity until they are ready to join in.
Home 2	Sometimes may go out with residents. Assist with activities inside the home e.g. BBQ, Xmas and Easter.

Home 3	Either not asked or not answered
Home 4	We got the impression care staff are not encouraged to join in.
Home 5	Either not asked or not answered
Home 6	They consult care plans and read "day in the life" and try to encourage any known likes. Staff talk to residents and know what they like. Individual stuff is given on an ad hoc basis if opportunity arises. Residents are encouraged to take part in organised things if suitable.
Home 7	See what they want to do – write up on the activity page what they have done that day.
Home 8	Either not asked or not answered
Do you know what individual residents like to do and whether they need support to do them?	
Home 1	Staff know residents.
Home 2	Seems to be left to Activity Co-ordinator and staff on duty. Also, reference to care.
Home 3	We asked what would happen if a resident asked to do something different. Staff said residents don't like to go out they like staying inside
Home 4	Either not asked or not answered
Home 5	Either not asked or not answered
Home 6	Staff know residents well. Know if additional support is needed through care plans and life stories etc. and thru key worker and family.
Home 7	Either not asked or not answered

Home 8	Either not asked or not answered
Do you use Life histories?	
Home 1	Yes
Home 2	Either not asked or not answered
Home 3	Yes
Home 4	Either not asked or not answered
Home 5	Either not asked or not answered
Home 6	Yes – updated yearly by key worker. All staff know what's in them.
Home 7	Either not asked or not answered
Home 8	Either not asked or not answered
QUESTIONS FOR ACTIVITY CO-ORDINATORS	
What do you understand by the term meaningful activity?	
Home 1	No Activity Co-ordinator
Home 2	Anything that keeps them interested and they enjoy and is within their capability and meets individual needs. Doing things that are meaningful to them
Home 3	No Activity Co-ordinator
Home 4	Activity Co-ordinator (Pastoral Carer) not available.

Home 5	The home has a team of activity managers and coordinators. They do whatever is needed to keep people happy, active and independent.
Home 6	No Activity Co-ordinator
Home 7	No Activity Co-ordinator
Home 8	Activity Co-ordinator and Social Support worker with another member of staff run the activities programme. They understand it to mean residents gain something for themselves.
What is your role as an Activity Co-ordinator?	
Home 1	No AC
Home 2	To provide and guide in the use of activities in the day room. To escort residents out. Design and print activity sheets etc. Make sure residents are happy and kept busy. No 2 days are the same. Does as much as possible to accommodate resident's wishes.
Home 3	No AC
Home 4	AC not available
Home 5	Team of 7 or 8 activities staff who do not provide personal care, unless necessary, meaning these activities staff are focused on activities and engaging with residents rather than it being a part of their job.
Home 6	No AC
Home 7	No AC
Home 8	Activity staff focus on just that, they aren't involved with provision of care (unless needed). They do assist on dementia unit at mealtimes at this is an important social interaction for people with more advanced dementia.

	To organise the activities, lead team work, regular meetings. Total hours of activity staff including 2 social support workers (3) 81 per week. Activities start at 10am and finish at 4pm (tea time) They split the duties but also a lot is done in their own time
Have you had any formal training for the role?	
Home 1	No AC
Home 2	No formal training
Home 3	No AC
Home 4	AC not available
Home 5	This member of activities team advised she had been there since September 2016 and already completed online dementia awareness training along with shadowing another team member and full induction of 2 weeks
Home 6	No AC
Home 7	No AC
Home 8	Two activity staff will be going on OOMPH training in the New Year. No formal training but staff are experienced care workers with the home.
How do you allow for the different interests of residents?	
Home 1	No AC

Home 2	Showed many examples of how resident's tastes are catered for. It was clear that Activity Co-ordinator works hard to engage all residents either in groups or 1 to 1. Was conscious of those residents who found being in the day room a challenge and preferred staying in their room and explained what was done on a 1 to 1 basis.
Home 3	No AC
Home 4	AC not available
Home 5	Residents are not stopped from engaging, even if it involves different activities e.g. peeling veg - Although the residents are supervised closely, it is a way of them opening up memories.
Home 6	No AC
Home 7	No AC
Home 8	Do knitting and lunch clubs. Pamper mornings, puppet shows, music, carol service, quiz, coffee mornings. They do some exercise to music. For the outings, we were given examples of visiting garden centres, Bovington tank museum and even to a tea dance. Some of the other staff also gave up their time entertaining the residents by singing etc. and also walked/pushed them in wheelchairs to the shops and the local café at and for those that wish they can be taken to church for a Sunday service. A memory group is also held and we were given an example of a wedding dress being on show accompanied by a video of royal weddings and the residents being encouraged to talk of their own experiences.
Do residents have personalised activity programmes?	
Home 1	No AC
Home 2	Works to ensure all residents individual preferences are catered for to address interests.
Home 3	No AC

