

April 2018

Enter and View Care Homes
Report - Wave Three

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

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Executive Summary

This is the third programme of enter and view visits to care homes carried out by Healthwatch East Sussex. The reports of the first two enter and view visits are on our website <https://www.healthwatcheastsussex.co.uk/our-work/our-reports/>

We will visit all care homes in East Sussex in subsequent years.

Our intention was to concentrate on care homes for older people. The previous programme of visits had focused on care homes with nursing. On this occasion, none of the services provided nursing care. A couple of care homes that had been visited in previous programmes were included in the original list, to assess progress and changes since the previous visit. A spread of care homes across East Sussex were identified, including both rural and urban settings. The final number of care homes visited was 43.

The focus of the visits was on choice and independence. These were seen as key issues for people who move into care homes. It is often assumed that people who go into care homes will lose their sense of independence, that they will have no choices and be unable to make their own decisions. A key part of these visits was to assess these assumptions, both from what residents told us and from our observations. We particularly looked at how residents were offered choices, such as at mealtimes and where to spend their day. We were also keen to ask residents about the best thing about being in a care home and any improvements they could suggest.

Our Findings

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

- a) Activities
- b) Residents being able to make choices
- c) Residents being able to help and be involved in the home
- d) Access to the community and outdoor areas
- e) Level of homeliness and personal possessions
- f) Residents being aware of their care plan
- g) Positive comments about the quality of care

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

As in our two previous enter and view visits, residents were overwhelmingly positive about the care and support they receive. Residents were particularly positive about the care staff.

All services provide a wide range of activities and many were taking place during our visits. A few have linked activities with the interests of residents, such as gardening and baking, where residents have a history of interest in these activities. The vast majority of services have employed someone with particular responsibility for organising activities. These are usually the ones that organise a weekly programme, put this on display and provide copies to residents. Some have taken this a step further and have regular newsletters to provide an effective system of communication with residents and relatives.

The majority of care homes were bright and stimulating environments, with good use of photos and displays, some as a means of providing feedback to residents and visitors. Some have good use of reminiscence equipment and photos. Other services could reflect on their own premises and look at ways of improving them, to make them a more stimulating and interesting environment.

Care homes consistently encouraged residents to bring in their own possessions, with some stating that they would empty a bedroom, so the resident could bring in their own furniture. In a few care homes, bedrooms lacked personal items, and this is something that care homes could be proactive about, in terms of assisting these residents to improve their environment.

Whilst some services enabled and supported residents to be involved in the care home, including helping out on some tasks, others have not really explored this possibility. There was not a clear message from residents that they were aware of their care plans or had been involved in putting this together.

All care homes had access to an outdoor area. Some had ensured that there is level access, such as by the use of a ramp. Some had created stimulating outdoor areas and residents were encouraged to be involved in the garden areas.

Eight recommendations have been made. Nearly all are suggestions for care homes to incorporate some of the very good practices we identified from our visits. Greater use of pictures, such as pictorial menus and activity information, is something all services could utilise more widely.

The final recommendation is:

- **Care homes could review their own practices in the light of the examples of good practice identified in this report, in order to improve their services and provide better outcomes for residents.**

Introduction

This is the third programme of enter and view visits to care homes carried out by Healthwatch East Sussex. The reports of the first two enter and view visits are on our website (insert link). Our intention is to visit all care homes in East Sussex in the next two years.

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

"Duty of services-providers to allow entry by Local Healthwatch organisations or contractors

11.—(1) In relation to premises that a services-provider⁽¹⁾ owns or controls, that services-provider must allow an authorised representative⁽²⁾ to—

- (a) enter and view those premises; and
- (b) observe the carrying-on of activities on those premises."

Therefore, care providers have a duty to allow authorised representatives from Healthwatch to enter and view. No services, as part of this programme, refused to take part and all were very welcoming. We would like to thank the residents, owners, managers and staff at all the care homes for their welcome and assistance in this project.

Healthwatch has a responsibility to seek the views and experiences of people receiving health and social care services. The visits, therefore, concentrated on meeting and talking with residents and observing how they were treated and experienced the service being provided. This project is one aspect of our work.

Our Findings

A key finding from the previous programme of enter and view visits to care homes (Wave Two) was the range of activities provided to residents. Feedback from residents continued this theme, with the vast majority appreciating what was offered and available. Most care homes employed someone specifically to provide activities and entertainment.

