healthwatch Staffordshire

Living Not Existing

The Importance of Meaningful Activities in Care Homes

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INTRODUCTION

Message to Care Home Managers

- Are you happy with your activity programme?
- Do you feel you are able to offer as many activities and as much stimulation for your residents that you would like to?
- Do these activities give your residents meaning and improve their mental as well as physical wellbeing?
- Do the activities that you offer cater for the needs of all your residents?

Staffordshire Healthwatch has been researching Meaningful Activities in Staffordshire Care Homes over the last year, and has produced this report on its findings. We hope that you will find time to read the report and that it will help you to reflect on what you currently provide. Hopefully it will help you to think about whether there is any room for improvement or possibly any change of emphasis in the provision of meaningful activities in your care home.

Please share this report with your owners and your staff, particularly those who are involved in organising activities, as it will hopefully give you food for thought.

What is Healthwatch?

Healthwatch England is the national consumer champion for health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services. Every Local Authority has a Healthwatch.

Healthwatch Staffordshire seeks feedback from the general public about the local health and social care provision with the aim of helping inform and shape current and future provision. We achieve this by:-

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those with the power to change services so that they better meet people's needs
- Empowering and informing people to get the most out of their health and social care services

What is Enter and View?

Under Healthwatch regulations, local Healthwatch organisations have the power to "Enter and View" health and social care premises to see how these services work from a service-user's point of view. These visits are carried out by trained Authorised Representatives.

The role of the Authorised Representative is to capture the patient or resident experience and make recommendations where there are areas for improvement or where best practice can be shared.

Enter and View visits can happen if people tell us there is a particular problem, but equally we may identify a variation in service provision or issues that arise in a particular service that need further analysis, in which case we may adopt a themed approach, as we have done here.

For this themed approach, we have anonymised all our findings.

Rationale for undertaking the project

The provision of meaningful activities in care homes has been shown to have a positive impact in maintaining or improving the mental and physical well-being of residents. Research consistently shows that care givers who enable residents' continued participation in activities will reduce difficulties as a result of depression, falls and dependency. The benefits of taking part and socialising with others can also hugely improve the life of residents in care homes.

This is backed up by NICE in their report "Mental Wellbeing of Older People in Care Homes" *[1], and covers issues such as life satisfaction, self-esteem, having a purpose in life, a sense of belonging etc.

As a result of our Enter and View visits to care homes in Staffordshire over a number of years Healthwatch has identified variations in activity provision, which we felt merited a closer look. Whilst appreciating the pressures on the Care Home Sector we are aware that the safety and physical needs of residents may take precedence over their social, psychological and emotional needs, and wanted to raise the profile of activity that is both person-centred and meaningful to the people who are participating.

Alongside this person-centred approach it is important that residents all have an equal opportunity to choose what they would like to do, and experience activities which take into account their diversity, including gender, age, disability, religion, ethnicity and sexuality.

The Aims of the Project

- To have a better understanding of the range of Meaningful Activity Provision in Staffordshire Care Homes
- To identify areas of good and innovative practice
- To identify the barriers to meaningful activity
- To make recommendations for the attention of service providers and commissioners, in order that best practice can be shared and to stimulate more interest in this aspect of care.
- To enable the Care Homes in Staffordshire to achieve better outcomes in terms of the Health and Well-being of their residents

Definition of Meaningful Activities

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Activities may be structured or spontaneous, be for individuals or groups and may involve family, friends, and carers, or the wider community. Activity may provide emotional, creative, intellectual or spiritual stimulation. It should take place in an appropriate environment.

Having a meaningful life with strong relationships and purposeful activity is a central part of an individual's identity. As people become more vulnerable and increasingly reliant on others it is vital that meaningful activity is supported in a way that helps them stay well and feel more satisfied with life, taking account of their personality and their history. Such activities are particularly important in a care home setting where residents have moved out of their familiar home environment, and can quickly lose their sense of identity and self-esteem, and become depressed.

Participating in meaningful activities can be very positive for maintaining identity. But what counts as meaningful may vary day-by-day and also depend upon the resident's interests and capabilities. Some residents are more sensitive to noise and groups and require more tailored individual attention.

The lives of the residents can be enriched if their family and friends have opportunities to get involved in activities in some way, if possible, but also by sharing information about the resident that makes them unique.

"People need to feel engaged in meaningful activities. They need to feel wanted, loved, need to feel as if they can still contribute...........people need to live not exist" Joyce Simard – founder of Namaste Care**.

Acknowledgments

Healthwatch would like to thank the Staffordshire Care Homes who agreed to support this project. We thank you most sincerely for welcoming us into your Homes, and for answering our questions so openly. We would also like to thank the residents and family members who agreed to share their thoughts with us and complete our questionnaires.

How we set about the task

Sources of Data:

- Questionnaires completed by the Home Manager (or in some cases the Deputy Manager) based on policies and procedures, staffing, training, resource allocation, job descriptions etc
- Questionnaires completed by Activities Coordinator based on the resources available, the diversity of need, the involvement of families and staff, the activities on offer etc
- Questionnaires completed by residents and their relatives or friends and via direct discussion with relatives or friends, based on their individual experiences

Evidence sought:

- Observation of practice - Activities in progress
- Statement of Purpose, job descriptions etc
- Records of activity programmes and information about how activities are promoted and publicised, e.g. Newsletters, Activity Schedules, etc
- Evidence of resident or relative consultation and involvement in activities
- Resident or Relative satisfaction surveys
- Evidence that individual needs are taken into account
- Resources available including dementia friendly activities, entertainment, transport availability and outings, etc
- Evidence of dedicated time with residents on a one-to-one basis, as well as group activities
- Location of home, and space available inside and outside the home
- Information on how many dedicated activity hours are available
- Information about Training in activity provision
- Evidence of how Activity Provision is funded
- On-line research

THE GATHERING OF EVIDENCE

Care Homes were picked randomly from a list of care homes commissioned by Staffordshire County Council. Contact was made with these homes, explaining our aims and seeking their cooperation in the project. Six Care Homes felt unable to participate in the project because they were either undergoing restructuring, managerial change, or staffing difficulties. A further six Homes were therefore sought and agreed to help.