Home 4	AC not available
Home 5	People don't have individual activity programmes but staff talk to people and get to know what they like doing.
Home 6	Because of staff shortages no personalised activity plans are produced. Residents have their daily activity sheets (what they have done) in their care plans.
Home 7	No AC
Home 8	A weekly schedule is set up for their activity programme which are run daily from 10 am until lunchtime and then again from after lunch until about4pm. We only saw the schedule displayed in one place and it appeared that neither residents nor their families/visitors were given copies of this. No personalised programmes at the moment but for the future a knitting group to be organised. Christmas has taken over at the moment. However, if people choose to stay in their rooms the card making items are taken to them. Resident's daily activities are written in their care plans.
How do you encourage residents to engage?	
Home 1	No AC
Home 2	Help residents decorate their rooms and to go out. They take advantage of having multi-national staff to celebrate different national days. Lots of photos taken and put in albums to remind everyone what they have done.
Home 3	No AC
Home 4	AC not available
Home 5	2 resident cats, who come and go, and the residents are very fond of them. Lady comes in with her dog once a week and there is music and art therapy. It's all about spending time with people and talking to them, finding

	out about them. Some residents want to stay in their rooms but every month staff log in the care plan that they have asked resident again if they wish to be more involved.
Home 6	No AC
Home 7	No AC
Home 8	By encouraging words. Cooking activities (not as much as used to) – fairly small groups as it's hard to work with people sometimes – they need a lot of support to be able to do this as an activity. Need to adapt things as people age and as their capabilities change. Dog therapy (other animals come in as well) – the home does have a cat. Aromatherapy also done.
How do you engage effectively with residents who have additional needs?	
Home 1	No AC
Home 2	All the residents have additional needs. Consideration given to engaging with people, constantly monitoring resident's wishes and feelings as some obviously didn't want to be "active" all the time
Home 3	No AC
Home 4	AC not available
Home 5	Either not asked or not answered
Home 6	No AC
Home 7	No AC
Home 8	1 to 1 work
What resources have you got to help you?	

Home 1	No AC
Home 2	Able to get whatever wants or residents need. Home owner has never said No. Does lots of trips out. Has many resources to help with creative thinking (NAPA).
Home 3	No AC
Home 4	AC not available
Home 5	NAPA. Home also has internet access for residents and provides training where possible. Hairdresser available
Home 6	Mainly home group resources
Home 7	No AC
Home 8	They do use the www.active-minds.org.uk resources – usually groups of 4 at a time. Use OOMPH resources and NAPA. Residents also have access to the internet (with help). They can also pay to have internet access in their own rooms.
How do the wider staff team engage with residents?	
Home 1	No AC
Home 2	Care staff talk to residents
Home 3	No AC
Home 4	AC not available
Home 5	Even though there is a team of activity people all other staff are engaged in activities

Home 6	No AC
Home 7	No AC
Home 8	There are at least two of the activity team on duty at a time and we were told that other members of staff also helped. Offer to help going out on trips, pamper mornings, one member sings another plays guitar. All Xmas decorations done by staff coming in on their own time.
How do you engage with the local community?	
Home 1	No AC
Home 2	Links with other homes and go to local community coffee mornings. Frequent enough that everyone knows each other and recognise each other when they go to things like pantomimes. Musician visits. Co-ordinator had taken 3 residents to the garden centre that week. Took one resident to a local store to buy bed linen. Residents can go out virtually whenever they want including out of area.
Home 3	No AC
Home 4	AC not available
Home 5	While we were there a team of service users from SCOPE were visiting with a view to sharing facilities and building relationships up.
Home 6	No AC
Home 7	No AC
Home 8	School choir come in. They want to be more involved with local Rainbows – actively seeking a connection here. A local 14yr old comes in to do music. Carers also get involved with the singing etc. Local Church members