The best services had a programme of activities for each week, with this being on display and often printed and given to all residents. In a couple of services, they produce a regular newsletter including information about activities that is given to residents and visitors. This meant they were aware of what was taking place and when. They could then decide as to whether they got involved.

Some care homes produced a pictorial activity board or information sheet. This meant that those people who may have dementia could also see what was taking place. The pictorial information meant that a wider group of people could make their own decision.

In some services, especially where residents may have some mental capacity issues or where there are high levels of residents who due to frailty remain in their bedrooms, activity coordinators spent some time on one to one contact. In some care homes, the activity was changed at short notice due to the wishes of the residents. This showed that the services listened to residents and their wishes.

In a few care homes, they did not employ a specific person to organise and oversee activities. This meant that care staff had to include this in their role and responsibilities. Whilst in some services this may work well, particularly in very small care homes, this may not be the case in other services. The priority for carers is to meet the primary needs of residents, such as supporting them to get up and ready for the day, assisting with mobility, providing meals and drinks. This can result in activities only being able to be organised once these tasks have been completed.

During most visits, ARs witnessed a range of activities taking place. Also, from conversations with staff, there is a high priority given to ensuring activities and stimulation is provided to as many residents as possible. From the feedback from residents and visitors, they appreciate this, and many residents look forward to activities.

In some services, there was evidence that residents' social histories and previous hobbies and interests are considered when devising activity programmes. In a few, the latter are individually tailored, such as matching an activity to their previous hobbies and interests.

Authorised Representatives (ARs) concluded that outcomes for residents were greatly enhanced where they had a very good and extensive activity programme.

Examples from the reports include: -

- Two residents in the lounge had their own newspaper as well as word search books. (Chardwood).
- Residents confirmed that a range of activities are organised with these including; reflexology, music, bingo, chair exercises/keep fit and outings using the minibus for all care homes run by the same organisation. (Arden House).
- We saw a group of residents in the lounge enjoying a lively activity session with the activity coordinator. Carers were also getting involved and at one time one was dancing with a resident. (Green Bank).
- The activity coordinator explained that she provides activities every morning. She varies this but tends to find that quizzes are popular. Some external entertainers also come to the service. (Green Bank).
- A carer was playing ball and skittles with a group of residents in the lounge when we arrived. One resident was knitting and at least three others were observed to have their own newspaper and were reading these. Another resident had a book alongside them which they were reading. (Cumberland Court).
- Although there is no dedicated activity person, staff provide a range of in house activities. These include quizzes, bingo, arts and crafts, dominoes and playing card games. (The Chase).
- When we arrived in the lounge there was an activities person providing a quiz for around a dozen residents. Over the course of the time we were there the activity changed to bowls and then, to the end of the session, a single song was played. (Homelea).
- The manager told us that an activity programme takes place every day and includes bingo, singing, ball games, quiz's, church visits, visiting musicians and pets. (Victoria House).
- We also observed an Activities Coordinator, who had been in a communal area playing his guitar, repeating his performance to a resident in her own room. We also saw a noticeboard showing details of all the residents groups, activities/entertainment for the week. (Mais House).
- As we toured the home, we saw some residents playing boule in a very animated way, while others sat quietly in another area. One resident chose to sit in the dining area looking at a large illustrated gardening encyclopaedia. (Weald Hall).
- The activities co-ordinator organised for the residents to carry on with the Xmas lavender bags which they were making. Previously, residents had drawn Xmas trees on one side of the bag. The day we visited they were to fill the bags with lavender. After this activity, the residents were offered a drink before lunch and whilst they were having their drink they

collectively did a crossword. On the walls of the lounge were artwork created by residents and Xmas decorations. The activities co-ordinator also showed us a book of artwork done by the residents. We also saw a trolley with jigsaw puzzles, crosswords and other things that might interest residents which the activities co-ordinator takes around the home. (East Dean Grange).