Three Homes were initially identified for a pilot, in order to help us devise suitable questionnaires. Authorised Representatives of Healthwatch (ARs) visited these Homes as part of the pilot and we are grateful for the help these Homes gave us in formulating our questionnaires. The project in total involved ten Authorised Representatives, and was overseen by the Enter and View Lead.

We then visited the twenty-five Homes by appointment, mainly in pairs in a way that minimised any disruption to the daily routine of the Home. Standard questions were asked of Managers and Activity Coordinators. We also observed activities and interactions between care staff and residents. Family carers were either interviewed or given the chance to fill in a questionnaire which we left in the home for relatives to be approached to complete the form and return to us in a stamped addressed envelope. We wanted to seek the views of residents where possible. However the questionnaire approach proved unsuccessful with most of the residents, who needed to be asked questions that were simply phrased in a way that reflected their personal situations and mental abilities. Many of the residents had some form of dementia.

In addition, we looked at any supporting documentation relating to the provision of meaningful activities, e.g. Operational Guidelines, Job Descriptions, Personalised Life-Story booklets (in template form), Activity Schedules etc.

THE CARE HOMES VISITED WERE:-

Abacus House	Abbey Court Nursing Home
Barrowhill Hall	Bearwood House Residential Care Home
Bradwell Hall Nursing Home Chatterley Unit	
Branston Court Nursing Home	Briar Hill House
Chase View Care Home	Church Terrace Nursing Home
Fauld House Nursing Home	Highfield Hall Care Home
Horse Fair Care Home	Kings Bromley Care Home
Limewood Nursing and Residential Home	Manor House
Maple Lodge Care Home	Needwood House Care Home
Rock Cottage Nursing Home	Rowan Court Care Home
Sister Dora Nursing Home	The Old Rectory
Tudor House Care Home	Wall Hill Care Home
Weston House Care Home	Windsor House Care Home

The Questionnaires were completed with all the Managers (or their Deputy on a few occasions), and with the Activity Coordinators (two Homes did not employ Activity Coordinators).

Thirteen relatives completed questionnaires, either through discussion with the Enter and View volunteers, or by returning them to us in the post.

We visited six Residential Homes, six Nursing Homes and 13 Dual-Registered Homes. One Home catered entirely for residents with Learning Difficulties of all ages over 18. Half the Homes that we visited catered for a range of ages and conditions, including people with severe physical disabilities or mental health conditions. The remaining Homes were primarily catering for residents over 65 with varying degrees of dementia, multiple health problems or life-limiting conditions. A few of the homes were caring for a smaller proportion of residents with dementia, and a few homes catered for residents requiring Continuing Health Care Funding and one-to-one supervision.

16 of the homes were run by Providers with a substantial portfolio of homes. The remaining homes were small businesses.

Some Homes we visited catered for mainly self-funding residents, whilst others were more dependent upon financial contributions from the Local Authority or the NHS to meet the costs of care.

Further information gathered

The personal experience of our volunteers as well as their experience of undertaking Enter and View in care homes in Staffordshire over a number of years has also informed this report. In addition we searched the internet for additional information about meaningful activities and available resources. A list of references and useful contacts is provided at the end of the report.

Although there are no National Standards for Activity Provision in Care Homes there are frequent references to the need for personalised care and meaningful activity.

We have tried to give as balanced a picture as possible when quoting different people in order to reflect both good practice and concerns that people may have. Most residents that we spoke to were positive about their experiences in the home, although it was difficult to guarantee the validity of all the comments because of the high incidence of dementia in many of the homes.

Summary of Findings

The Philosophy of Care Homes – a Person-Centred Approach.

"Ensuring that staff 'live and breathe' a culture that actively promotes personalised services with maximum choice" and *"Allowing a person to remain distinctly who they are and not just one of many"* (SCIE) *[2]

Although the importance of providing activities in care homes is well understood, the culture in some homes we visited was more person-centred than others. Some homes more clearly communicated their philosophy to residents and their relatives in their Statement of Purpose and the information they share with residents and their families at the point of admission.

> *"we value people for their uniqueness"*
>
> *"we make a point of celebrating every individual's life story"*
>
> *"I like to identify what the residents would like to do if still in their own home"*

Our findings suggest that it helps if Managers take a personal interest in their individual residents and relatives. Pre-assessment visits, and time spent at the admission stage is crucial in setting the scene, and identifying key workers early on is important. Family and significant people need to know who to contact, who has a special relationship with the resident. Communication is critical.

Personalisation should place the individual at the centre of their care. In some homes we found that relatives are merely asked to write down useful information about the resident at the point of admission, whereas in other homes there are structured Life Story books and a greater emphasis on sitting down with the resident and their family to build up a comprehensive picture of the person, including the person's likes, dislikes, past and present interests, past employment, important family and friends etc. This can then be revisited over time as part of the review process.

The accessibility of this information is helpful so that it is a working document to help visitors and staff, in providing a talking point and a way of engaging with the resident.

It is important to encourage families to bring in photos and items that matter to the person, in order to personalise the resident's room or memory box. These are important for all residents but particularly for residents with dementia, intellectual impairment, or sensory impairment, where care staff need visual prompts to get the conversation going with the resident.