	come and pick up residents to go to church. One Saturday a month there is a coffee morning at the church. They do have people from outside the home come in and entertain.
QUESTIONS FOR FAMILY AND FRIENDS	
Does your relative/friend have opportunity to get involved with activities?	
Home 1	No relatives seen
Home 2	No relatives seen
Home 3	Mother prefers to stay in room but member of staff plays Scrabble with her most afternoons
Home 4	Resident 1 My father is bedbound so is unable to take part in many of the activities. The Reiki man comes to Dad's room and sees him there and the animal lady brings a few animals in for Dad to see which is lovely. When Dad is well enough he is hoisted into a special chair. This enables him to be taken into the activities if they are on when he happens to be in the chair. He enjoys the singing and music and seeing the children when they come from the nursery. He has limited sight so is unable to participate in any activity such as craft. He has no responsibility round the home. Resident 2 Yes Mum has the opportunity to get involved in the various activities on offer Resident 3 Mum gets involved in activities Resident 4 Yes
Home 5	No relative seen
Home 6	No relatives seen
Home 7	Wife is very happy. She sings along to the music when I am with her.

Home 8	We spoke with the relative of a resident. Comes to see her 3 hours a day but wished to keep conversation confidential.
Are you happy with the range of activities on offer?	
Home 1	As above
Home 2	As above
Home 3	Definitely. Mum stays in her room though which is her choice.
Home 4	Resident 1 We are aware of a large number of activities but my father is unable to take advantage for health reasons. Resident 2 Mostly yes but it would be good if there was a physical activity on offer such as yoga or keep fit or movement to music or stretching etc. Group memory activities maybe as they all seem to have good long term memories and would enjoy sharing these. I realise it may be difficult with staffing but a regular activity on a Saturday or Sunday would be good. Resident 3 Yes Resident 4 Could be more
Home 5	As above
Home 6	As above
Home 7	Very good. Staff are good. Plenty of conversation. Lots of things to do but wife has dementia and doesn't want to do much now.
Home 8	NA

Have you been asked about their interests and wishes re activities?	
Home 1	As above
Home 2	As above
Home 3	Yes
Home 4	Resident 1 Yes, we have been given questionnaires and also give our opinions as part of his care plan. The difficulty is Dad's inability to take part. Resident 2 No we haven't been asked although they have picked up Mum enjoys music and dance. Resident 3 Yes Resident 4 Yes
Home 5	As above
Home 6	As above
Home 7	Staff will ask what my wife wants to do. She won't always understand though because of the dementia
Home 8	Either not asked or not answered
Do you feel able to make suggestions about what activities may benefit them?	
Home 1	As above
Home 2	As above
Home 3	Yes

Home 4	Resident 1 Whenever we have given suggestions to staff they are always very open and willing to discuss any ideas we have or changes we would like to make but they are very limited because of my father's health Resident 2 Yes, I believe I would be able to make suggestions without anyone being upset by that. The activity coordinator seems very efficient. Resident 3 Can't think of anything Resident 4 Yes
Home 5	As above
Home 6	As above
Home 7	Very easy to talk to staff
Home 8	Either not asked or not answered
Have they been able to maintain contacts or interests outside the home?	
Home 1	As above
Home 2	As above
Home 3	Staff take her for a walk in the wheelchair and for coffee. They have summer activities outside in the front area like BBQs. Her priest attends once a month and gives her communion. She has her own hairdresser visit as she likes to chat to her about her friends where she lived previously. Even though she is more expensive it's worth the extra money.
Home 4	Resident 1 Visitors are always made very welcome but my father has very few apart from close family that can come. He is unable to use a phone or computer so is unable to maintain contacts himself. My mother comes

	and sits with him every day and the home are very kind to her and make her feel very welcome. They give her a dinner every day. Resident 2 We arrange activity with Mum outside the home as she would be unable to do this on her own. Resident 3 Yes some Resident 4 No due to ill health
Home 5	As above
Home 6	As above
Home 7	People come in but she doesn't always remember them
Home 8	Either not asked or not answered
Any other comments	
Home 1	As above
Home 2	As above
Home 3	Mother well looked after. Staff arranged party for 90th birthday. When mum came here she was 5 stone. Within 2 weeks she was a different person.
Home 4	Resident 1 The staff are wonderful and very kind and helpful. They make a very difficult situation better for my mother and myself. Resident 3 Mum seems happy and well cared for. She does get depressed sometimes and frustrated because she gets very confused.