- The activity person tries to visit everyone in their room - maybe for a chat or to play a game or do a crossword or a jigsaw. (East Dean Grange).
- We saw a very good and detailed pictorial activity board. This showed all the activities due to take place for the week. (High Broom).
- an Activities coordinator is employed. Activities included going out in the minibus, lunch club, projects (Old Town and History of the House, Poppy day), bingo, films, coffee mornings, sales, quizzes. Particularly popular are visiting musicians/singers and the fireworks display. Individual needs were discussed via 1 to 1s including a resident who likes shopping, going out with a carer. A small group of men who went to see the Westfield Christmas lights then to the pub. (Mountside).
- We saw carers interacting very well with residents. They were positively engaged with residents. They were observed to be supporting residents to make Christmas decorations and encouraging residents to have a dance. One resident did so. Other residents sang along with the Christmas carols. (Dunsfold).
- There was an outside entertainer who was engaging the residents with music, singing and physical activities in one lounge while another small group were sitting in a quieter area reading newspapers or chatting to each other. (Orchard House).
- We saw one carer supporting a resident do a puzzle and another assisting someone with their nail care. Other carers spent time interacting positively with other residents. (The Normanhurst Annex).

Residents being able to make choices

Residents consistently stated that they could make choices. These included such general matters as what time to get up and go to bed, what to wear, what to eat and where to spend their time. Due to concerns about some residents' safety, most care homes had a key pad or similar on the main exits, to prevent residents from leaving unsupervised. Where this was in place, they had sought a Deprivation of Liberty Safeguard. This is a legal process of enabling the care home to prevent a resident from leaving the premises. This is based on the resident being assessed as lacking capacity to make this decision as well as them being at risk of harm should they leave unsupervised. All services visited were aware of their legal responsibilities in relation to this matter.

Where some residents have capacity to make the decision to go out unsupervised, care homes were aware of the need to support them to leave the premises. In

some cases, these residents had been given the code to the key pad, so they could leave when they want. In others, staff are aware of who can go out and always ensure that this happens when requested.

Residents were consistently observed to go where they wanted in the care homes visited. Most of care homes had more than one communal area and so residents were observed to decide for themselves which room they went to. Some residents moved freely from one room to another. In others, we saw residents return to their bedroom if they wished.

It was also good to see staff offering choices to residents, who may need more support, such as people who are wheel chair users. For example, we observed carers asking residents where they wanted to go after lunch.

In our conversations with staff, they were aware of the importance of assisting and offering residents choices. This is particularly important where residents may need additional support, such as where they may be frail or have some element of dementia. For example, carers told us that they may offer some residents two possible options of clothes to wear, so they can make a choice. As stated above, residents can make a choice about what activities they get involved in.

Food is a very important element of any care home. Residents told us that they look forward to their meals. In all services visited, there was evidence that residents are offered choices at all meals. In most services, the choices for the day/week were on display. In some, this was through a pictorial menu. Some care services explained that they have a picture menu and use this when necessary, but that at the time of our visit, all residents were able to make their choices without the assistance of pictures. However, there were a few services where there were residents who may not understand words alone to make choices and so pictures may enable these people to make choices.

We were sometimes told by residents that they can have a lie in on some mornings and can have their breakfast when they are ready. We also observed residents changing their minds on the day of the meal and being offered something different. This shows the flexibility of these care homes.

Examples from reports include:

One resident stated that he can get up later if he wants and sometimes does so. Sometimes he has not so good days and so is a bit slower. On these days he may get up later. He said that he is given late breakfast on these days.

- In the main communal rooms, we noted a pictorial menu, a clock with day, date weather and season. (Blair House).
- Some residents told us that they could chose to eat in their own rooms, others chose to go to other communal rooms and be joined by other people or eat alone. (Blair House).

- A carer was observed to explain what food was on one resident's plate, as they had sight problems. A carer was also overheard to ask residents "do you want ketchup?". (Chardwood).
- They confirmed that they can make their own decisions and choices, including meals. One resident said that she did not want the main meal on the day of the visit and so asked for an omelette, which she was given. (Chardwood).
- Residents told us that they were able to make their own decisions - giving examples, of when to get up and to bed, whether to be in the lounge or in their own room. (Bybuckle Court).
- The residents are encouraged to exercise their choices, for example with choices of food, clothing, activities and rising and retiring, to maintain independence. (Bybuckle Court).
- A resident stated that breakfast is served at a time to suit you and so this means you can get up when you want. This doesn't have to be the same time every day. (Eridge House).
- We saw residents moving around the care home as they wished, choosing where to spend their day. Some had decided to stay in one of the lounges, one was spending some time in his bedroom and other times in the lounge and two or three people choosing to be in the dining room. (Arden House).
- One resident confirmed that she can make her own decisions. She goes out when she wants. Although there is a key pad on the door, she asks staff to open the door for her and they do so. (Green Bank).
- When asked if they could make their own decisions, one resident stated "of course". (Cumberland Court).
- We saw examples of choices being offered such as food and where to spend their days, either in their bedroom or in communal areas. (The Chase).
- We saw the Chef asked each resident what they would like for lunch from three choices. (Victoria House).
- All residents met with confirmed they were encouraged to exercise choices about food, clothing, activities, rising and retiring times etc. so as to lead independent lives, as much as possible. (Thornbury).
- A choice of drinks, fresh water and juice, was on display in the dining room, and the residents were offered a drink before lunch. (Le Brun).
- A resident said he has the possibility to spend his time in his room or in communal areas, to have his meals in the dining room or in his room, to choose what clothes he wants to put on. (Le Brun).
- We saw residents being offered a choice of drink during the morning. There was a choice of four flavours of cold drink. (Avalon).
- One resident stated that he can get up later if he wants and sometimes does so. Sometimes he has not so good days and so is a bit slower. On these days he may get up later. He said that he is given late breakfast on these days. (The Normanhurst Annex).