Involvement of Families, Friends and Community

Some homes more readily extend a hand of friendship to family members, which can be very helpful when a spouse is struggling to accept the need for their loved one to be in care and needs supporting through the process. Gaining personalised information is then easier also.

Regular reviews involving family members help to ensure that there is good communication and that the Care Plans are up-to-date and continue to meet the resident's needs. If not, opportunities can be missed to find creative ways of making the resident's life more meaningful or purposeful, e.g. through discussion with the family it emerged that a resident who had always liked poetry could offer to read poetry to another resident who could no longer read.

It is important to publicise events and activities in the form of Activity Schedules, newsletters, information sheets or web-pages. Some homes make it a bigger priority to communicate in different ways to encourage family involvement. Face to face contact with families from an enthusiastic staff member can reap benefits to supplement printed information.

Residents and Relatives meetings. Most homes say that they review the range of activities via residents or relatives meetings, or via surveys. Some hold these meetings regularly e.g. monthly or 2-monthly, and are very positive about them. Other homes say the meetings are poorly attended and unproductive, and therefore hold them a lot less frequently. Where there was enthusiasm and managerial belief in this system it seemed to work better.

We saw some good examples of newsletters with photos of residents enjoying their activities and good information about future events, but these do take time to produce. Occasionally family members volunteer to help, or accompany on outings, but overall there were only a couple of homes that actively used volunteers. Family members are more likely to attend specific events e.g. coffee mornings, summer fetes, and entertainment sessions where there is an open invitation.

In order to try to capture the views of relatives we left about 150 self-addressed carer's questionnaires in the care homes, yet only 13 were returned. Talking face to face with relatives in the homes proved more productive.

Most responses were positive about the activities that they saw on offer, although some stated that their relative was now no longer able to participate in the activities because of their advanced dementia or frailty. This may lead one to ask how visible or how often different forms of stimulation are on offer for the highly dependent residents.

"We are delighted with the care. My mother enjoys the many activities. There is lots of choice. She has a new quality of life since she came to this home. Simply the best"

"Most entertainment is geared around downstairs residents, but the nursing residents upstairs cannot really get involved"

"I do not remember being asked for my views on what activities might work for my husband since he was first admitted. It would be useful, as his dementia is a lot worse now and we could hopefully work this out together."

"There is a Family and Friends Group and I volunteer to help with activities." "I have brought in items that I have researched for people with dementia, but I am not doing this anymore as they get ruined or pieces disappear" "They provide a good range of activities to suit all tastes, and if my mother was able to participate she would love it."

"Activities only happen few and far between. There is not enough stimulation and I do not feel our views are really taken into account"

"The staff are excellent at doing all sorts of things and encourage residents to join in"

Community links

The homes vary in terms of the number of links they have with the local community e.g. churches, schools etc.

The location of some homes makes it easier than others to connect with the community. For example, one home was situated on a busy high street where residents could easily be taken out to local shops or to a cafe or pub. This home also had space within the home for a cafe that was open to the general public, which, according to our visitors "had a real buzz about it". This kind of provision helps to break down the barriers between care homes and the general public and can only benefit the residents.

Other homes have built up connections with schools and churches that then come into the home at times to entertain or interact with the residents.

One Staffordshire home recently participated in the NAPA *[3] "Singing Challenge", where all care homes around the country were invited to join in singing the same song at the same time on Red Nose Day. This Home invited various local groups in, including a school choir, a Ladies choir and a Sea Shanty group. The day was very successful and has led since to other events involving sections of the local community.

There is no magic formula in terms of how a home links in with the local community, as some homes need to be more proactive at taking their residents out into the community, depending upon their client group, location etc. Accessible and regular transport provision may be imperative in some cases.

Diversity Issues

All the homes we visited were aware of diversity issues and said they take diversity into account. We noted the following issues:-

Gender. Female residents significantly outnumbered male residents in all but 3 homes that we visited. This was mirrored by the fact that female care staff significantly outnumbered male care staff in almost all the homes. In the 3 homes with more male residents only one home came close to employing nearly as many men as women. This home admitted all age group adults and catered for people with mental health problems, many of whom were male. Most of the Activity Coordinators (ACs) were female, as were the majority of care staff. Gender balance is worth noting therefore, to ensure that the interests and needs of men are fully taken into account. One spouse of a male resident in an Elderly Mentally Infirm (EMI) Unit, which housed some physically aggressive male residents, was concerned that there were not enough male workers on the unit, as she witnessed female workers looking visibly frightened of some of the male residents and being reticent about engaging with them as a result.

We also witnessed an elderly female resident on an EMI Unit requiring full supervision, who was being overseen by a young male agency worker. We asked this resident about what activities she enjoyed. After initially being hostile she became more relaxed and told us that she liked to knit and used to sing in a cathedral choir. There was no interaction at all with this resident, and we sensed that this was a poor match and not one conducive to her well-being.

Sensory impairment. We did not find that there was a true appreciation of the impact of a “significant sensory impairment” in the homes that we visited, apart from a couple of homes where specialist equipment was available, e.g. loop systems, amplifiers for telephones, talking books for the blind etc. However, sensory experiences e.g. hand massages, nail care etc. were only on offer in a few homes. There are organisations that offer advice about multi-sensory activities and products e.g. Golden Carers ‘Sensory Boxes. *[4]

We did not encounter any issues regarding **race or sexual orientation.**

Religion and spirituality. All the homes appear to try to ensure that their residents are able to pursue their religious beliefs and spirituality. However this was not a specific focus of our project but is an important issue for some residents, and needs due consideration, particularly for those residents with strong religious beliefs and for those residents who are moving into the final stage of their life.