Home 5	As above
Home 6	As above
Home 7	Either not asked or not answered
Home 8	Either not asked or not answered
QUESTIONS FOR RESIDENTS	
What sort of things do you like to do?	
Home 1	Sewing, reading and going out
Home 2	"Q" very good memory. Does word search and colouring and likes to go to church. Likes to walk about but now uses wheelchair. Said she was "not allowed to go to epilepsy club now". Likes piano and used to do rug making, drawing, listening to folk music. When asked if she did any of these things now she said just the piano. "R" – does word searches. Writes to the Queen and gets letters back (had a framed copy). Likes Rhianna and has a photo of her that carer printed out and he went to see her in concert. Likes to go to Bournemouth and be in the garden. "C"– likes horses but unable to ride because of condition but likes to visit. Goes out with carer shopping. Presently redecorating room. Likes to go out on visits. All said they go out.
Home 3	"F" Helping out about the home. Laying tables. Tidying.

	"D" doesn't get out as much as would like.
Home 4	"A" advised liked to do reading, walk in the garden, going out for trips with family, playing skittles. Talked about lady who brings in animals. "B" – at the home for respite organised by herself (has been before). No relatives. Liked to garden, read and music but now mainly watches TV.
Home 5	NA
Home 6	"L" likes music, conversation, following sport
Home 7	"M" We have music and tai-chi (someone comes in), doesn't tend to join in with discussions. Someone comes in every day to do tea and often persuades people to join in with things. I like to have a routine. Sometimes I go into the garden. "V" – likes the place – has meals in room. "P" – likes various activities – arm and leg exercise. Kept eluding to the "regimented order" in the home – said she liked choice. Said "too much control here".
Home 8	NA
Has anyone here asked you what you like to do?	
Home 1	No
Home 2	"R" – said staff ask each day what he wants to do. The other residents also said this happened.

Home 3	"D" Not really
Home 4	One resident said yes and they tried to offer appropriate activities
Home 5	One resident said sometimes it feels like there's too much going on! Trips out a few times a year. Lots of music. All staff are really good.
Home 6	NA
Home 7	"M" They don't ask as they know what we like. Magazines are delivered. "V" has choice of what to do and can say No.
Home 8	NA
Do staff help you do activities?	
Home 1	Yes
Home 2	"R" – yes, they take me down the pub to have a beer and fish & chips. "C" – goes to stables – one particular horse she likes to feed. Says all the staff assist her to do anything she wants to do – e.g. shop or go out. Residents said care staff are always helpful especially Activity Co-ordinator who is "the best". Staff take people out.
Home 3	"F" Not really "D" Yes
Home 4	"A" said they would help but hasn't actually received anything

	"B" prefers to listen than get involved.
Home 5	Yes, they do
Home 6	One resident advised "you can take your pick of what you want to do, they don't pressure you". One resident said staff bring books in and ask her what she wants to read from a list
Home 7	"M" – thing just work out. Not many staff like doing things, most people nap in the afternoon. Only about 3 or 4 people do things at a time. "V" – Said would like to join in Sunday debates but doesn't know where they are. One resident said would like age specific activities – gets fed up with wartime songs.
Home 8	NA
If you want to are you able to help with the running of the home?	
Home 1	No
Home 2	Residents said they help collect cutlery etc. after dinner, sweep up in the day room. Encouraged to be independent where possible. One resident said she doesn't want to be involved with the home running. One resident said she can lie in and eat anything she chooses whenever she likes
Home 3	Yes
Home 4	"A" doesn't do anything but didn't remember being asked if she wanted to do anything as they just automatically do everything.
Home 5	NA

Home 6	NA
Home 7	“M” said No
Home 8	NA
Do staff know your preferred routine?	
Home 1	Yes, they know the residents
Home 2	“C” – able to negotiate her preferred routine.
Home 3	“F” All have breakfast in our rooms. It's nice, lovely. “D” Not sure. Have breakfast downstairs.
Home 4	“A” – there is some discussion but indicated that she fitted in with the home’s routine but believed they would be flexible to meet her needs if necessary. “B”- likes flexibility of breakfast times but hasn’t been asked if she would like same flexibility with other meal times.
Home 5	NA
Home 6	“L” content with the routine of his day. Staff very busy but would like to play chess and have more conversation.
Home 7	“M” – They know we like to nap One resident said you have to do what you are told.
Home 8	NA