Residents being able to help and be involved in the home

In a few services, residents were able to get more involved in the running of the care home. For example, some residents watered the plants and assisted in the garden. Residents helped lay tables and folded napkins.

Interesting, in a few services, residents stated that they deliberately did little for themselves as they were paying for the service and so expected that staff would do everything for them. They treated the care home like a hotel. The managers of these services were keen to assist residents to do as much for themselves and could see the benefits of this in terms of keeping people mentally and physically alert.

In some services, the possibility of residents being more involved and helping was not explored much.

Most services said they have residents' meetings and use these to obtain feedback. Some care homes gave examples of where this had made a difference to how the care home did things. This shows that these meetings have been effective and meaningful. Some fed back to residents and visitors through putting a 'you said, we did' document on a notice board. This is an effective way of highlighting what suggestions have been made and how the service responded to them.

You said, we did

Examples from reports include:

- Residents have been involved in decor choices for both their room and for the communal areas, e.g., blinds and curtains for lounges. (Blair House).
- Some residents think that the staff should do things because they have paid to live in the home or because they are used to others doing things for them. Staff explain to the residents that they need to do things for themselves. (Bybuckle Court).
- One resident explained that he helped in the home by watering the plants and assisting in the garden. (Arden House).
- Residents said that they sometimes help in the home such as folding napkins. (The Chase).
- Residents are supported and encouraged to do as much for themselves. One resident chooses to make her own bed and manage her own personal care needs. (The Chase)
- One resident had potted some plants. (Victoria House).
- The manager said that monthly residents' meetings held where decisions are made jointly by residents such as colour scheme of home, which has been put in place. (Victoria House).

- All the residents are independent of spirit and enjoy the “comradeship” of the home. They feel quite free to raise issues of concern with the Manager and as many as wish take part in or organise the groups which include such things as gardening, newsletter, food forum, activities and entertainment, arts and crafts as well as the Residents’ Committee, to which the Manager can be invited. There is also a Friends and Families Group. (Mais House).
- The gardens are large, and some residents enjoy “pottering” in the garden or greenhouse. (Weald Hall).
- This person likes to do some washing up and often does this. (Marshview)
- Some residents choose to help in the care home such as folding napkins. Some help take drinks round. (Marshview).
- on the wall was a notice board with “you said, we did” display. (East Dean Grange).
- It was noted that some rooms were rather sparse and lacking in personal items compared to some others. (Healey House).
- Residents can assist in household tasks if they want to. Some do so, such as laying tables, washing /drying up. (Dunsfold).
- One resident has been assessed as safe to make themselves a cup of tea and he is helped to do so. He uses the kitchen and is supported when he is making a drink. (Dunsfold).
- Residents can help in the home if they want. For example, people can help to water the plants, tidy the room. (Three Gables).
- A resident said they can make their own drinks if wanted or ask the staff to get one at any time. (Hartfield House).
- Residents confirmed that regular residents’ meetings take place and that they can make suggestions and have their say at these meetings. (The Normanhurst).
- Residents can have a kettle and fridge in their bedrooms, so they can make their own drinks. They can also control their own medication. Both these are based on a risk assessment to ensure they are safe to have a kettle and to control their own medication. (The Normanhurst).
- Resident meetings are held every three months and minutes are taken and available to everyone. The manager explained that these are used to get feedback from residents about anything they want. For example, the Christmas menu was discussed and amended according to the wishes and suggestions of residents. Two options were presented to residents about how they wanted the Christmas day lunch to be arranged; either two sittings or one sitting for everyone. The residents voted for the latter and so this is how it will be arranged. (The Normanhurst).