Staffing Requirements

Although all the homes expected their care staff to support the activities programme, this was often limited because of the pressures of the job and a task-orientated bias, which is understandable when working with people who need a lot of physical care. Some care staff would tell the AC that "it is not my job" to engage in activities, and ACs would often suggest to care staff what to organise with residents in their absence, only to discover that these had not taken place. When ACs are off duty, activities seem mostly very piecemeal.

Most ACs were not expected to cover when there were staff shortages, though they told us that it is difficult to refuse to help out the carers if there is an urgent need. Weekends are a particular problem, as the majority of ACs worked weekdays only, with the occasional flexibility to work at weekends for special events. It helps if there is more than one AC employed, so that rotas are in place to allow for more weekend cover. If there is only one AC activity cover is severely limited when the AC is on leave or off sick. In one home we visited the only AC had been off work for a few months, and felt that, on her return, the residents had not been sufficiently stimulated, and had lost their motivation. Most ACs were not expected to cover general care duties, although some AC's also undertake care duties as well.

There was no correlation between the number of ACs employed and the size of home or the severity of the conditions of the residents. The range of tasks required of ACs also varied, with most of the Homes requiring ACs to be responsible for organising the fund-raising events and social events as well as day-to-day activities. In some cases they got paid for this work but quite often were not. Also fundraising planning would mean less time spent with the residents. The number of activity hours available varied considerably:-

3 Homes employed 1 F/T Equivalent for up to 25 residents

6 Homes employed 1 F/T Equivalent for up to 35 residents

6 Homes employed 1 F/T Equivalent for up to 45 residents

6 Homes employed 1F/T Equivalent for up to 60 residents

2 further Homes on the same site were employing one F/T AC only to work across both homes covering over 90 residents in total (there is now a second AC in post in this home).

A different model

Two homes that we visited did not employ ACs, and operated a different model whereby all the care workers were expected to be actively involved in activity provision as a key component of their job.

One of these homes catered for a broad age range and different categories of care, housed in different units. They told us they were confident that their model of care worked well for them. The Home only recruited care workers who understood that Activity Provision was a vital element of the job (under the direction of the Senior Staff trained in Activity Provision). This particular Home catered for a higher proportion of male residents (about a third of these were younger with an average age of about 50) with ongoing mental health problems. They employed more male carers than other homes, but were still in the minority.

The Office Manager in this Home was responsible for organising all the structured activities e.g. entertainment, exercise groups etc, whilst the care workers were expected to initiate and coordinate the activities in the different units on a day-to-day basis according to the needs of the residents on the day. Weekends were considered the same as weekdays. A larger budget than in most Homes was provided here for resourcing activities (£500 per month) on the basis that the Home did not have to pay for ACs.

One observation from the homes we visited may be that it is slightly easier to focus on structured group activities in those homes that cater for younger adults with less complicated physical needs.

Recruitment and retention of staff can be problematic. In some homes ACs had been in post for many years, whilst in other homes there was a frequent turnover of AC staff and difficulty in recruiting. The job can be a very isolated one if there is not a coherent team approach to the task in hand. A good team approach, with a stable staff group, makes the job easier for the AC. Often the ACs contact time with residents is compromised because of the other requirements of the job. e.g. planning, preparation, recording, research, fundraising organisation etc. Some ACs told us they did a lot of this work at home without getting paid for this. On the other hand, there were homes that paid ACs for all the hours that they worked over and above their contracted hours.

Training in Activity Provision

As there is currently no statutory requirement for ACs to be trained in Activity Provision the picture is varied in terms of the skill-base of the ACs, and some seem to perform well in this role with limited training if they have the right value base, enthusiasm, maturity and strength of personality to motivate the remaining care staff to get involved. Where there is a supportive Manager it is possible to create a positive environment and a good team spirit without formal activity training. We have found that if the Manager of the Home is actively involved in getting to know the residents and works closely with the AC and care staff this will bear fruit.

There are courses available to Managers as well as to ACs, which can inspire Managers to get more involved, (e.g. The "My Home Life Leadership Support Programme") *[5] and to inspire the care staff.

All the ACs we interviewed had received mandatory training in Health and Safety, Manual Handling, etc, and most had received some basic Dementia Awareness training. Only a small proportion had specific training in Activity Provision. Four ACs were NAPA*[3] trained in Activities, 1 AC was trained in music and exercise provision via OOMPH***[6], and three ACs had Level 3 Dementia training. Three more ACs had NVQ Care training 2 or 3. In a small number of homes a senior member of staff was trained in Activity provision, and then would cascade their learning down to other staff members.

Dementia Training. Basic Dementia Awareness Training alone may not be intensive enough training, given the high prevalence of dementia in most homes, if staff are to be equipped to interact more meaningfully with dementia residents, and work more creatively with them to prevent boredom, frustration, depression etc, and to manage the behaviour problems that arise as a result.

Sensory Impairment Training. Very few ACs or care staff had specific training in sensory impairment.

About half the homes had had some contact with NAPA, though were not necessarily current members.

A few ACs were recruited who were previously employed in the Home as care workers. The Managers of these homes were positive about this as the worker already knows the residents well, understands the workings and philosophy of the home, and has a special interest in the role. However, it is important that there are opportunities for that person to be offered further training and develop skills and confidence to bring the other care staff on board, so they are not operating in an isolated way.

Staffordshire County Council Workshops for ACs used to be organised, and we were told that they were appreciated by the ACs who used to attend.

"*the workshops were really good for airing and sharing*", said one AC.

"*it would definitely help to meet up with other homes*" said another

These workshops ceased a few years ago. However**, Staffordshire County Council** does have a **dedicated website for Activity Coordinators *[9]** which provides useful information about activity provision, training etc.

The homes that were part of larger organisations benefitted from having a separate training department or dedicated trainer, and could cascade activity resource files down to staff in different homes or arrange peer group support. This would be cost-effective for the homes.