Is it easy to go outside if you want to?	
Home 1	Can't go out alone
Home 2	Shops and pub visits. Easy to go into garden and to go out. Residents said easy to go out – escorted to shops and on visits out and to local cafes.
Home 3	Garden courtyard is accessible but we did not see anyone using it. The front area of the home is used in the summer for afternoon tea and activities. "F" Yes if nice weather "D" Staff take us into garden
Home 4	"A" – yes and she tells staff that she is. Will get out on her own unless she wants some help. "B" – doesn't want to go out
Home 5	Yes. The garden room had easy access to a very nice and large garden. The home has a rabbit that comes in and is stroked by residents– Rabbit Therapy
Home 6	Outside area available for smokers with conservatory and doorway having some tables and chairs. "L" Only goes into garden when taken by someone. Goes on trips.
Home 7	Garden is accessible.
Home 8	NA
Do you like family and friends to be involved with the things you do?	

Home 1	NA
Home 2	Residents advised that family and friends are involved if they want to be. They can come and take resident out.
Home 3	"F" family come and have tea
Home 4	NA
Home 5	Residents can go and stay with family when they want to and if appropriate
Home 6	"L" family don't visit very often
Home 7	One resident said she goes out with family
Home 8	NA
Can you tell us some of things you have done recently?	
Home 1	NA
Home 2	Garden centre visits, visits to stables, shopping, cleaning in the home, local trips, made a cake, walking, coffee trips, trip to the New Forest, trips to hairdresser
Home 3	"F" Family take me out. Staff take me out for walk. Play games. Man comes in to play music. "D" Play music. Hymn singing
Home 4	"A" – singer this morning. Baking day in week. One afternoon doing some painting to see if she liked it and she did. Feels that sufficient choice and range of activities on offer. Thinks that shopping trips could be organised but not aware that any have.

	"B" mainly watches TV
Home 5	NA
Home 6	"L" – had been on some coach trips and into the garden when events were on. Listen to music when they come in.
Home 7	"M" – nothing special. Music is the main thing and tai-chi. One resident said they watch TV and has had finger nails painted
GENERAL OBSERVATIONS	
Do residents appear happy and at ease?	
Home 1	Yes, although only 2 seen
Home 2	Yes. Plenty of conversation and interaction between staff and residents. Staff were actively engaged keeping people occupied with a variety of activities in the day room. There was an atmosphere of welcome, kindness, listening and participation and happy enjoyment. It was very homely.
Home 3	Residents all appeared at ease. Staff seemed happy and motivated and enjoyed interacting with residents. Friendly, cosy and caring atmosphere.
Home 4	Only saw 3 but they all seemed happy and at ease. 2 people in dining room were not interacting, one was reading.

Home 5	Yes – garden room – 5 residents there – some reading, one on phone, one having rabbit therapy. Budgie in room also.
Home 6	Most observed seemed calm and some ready to smile and communicate. Happy and relaxed atmosphere
Home 7	Yes. When one resident started to get a little agitated staff showed patience to get her through her difficulties. Manager explained the history so they knew cause of agitation.
Home 8	Most residents we observed were sat around the lounges not engaging in much at all. However, no one seemed to be in distress. Not many staff around although it was just before lunch so they could have been busy elsewhere.
Can you observe good rapport and sensitive communication between staff and residents?	
Home 1	Staff appeared attentive and respectful. Residents seemed calm and comfortable
Home 2	Staff spoke quietly and respectfully to people. Staff appeared to be sensitive to needs and spent time with residents
Home 3	It was a busy lunch time when we visited but staff could be seen being patient and courteous with residents and they obviously knew them all well. Staff turnover is not high so they get to know people well. All staff observed definitely engaged well with residents. They appeared kind, patient and caring. Staff seemed to enjoy working there.
Home 4	There seemed to be an atmosphere of calm organisation
Home 5	One resident was a little distressed, calling out a lot. One of the rabbits was brought into the room. After being asked it was he was placed on her lap. She really seen to be calmed by this and an activities staff member was constantly monitoring her, holding her hand and providing reassurance and calmness.