Access to the community and outdoor areas

The visits were carried out in the winter months and so this could not be explored in much detail. However, residents were asked about access to outside areas and to the community. Whilst for many, this was not an issue and they were happy to remain indoors, for some they wanted greater access to the local community. A small minority of care services had use of a minibus and this was used to enable residents to get out. In others, they regularly supported residents to go out, if only for a walk around the nearby area.

All care services had a garden. Few were used at the time of the visits, although a couple had an outdoor smoking area for residents and these were seen to be used. In some care homes, they had raised beds, so that residents could assist with gardening if they wished. Some had walkways so that resident could use the gardens in all weathers. In a few, these were circular, so that residents did not have to retrace their steps if they went out. This is particularly important for care services that cater for people with dementia.

Feedback from residents varied. Some confirmed that they can access the garden when they want, and others were unsure about this. However, staff commented that residents do have access in the warmer months and do so regularly. Staff mentioned using the gardens constructively such as having afternoon tea outside. Some services have created level access to outdoor areas. As all three of our programme of visits have been in the colder months, a recommendation will be made in terms of when future visits are carried out in order that we can explore this issue in more detail.

Examples from reports include:

- He “enjoys walking and goes to the parks often”, on his own. (resident Blair House).
- Access to the secure garden is encouraged in good weather, paving of part of the area is a project. (Blair House).
 - There is a good-sized garden with access directly from the communal areas. The garden includes a paved area so that it can be used throughout the year. (Chardwood).
 - Two residents were observed going outside to the smoking area, just outside the dining room, in a porch to one entrance to the care home. (Arden House).
 - There is access to an outdoor decking area to the rear of the building, directly from the dining room. (Cumberland Court).
 - Residents spoken with confirmed that they use the outdoor area, mostly in the summer and warmer times. (Cumberland Court).
 - There is a good-sized garden to the rear of the building which residents can have free access to. (The Chase).

- The lounge leads onto a large sunny garden. There is a ramp and handrail from the lounge enabling access to the garden. The garden had a number of different sitting area and had a circular path. (Homelea).
- Residents told us that they can go out in garden if want to. (Victoria House).
- The location of the home is near to the shopping area of the town and residents who were physically capable went out and about on their own. Others went out with friends and relatives. (Thornbury).
- A resident mentioned a trip to a garden centre, organized by the home, she was very happy about. "The office arranged for people to go out in cars and I went to a garden centre." (Warren Drive).
- It looks onto the large back garden with trees and a long flower bed. The French windows opened onto a ramp permitting wheelchair access to the garden. (Ash Lodge).
- One resident told us about how he enjoyed the garden and watching the birds and a white squirrel. (Ash Lodge).
- Residents told us that they were able to go out - for example walking around the village, going to the theatre with family. (East Dean Grange).
- Residents told us that they can go out in the garden if want to. (Rivendale Lodge).
- A resident explained that they can go for a walk in the garden, with supervision. (High Broom).
- The building and gardens are open apart from secure access to the outside and residents can move freely within all parts of the house and grounds other than utility areas. (Mountside).
- We saw residents going out with and without a carer. One was using a mobility scooter. (Tweed).
- Residents said that they can go out in garden and on outings if they want to. (Prideaux House).
- A relative confirmed that residents use the front area in the summer, to get some fresh air. (Dunsfold).
- Residents can have free access to the garden and there is a ramp to provide easy access. One resident, in the summer months, regularly sits in the garden. (Three Gables).
- Outings are arranged regularly, to various venues. They can go out independently or be escorted should it be needed. (Hartfield House).
- We saw residents moving freely in and outside the home. Residents were seen to go out independently, many of a short walk. (The Normanhurst).
- An Activities Coordinator was employed by the home who prepared/arranged a number of different activities, which were displayed on the notice board for the month. The home also owned a minibus which was used for outings, again on a monthly basis. (Beachlands).

Level of homeliness and personal possessions

All services reported that they support residents to bring in their own possessions including furniture. Most stated that residents could bring in as much as would fit into the bedroom and was deemed to be safe, including meeting fire regulations. For example, one service stated a resident had recently wanted to furnish their bedroom with items and furniture from home. As a result, the care home emptied the room of their possessions and the family brought in and furnished the whole bedroom to the resident's choosing. The person transferred direct from hospital to the care home and was greeted by all her own possessions. This assisted the resident to settle into the care home as it was not a totally strange and new environment.