Resourcing Activities

Dedicated Budgets were not always available to ACs. The way that Homes fund activities is very variable. Information about this was not easy to access in many of the Homes, but at least 14 homes had no dedicated ring-fenced budget.

Where the information was available we found that dedicated budgets ranged from £50 per month to £500 per month. As already stated the home that allocated £500 per month did not employ ACs and were therefore able to allocate a larger amount to activities. Some ACs felt comfortable about approaching management for extra funds when required, whilst others stated that they would like the freedom of being able to manage their own budget. Fundraising was a significant part of the job in many of the homes. In two Homes ACs would get paid for their extra time spent organising activities and fundraising events. But mainly this was seen as a core part of the job and to be done in normal work hours, again restricting face-to-face contact time with residents.

Transport was not always available to take residents out. 11 out of 25 homes had their own minibus, but a common problem was the lack of suitable licensed drivers to drive the minibus, so there was significant under-usage. Some ACs or care workers were reluctant to apply for a licence. Cost and lack of confidence in driving a large vehicle were reasons given for not wanting to pursue this. Two homes had occasional access to a minibus which they shared with other homes. One Home used a 7-seater car as this proved to be more flexible and did not require a special licence to drive, and allowed the home to respond more immediately to the needs of the residents.

Community Transport Schemes are seen as costly and have to be booked well in advance, and did not allow for spontaneity.

Homes that were close to a shopping centre with cafes etc were better placed to take residents out for short outings without the need for transport.

The home for People with Learning Difficulties was able to offer various transport options on the basis that they had an agreement with their residents to pay a specific amount each week from their personal funds towards the running of a minibus and other vehicles. As this client group were largely in receipt of Mobility Allowance and were involved in many community activities the residents or their families were in agreement with this arrangement. This arrangement was dealt with on a contractual basis on admission.

One home told us that it would be easier to organise trips out and activities for their residents if there was an agreement where residents or their families were happy to make a regular contribution to a fund for such purposes, out of their personal allowance. However, they told us that this idea was not well received. Some homes manage to meet the costs of activities more easily than other homes depending on their charges and the disposable incomes of their residents and families.

The Social Enterprise Oomph is currently piloting an "Out and About" *[6] project with certain Homes nationally whereby Oomph purchase suitable vehicles and rent out the vehicles to care homes plus a driver, for a set fee. This may be a way forward for some homes in the future, given that the costs of purchasing and maintaining a vehicle, and the extra organisational and Health and Safety issues can be prohibitive.

Range of meaningful activities and examples of good practice

As already stated most care homes cultivate links with the local community such as church or school choirs, although some have more links than others. Group activities tend to be organised for the more mentally and physically able residents. Whilst this is understandable it is important that the residents in need of more individualised approaches are not excluded.

The lay-out of the home. We observed that the spaciousness and lay-out of the home have a bearing on the atmosphere and what activities can be provided. What may be suitable for a cinema session or an entertainment evening may not be right for carpet bowls or a poetry reading group. Some homes have no option but to use the dining room area for games and craft activities, which can place restrictions on time available and the type of activity that can be organised.

Ideally there would be space for a quiet room as well as a larger room for group activities in a home to accommodate those who choose not to join in the more noisy activities. Also in some homes the television inhibits interaction. One Manager in a small home said:

"The television takes over. Some residents insist on the television being on all the time, which stops us doing anything else with the residents."

In some homes residents prefer to remain in their bedrooms if they choose not to join in group activities. Also we were concerned that some residents may be denied some activity, entertainment or particular type of stimulation if they were normally resident upstairs and if there were insufficient staff to escort them downstairs, where organised activities tended to take place. An example of this maybe a resident who is not independently mobile, really enjoys fresh air but lives in an upstairs area, and where it is difficult for the staff to be released to take the person all the way downstairs and out into the garden on a regular basis.

Some homes are fortunate enough to have a number of lounges and seating areas to give residents more choice as to where they would like to spend their day, and some homes favour smaller lounges as there is usually more interaction with people in smaller groups.

Below is a list of a range of these activities provided in the Homes

This list is not exhaustive:-

Arts and Craft Activities are organised in all the homes at some level, either as group or 1-2-1 activities and can be adapted for different levels of ability, as long as there are enough helpers to assist the less able residents. Although some residents may have no interest in this area, others residents appear to derive enjoyment from art and craft activities even if they have had no interest previously. The social interaction involved and having a sense of purpose can be important, particularly if the task is themed-base and part of a group project, e.g. one AC organised popcorn-box making with some residents for their popcorn treat at their film evening. Another AC said that she liked to involve residents in making cards for fund-raising purposes. Another AC planned a whole Halloween theme over a number of weeks with different activities leading to different outcomes. These outcomes were then recorded in individual care notes to indicate whether the activity had been meaningful to that individual.

Another idea was getting a few residents in a small group to be assisted to compile their own photo albums from their old photos and sharing stories between them. This also meant involving the family with the project. Some residents may only have a limited ability to join in, but will still get meaning from this.

Individual's art work can also be displayed to brighten up the home, and the Inspection body (Care Quality Commission) likes to see evidence of what the residents have created displayed around the home. We talked to ACs who were very creative about finding cheap ways of resourcing their craft activities.

However there were occasions when homes were struggling financially without any dedicated funds and had to really scrimp and save to get by. The use of volunteers in these types of activities can make a vital difference to enable more residents to benefit from individual support.