	Overall observations are this care home really does seem to be focused on engaging with residents and encouraging them to be themselves. When I asked staff about out of hours' activities, I was assured that if a resident wanted to get up at 3am (for example) and make themselves a sandwich, or sit and watch television, then they were freely able to do so. There is very much a sense that residents are given choice and control as much as possible, enabling them to maintain as much independence as possible.
Home 6	Staff were observed to be hands on and caring for residents well. Residents had quite demanding needs with a high level of mental health issues and dementia. Staff were sensitive and courteous.
Home 7	Staff were involved, happy, busy and smiling. There were no raised voices. A lot of positive eye contact and physical contact seen.
Home 8	We observed one resident being supported to eat a meal but there was no communication between the carer and resident at all – the carer did not talk at all to the resident whilst helping with the food.
Do residents have a choice of where, when and what they eat?	
Home 1	Meals can be taken in dining room or in own rooms.
Home 2	Can eat in dining room or own room. Bright and airy dining room. People could also go out to eat. Staff clearly did everything to accommodate resident's wishes but there were structured mealtimes as well.
Home 3	We observed residents eating in the dining room, day room and in their own rooms. There is also a further dining room upstairs which doubles as a quiet room. Most residents were in the downstairs room watching TV or in their rooms. Not able to ascertain what the range of foods are although manager advised there is always a range of "finger food" and from conversations with her and staff it seems they will ensure residents have what they want. Gave examples of how they adapt for individual tastes. They know all their residents well and are flexible. Protected set dining times.

Home 4	3 residents had their evening meal in the dining room and we were advised that all the others were eating in their rooms. Observation suggested that residents were encouraged to fit in with the homes routine but there was no evidence to suggest the staff wouldn't be more flexible if required.
Home 5	Yes. Can eat in dining room or own rooms or in garden room
Home 6	Residents seemed to be eating in all communal areas. Lunch observed in dining room (TV was on). Choice of where to sit but have to eat at mealtime.
Home 7	One resident said she felt mealtimes were very regimented, sitting all together – she liked to eat quietly
Home 8	Residents can eat in rooms or in lounges/dining room
Can residents move freely about the home?	
Home 1	Yes, but we were unable to see how easy it is to get into garden.
Home 2	Yes, depending on mobility.
Home 3	We saw residents walking easily around the home – aided and unaided. There is a very small courtyard garden available.
Home 4	Observation suggested yes but only 3 of 24 residents actually seen doing so. There is also a lift
Home 5	Observed residents walking around the home.
Home 6	People seemed able to move about freely. Home is warren of small rooms, spaces and corridors with lots of stairs. None of the doors were labelled although some of the residents' rooms had very small cards. Outside areas are only accessible with staff knowledge.

Home 7	There is access to the garden. Several lounge areas. One resident goes out and about when he wants. Seemed like residents could go where they wished.
Home 8	Within the floor level to some extent. Most people we observed were seated and few were walking or moving around. People can go to bed at the time of their choice.
Can you observe staff attending quickly to residents when needed?	
Home 1	Yes
Home 2	Yes
Home 3	We saw residents walking easily around the home – aided and unaided. There is a very small courtyard garden available. Yes, we were speaking to a staff member when a residents called for attention and the staff member excused herself from us to immediately attend. Seemed to be plenty of staff readily available.
Home 4	Not observed
Home 5	Yes
Home 6	Two staff spent a long time with a dementia resident. Positive and cheerful interactions.
Home 7	Yes, responded quickly to agitated resident. Staff seemed attentive.
Home 8	Not observed
Is there a mix of private and shared areas where activities can take place?	