Outings are arranged regularly in some homes, more spasmodically in other homes and rarely in a few. Nursing Homes with highly dependent residents struggle in this respect. Places visited include garden centres, museums, cafes and pubs as well as shops, and occasionally community or leisure centres. Full days out or trips to the seaside are infrequent and usually cater for the younger more physically able residents. There may be opportunities for family members or, again, volunteers to help with outings. One home wanted to help a young terminally ill resident to fulfil his dream of going to the States to see Elvis's home and the staff organised a big fundraising event to enable him to go there with a carer. Transport availability and resources to finance trips are key here.

Exercise and Music to Movement sessions are scheduled in all the homes at some level, and can have a significant impact on a person's well-being. However their frequency and intensity in different homes vary. Some were weekly or more often. Some exercises sessions were purchased, whilst some were facilitated by the AC, or occasionally by care staff who were confident enough to do this. These sessions are usually accompanied by music. Examples included armchair exercises, and the use of aids and props such as flags, ribbons and also percussion instruments, to encourage arm movements. In one of the homes the AC had received specialist training from Oomph*[6] (Our Organisation Makes People Happy), to undertake exercise programmes in care homes. Oomph trains care staff to organise more innovative and personalised exercise sessions, not only to improve physical mobility, but also social interaction and mental stimulation. This enables the home to use its own staff to carry out the programmes more cheaply and more frequently.

Music Therapy was available in three homes that we visited. These therapists are particularly skilled at person-centred work and identifying new ways to manage the challenges that residents present. We interviewed a salaried Music Therapist who works across the Methodist Homes in Staffordshire, and visits each home every week. He showed us a DVD of residents with advanced dementia who clearly benefitted from this approach.

By assessing how individuals respond to different genre of music the therapist can give the care staff ideas on managing different residents' symptoms, and can then work with the home to devise different strategies to engage with these individuals that can be life-changing. In another of the homes we visited (a home for Adults with Learning Difficulties) a Music Therapist was employed fortnightly and was highly regarded by the home and the residents. We have been advised that the cost of employing a musical therapist is very similar to the cost of a musical entertainer.

Entertainers are appreciated by a lot of residents and most homes use a list of singers and musicians to come at differing intervals. Singalongs are almost always successful in a group, and a good way of engaging residents with dementia in particular. The most successful entertainers use their interactive skills to draw individuals into the group experience so that they feel more engaged.

Reminiscence therapy is carried out to some degree in most homes, and is very important given the high incidence of dementia. Some homes are fortunate to have a separate reminiscence area. Other homes prefer to store specific memorabilia away e.g. in Rummage Boxes, and bring different items out at different times to create more of an element of surprise. Music and songs of the resident's era are used widely, and help to retrieve memories, as well as quizzes and games.

Memorabilia can stimulate group discussion, or bring people out of their shell. Memory boxes are put together in some homes for individual residents with the help of the family and can stimulate more person-centred discussion. Specialist Reminiscence Workers*[8] can be booked who bring in their own memorabilia and provide interactive reminiscence sessions around different themes e.g. schooldays, washdays etc, old-fashioned health remedies etc.

Animal Therapy. Many of the Homes have regular visitors from organisations who bring animals into the home. (e.g. Pets as Therapy and Zoolab) to stroke or groom, or just observe. Sometimes these visits are free and sometimes they are charged for. Occasionally homes have their own resident cat, and some homes allow a resident to bring their own cat or budgerigar, for instance, to live with them. Also family members and friends may bring in their dogs. One home had a regular visit of a donkey.

Doll Therapy. A number of homes use lifelike dolls, cuddly toys or prams to help keep residents living with dementia stimulated, and revive old memories of parenthood.

Themed days and Seasonal Activities are popular and have special meaning to the residents. One home said to us "Any excuse for a party!" where all the staff join in, and where relatives and friends are invited. e.g. Christmas Party, Birthday parties, the Queen's Birthday Celebration, MacMillan Coffee morning, British Food Day, Harvest Festival, Valentine's Day etc.

Baking and Cooking is sometimes on offer, or activities associated with baking e.g. cake decorating, and can be built into themed days to increase their meaning. Homes with kitchenette areas can encourage more meaningful activity of this nature.

Outdoor activities. It is important for the health and well-being of residents to experience the fresh air, and the joy of physical activity outdoors, if they are able. This is particularly important for those people who have worked outdoors, or enjoyed outdoor pursuits, for whom this should be an important part of their care plan. Staffing levels and concerns about risk factors may block creative thinking about the use of outdoor space. We found that a lot of garden areas were underutilised, even if well-stocked with the appropriate seating, accessible paths, good safety features etc. However, short walks around the garden with a carer pointing out different aspects of nature or the weather can be a stimulating activity in its own right. Also simple activities like bird-feeding and planting in raised beds can be rewarding for participants, observers and staff alike.

Ensuring that there is good use of garden space is a subject considered by 2 garden designers, Mark Rendell and Debbie Carroll*[7], who have researched the use of gardens extensively in care homes and see the value of interpersonal connections between residents and care staff in this area.

Their argument is that care homes do not necessarily need to spend a lot of money on expensive landscape design. They argue that there needs to be easy access to the outside for those that could benefit from it and that even moving round furniture so that residents can see what is happening outside can help.

They observed almost 1,500 interactions in care homes with the outdoor environment and witnessed first-hand the benefits to residents, particularly those with dementia, of being taken outside and being closer to nature, and identified simple ways that this can be achieved without great expense.

“***everyone’s job is to help the resident who wishes to engage with the garden to do so................ this was not dependent on more money or staffing, but on a shift of emphasis in mind set and organisational structure.” “an organisation needs to be open and honest and test out its assumptions about risk assessments and the purpose of health and safety.”***

Purposeful activities are organised in most homes to some degree and are vital to residents who have led active lives and need to feel they can help in some way, even if limited. These are mainly of a domestic nature (e.g. dusting, folding towels, laying tables, etc). In the home for adults with learning difficulties there was more in the way of outdoor tasks e.g. helping to wash cars, sweeping the drive, weeding, potting plants etc. Sometimes knowledge of a resident’s previous employment or interests can spark ideas about small tasks that a person could productively do in the home, which would benefit the person or others. One care home worked particularly hard to personalise activities e.g. a resident who was an ex-butcher was able (safely!) to slice meat for sandwiches, and another resident, who was an ex shop assistant was able to sort tins of food and help with the weekly food order.

Other recreational therapy on offer includes: - Board games, puzzles, jigsaws, dominoes, bingo, knitting, fish and chip suppers, reading in groups or as a 1-2-1 activity (e.g. poetry and short stories), flower-arranging, short walks, or some simple games e.g. carpet bowls, throwing a ball in a bucket etc. Some homes hold newspaper reading groups to help maintain the link with the present day or local community.

Some residents may be very limited in what they can do physically, but may have skills that can help other residents e.g. reading to a bed bound resident. Remember that ordinary conversation and singing to individual residents can be very meaningful.

There are a number of on-line websites dedicated to the provision of Activity Packs or recreational ideas to stimulate residents in care homes. Some of these are listed at the end of the report.

The religious and spiritual needs of the residents are addressed in varying degrees in the care homes. Most homes recognised the importance of religion in some people's lives and organised regular visits or services from the appropriate religious leader(s). It may also be important to offer more individualised spiritual support to individual residents, and those suffering loss and depression, as it has been shown that many residents suffer with isolation, even when they are resident in a care home, and need individualised help.

Two of the homes we visited scheduled in a "Resident of the Day" – a day for each resident to have the focus on them as an individual, when they are visited by, for example, the Manager, the chef, the housekeeper, the admin staff, the handyman etc. The opportunity will be taken to review their care plan with the resident and their family at the same time.

Also, we were told that two ACs in different homes were awarded "Employee of the month" and had both received gift vouchers. These therapists are particularly skilled at person-centred work and identifying new ways to manage the challenges that residents present.

Social Media and IT equipment. A few homes are beginning to address this issue by supporting residents to use computers, I Pads etc. to communicate with their families e.g. when a resident wishes to Skype or Facetime, or for playing games, photographs etc.

Sensory Activities can usefully stimulate different responses, particularly for residents with dementia or sensory impairment, or for those who are bed-bound or nearing end-of-life, where 1-2-1 support is necessary e.g. hand, foot or head massages, reiki, etc. These may be free to the resident or incur a charge. We saw evidence in a few homes of some good work taking place in this area, and a commitment to ensuring that 1-2-1 support and conversation time with individuals was given a priority.

Another home had a pen-pal system with the local school, for pupils to exchange letters with residents.

Barriers to Meaningful Activity

Common themes emerged concerning the barriers to providing meaningful activity: -

- **Time**. There is often insufficient time to organise and plan activities, as well as carrying out the activities. This was particularly the case if fundraising was part of the job and the AC was expected to organise that in her work time as well as the activities. There is usually a requirement that activities are recorded and transferred to care notes, which can be very time-consuming.
- **Meeting the needs of all the client-groups**. It proves difficult balancing the needs of the more sociable residents with those who will only respond to 1-2-1 attention or need more time spent persuading them to join in group activities.
- **Being the only Activity Coordinator can be difficult** when a lot of the care staff see physical care as their main focus. If there is only one AC, then there are many periods in the week when there is no-one working in a planned way at ground level with the residents. e.g. weekends. The job can be very isolating.
- **Taking residents into the community**. There are limits to the numbers of residents that could be taken out into the community because of staff ratios and transport difficulties and often location.
- **Unwillingness of care staff to get involved in activities**. “It isn’t my job”.
- **Fearful attitudes about health and safety** may effectively prevent creative thinking at times.
- **Lack of training and understanding of the importance of meaningful activity** across all the staff, particularly with dementia and sensory impairment.
- **High turnover of staff in some instances**. (This could be Managers, Activity Coordinators or care staff – and may also mean reliance on agency staff), which prevents continuity and inhibits team working.
- **The lack of resources to do the job**. There are now many on-line sites with suggestions of suitable items or activity packs that can be purchased to interest residents in care homes and to help and inspire the care staff, but funds may be limited.

The Activity Coordinator

Each home now seems to have one, a person who helps make life fun.
But not many get what the job is, It looks easy when all's said and done.

This job role is like Cinderella, You usually work on your own.
care staff often think it is easy, and are sometimes the first ones to moan.

They see you sat talking or knitting and having a bit of a laugh,
whilst they're rushed off their feet bed making or trying to get Joan in the bath.

So it's easy to see the resentment, they'd all like to sit down and chat.
So we need to get them to see things there's more to our job than just that.

I work in a beautiful Care Home, where my budget helps me provide
wonderful ways of inspiring tired and lonely old minds.

But I hear the voice of so many, who don't get the support that they need.
If we want to provide a safe haven, Management need to pay heed.

AC's are professional people, who are passionate, friendly and kind.
But they need the support of the whole team and should never be left far behind.

A percentage of every home's budget should be to provide for well being,
If the management doesn't provide this heads are stuck in the sand and unseeing.

There should be a national standard, a line should be drawn in the sand.
We need CQC to ask the questions, we need them to understand.

We shouldn't be having to fund raise, If other homes don't why should we?
Please listen to what we are saying, We need everybody to see.

And training should be an essential, specific to what we all do.
If carers need qualifications then we should have the chance too.

Please hear my voice for so many, the difference we make is profound.
Support and encourage your AC's if you give them the tools they'll astound.

Then one by one everybody will see how our job supports care,
If CQC come and ask the right questions we'll get a deal that is fair.