Home 1	Yes – quiet lounge seen. Only one lounge and dining room though – resident's rooms seemed to be all purpose.
Home 2	Day room for activities. BBQ area outside. Sensory room and garden.
Home 3	Small home so limited space. Lounge and dining room downstairs plus dining/ social room upstairs
Home 4	Apart from resident's rooms there was the day room and dining room. Former was quiet as only 2 people in there. Dining room has cinema facility – drop down projector screen but it hadn't been used since for 3 months. There was no dedicated quiet room. Dining room had collage/painting work done by residents evident.
Home 5	Lots of different spaces, lounges for residents. All very well decorated, light and airy and very homely. Dedicated activity room (conservatory leading out into garden)
Home 6	Lots of different spaces. One resident advised "you can take your pick of what you want to do, they don't pressure you
Home 7	Varied lounge spaces. There was a quiet anti room off the entrance hall – one resident in there seemed to be lacking any interaction.
Home 8	Yes
Is there a wide selection of materials available?	
Home 1	In dining room – attractive room – mobiles, paintings, books, puzzles, DVDs, mags and papers. There is also a resident's laptop

Home 2	Paper based activities as mentioned, large bricks, jigsaws, and other equipment. Email and internet available for those who are able. No resident expressed concern about not having access to something they wanted.
Home 3	Not much in the day room downstairs – small range of magazines and DVDs. No obvious internet. Staff currently making memory boxes for residents.
Home 4	There was a selection of some things but not wide. There were no newspapers or similar in the day room and no TV. Couldn't see any music centre or similar in there. The activities cupboard was locked.
Home 5	Lots of visual stimulation, fish tank, budgie and lots of bright interesting artwork. Also on walls & corridors were sensory objects. PAT dogs, animal therapy, internet access for residents. On the notice board – easily seen by all residents there was an activity programme for the next 2 months. Included Quiz, PAT dogs, room visits, balloon fun, radio talks, rabbit therapy, movement to music, arts & crafts, reminiscing, bingo, memory box work, painting. There were lots of activities around – toys, games, books newspapers and mags. Stereo easily available.
Home 6	Spaces upstairs were clear of any materials. We did see a bookcase with DVDs. Three TVs in communal areas which were on but had muted sound. We were told there are daily newspapers and rummage boxes (not seen). We were told there is a room with a radio. No internet access. Staff said resources kept in cupboard.
Home 7	Music, books, equipment and magazines seen as well as large baskets with puzzles etc.
Home 8	We saw a range of accessible baskets in one lounge that had newspapers, magazines, DVDs. Toys etc.
Is the TV on constantly and is there a choice of what to watch?	

Home 1	No – not on at all – only when requested. Choice is always there.
Home 2	Advised residents are encouraged to watch TV in their own rooms so others aren't disturbed in the day room. Events like royal events etc. – groups watch TV
Home 3	TV was on constantly in the day room when we were there. They could probably turn it over to different channels as the remote was in easy reach but no one did.
Home 4	No TV in day room or dining room
Home 5	TV available – was on in one room
Home 6	2 TVs on constantly with muted sound however it was lunchtime.
Home 7	No TV on during the visit
Home 8	TV was on in all the lounges we looked into – lots of residents just sat around – a lack of anything happening whilst we were observing
Do residents have TV in their own rooms?	
Home 1	Yes
Home 2	Yes
Home 3	Yes
Home 4	Residents can have a TV in their room if they wish and most have.
Home 5	Yes

Home 6	Some do
Home 7	Yes
Home 8	Yes
Have you been able to see residents going out or heard about any trips?	
Home 1	No
Home 2	Resident came back from shopping trip and a few people mentioned one off things outside the home. Some residents were going swimming and one talked about going to the pub
Home 3	No
Home 4	One resident had been out for a walk with his daughter during our visit. There didn't seem to be many, if any, outside activities organised and evidence suggested that transport would be an issue.
Home 5	One person was waiting to go out to lunch. Visitors are encouraged (they are asked to book in and out)
Home 6	No activities taking place during visit and no evidence of these taking place prior. DVDs stacked on shelf behind table, very little stimulus anywhere. No pictures or displays were seen.
Home 7	One resident was going out by himself (he was being checked out by staff). Manager explained he had capacity, recognised his medication time and had a mobile to make contact. Pictures of activities inside and outside home.
Home 8	Nothing seen on the day but one resident did mention trip out (not sure how long ago

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- Age UK www.ageuk.org.uk

- Dementia UK www.dementiauk.org

- The King's Fund www.kingsfund.org.uk

Appendix

Distribution List for this Report

- Dorset Clinical Commissioning Group
- Dorset Health & Well-Being Board
- Bournemouth & Poole Health & Well-Being Board
- Dorset, Bournemouth and Poole Health Scrutiny Committees
- CQC (Care Quality Commission)
- Healthwatch England
- Bournemouth, Poole and Dorset Local Authorities
- Care homes involved in the work

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