Jan Millward

RECOMMENDATIONS

- **Meaningful Activity** should be embedded into the culture of the care home and should be incorporated into all the Policy documents of the home, so that all the care home staff (whatever their role) understand about personalised care and meaningful activity and their part as a team member in making this happen. Induction processes should reinforce this.
- **Strong managerial support** for the Activities Coordinator(s) is critical, with regular supervision and monitoring of the activities programme, and systems that can measure the impact of these activities on all the residents.
- **Partnership-Working with families**. From admission onwards, family and friends should be encouraged to be partners in the provision of care and play a role in activities or outings. This may not work in every case but is definitely worth cultivating with family members and friends if possible. The active use of Life Story Books or "This is Me" booklets can be helpful, so that interesting bits of history about the person and their life are at hand, and not tucked away in Care Plans in a locked room, as long as this is with the resident's or family's agreement. Regular reviews and informal chats between the key staff members and the family will reinforce the importance of working in partnership. Good communication is vital in this respect.
- **A Review of the Activity Coordinator** role may be helpful, and examining what role other care staff should play in respect of activity provision, and how activities can be provided 7 days a week. This may include examining whether the model is the best one. How many ACs are required in each home is also important, depending on the size of the home and the specific needs of the residents, taking account of sickness or holiday cover, and allowing for some regular activity provision at weekends. Bear in mind that different Activity Coordinators bring different personality traits and skills, so it can often help if the job is shared between 2 or more people. Some homes may favour a completely different model such as the one described on Page 14 of the report.

- **The status of Activity Coordinator (s) need greater recognition** to reflect the full range of skills required and the need to balance all the demands of the job. Activity Coordinators need the knowledge, confidence, strength of personality as well as the necessary authority to motivate the other care staff to play their part and to contribute ideas etc. and to carry through the activity programme with enthusiasm when the AC is not on duty.
- **Further training** for all staff is often needed, that goes beyond basic awareness, to cover person-centred care, dementia, sensory impairments, etc. It might be helpful for homes to appoint champions e.g. dementia champions, hearing champions etc to promote good practice in these areas, and make the case for specialist attention to be given to these areas and possibly resources.
- **Be mindful of the diversity of needs of different residents**. In particular we noted the need to be gender aware – to ensure a good range of activities for men as well as women.
- **Good recording systems** are necessary to measure the success of specific activities, and the impact of that activity upon the resident in terms of their health and wellbeing. A discussion with staff about the best use of space both indoors and outdoors may produce new ideas. Networking and Peer support with other homes would be helpful. A reintroduction of workshops by Staffordshire County Council for ACs or a county-wide forum to share good practice and problem-solve would raise the professional profile of Activities in Care Homes and ensure that this area of work is more fully valued. Small independently run homes in particular would benefit from this.
- **The use of volunteers in the everyday activities in the home is** recommended if possible. e.g. Family members of ex-residents can sometimes benefit greatly from volunteering after the death of their loved one.
- **The potential for Activity Coordinators to be given their own dedicated** budget could be explored, if this does not happen at the moment, as even a small budget is empowering and can help to energise the worker and help with forward planning.
- **Having a comprehensive Activities Programme** should be a contractual requirement.

CONCLUSION

The provision of meaningful activity is an important function of day-to-day life in a care home, and has a major impact upon the well-being of residents, and should be "everybody's business" in the home. We hope that this report will stimulate discussion within homes and with commissioners, in order to raise the profile of Activity Provision in care homes, to enhance the status of Activity Coordinators, and persuade care staff that they have a vital role to play in making the lives of the residents more meaningful.

References

*[1] National Institute for Health and Care Guidelines: www.nice.org.uk

*[2] Social Care Institute of Excellence: www.scie.org.uk

*[3] National Association for Providers of Activities for Older People: www.napa-activities.com (Membership and regular newsletters, activity courses at different levels, a dedicated Facebook page for AC's for peer support)

*[4] Golden Carers: www.goldencarers.com

*[5] My Home Life: www.myhomelife.org.uk

*[6] OOMPH: "Our Organisation Makes People Happy" www.oomph-wellness.org / www.outandabout .oomph-wellness.org

[7] "Why don't we go into the garden?" by Mark Rendell and Debbie Carroll: (Published as a PDF article in the Journal of Dementia Care Vol 23, No2 – Spring 2015). Their website is www.stepchange-design.co.uk

*[8] Reminiscence Workers – eg www.kathreynolds.co.uk or contact Cannock Museum at www.museumofcannockchase.org.

*[9] Staffordshire County Council: Activity Coordinator Website: - see below

** Namaste Care: An organisation that promotes a gentle activity programme for people in care homes with advanced dementia." www.namastecare.com

USEFUL CONTACTS

STAFFORDSHIRE COUNTY COUNCIL – ACTIVITY COORDINATORS WEB-SITE

Go to the web-site www.carematch.org.uk

Then click on the top right tab "News, Resources &FAQ's

Then click on "Activity Coordinators" option.

Contact: Penny Lawlor Tel: 07815 827430- or pennylawlor@staffordshire.gov.uk for further useful websites and information about training, relevant events, or notifications of changes in good practice guidelines.

www.cot.co.uk-living-well-care The College of Occupational Therapists has produced this comprehensive toolkit for Activities in Care homes which is free to download.

www.active-minds.org A specialist organisation that designs award winning products for people with dementia.

brightshadow.org.uk "Bright Box" themed Resource Packs are available to purchase, to stimulate a wide range of creative activities.

encourageactivity.co.uk Offers a bespoke training package for care workers teaching a range of movement based physical activities across the West Midlands.

uk.pinterest.com Lots of interesting ideas for activities for people with dementia.

healthwatch
Staffordshire

www.healthwatchstaffordshire.co.uk