Residents we spoke with confirmed that they had brought in some of their own possessions. We were shown examples of bedrooms where residents had brought in their own possessions. In some, the care home stated that residents' pets would be considered and assessed. Some care homes had examples of cats being brought in with a resident. Where this occurred, they tried to ensure the resident had an external door from their bedroom or at least easy access to the outdoors for their cats.

"They (the family of the resident) had prepared the bedroom prior to the person moving in, by bringing in just about everything from the person's home. This meant that the person was able to settle very quickly, as she was in familiar surroundings."

Some care homes had made great efforts to brighten their communal areas and corridors, with photos and pictures. This made them feel very homely. However, in a few care homes, there was a lack of brightness and homeliness. There was a lack of photos of residents and sometimes bare walls or else very old pictures that had no relevance to the care home to the residents. In a few care homes, there had been a lack of personal items in bedrooms seen. This may be due to the resident choosing not to bring anything with them or else had nothing to bring. It would be good for the care home to be proactive in assisting the resident to brighten their bedroom with photos and pictures that they like and chose.

Some services had used imaginative ways of brightening up the environment. For example, a couple had displayed artwork completed by the residents. Some had good use of reminiscence equipment and photos.

Examples from reports included:

- There were image plates on the wall of retro advertising of food and drinks and photos of film stars of the past. (Blair House).

- One resident has a cat which lives with the owner in her room. (Blair House).
- We saw a number of bedrooms which showed that residents had been able to bring in a variety of their own possessions. Bedrooms seen had plenty of photos and some had their own furniture. (Chardwood).
- A few have brought in their own furniture and he showed us one room where the resident had brought in some large pieces of furniture, including a dressing table and chest of drawers. (Arden House).
- Residents can bring in any of their possessions including furniture, as long as it can fit into the room. One person had requested a different colour room and so it was redecorated. (Green Bank).
- We saw a number of rooms which were personalised by residents with photos and pictures and ornaments. (Homelea).
- As we entered, we saw a clean and homely place. (Le Brun).
- We spoke to one resident in her room. Her room had her own photos and pictures on the wall and she had her own ornaments. (Ash Lodge).
- The rooms were clean and tidy and most had personal items on show. (Seaford Head).
- Residents' bedrooms with en-suite facilities and furnished with personal belongings. (Rivendale Lodge).
- One resident has a small dog which is allowed to roam to some extent and lives with his owner in his room. (Healey House).
- One bedroom was completely furnished by a resident to her choice, when she moved in. (Tweed).
- We saw residents' bedrooms furnished with personal belongings. (Prideaux House).
- We saw most of the residents being in the lounge. One resident was initially in the library area, reading a newspaper and then he chose to go into the main lounge. There was a real, coal fire in the lounge, which added to the homely feel to the care home. (Dunsfold).
- Residents can bring as much of their personal possessions that they can fit into the bedroom. This means they can bring their own furniture such as bed, wardrobe and chest of drawers. They encourage people to bring with them photos and any personal mementos as this helps them settle. They have, in the past taken in pets such as cats and dogs. (Dunsfold).
- Resident rooms were decorated nicely, and furnishings were decided by the resident as well as any personal items they wanted. (Hartfield House).
- One resident stated that she brought much of her own furniture when she moved in. She has set up her room as she wants it. (The Normanhurst).
- They (the family of the resident) had prepared the bedroom prior to the person moving in, by bringing in just about everything from the person's home. This meant that the person was able to settle very quickly, as she was in familiar surroundings. (The Normanhurst Annex).

Residents being aware of their care plan

Residents were asked about their care plan. The majority were unsure what this was which indicated that they may not have been involved in their care plan. This may be a memory issue, or a reflection that residents did not see this as important. Staff spoken with generally stated that they do involve the residents in the care planning process and so they should be aware.

Having said this, we did meet residents who knew about their care plan and what was in it. They also stated that it had been reviewed regularly and they were involved in this, so they knew it was up to date. Some relatives met with also confirmed that they had been involved in a review of the care plan.

Examples from reports included:

- This person said they were involved in their care plan and attended reviews. (The Chase).
- They said they are involved in their care plan and that this is reviewed monthly. (Marshview).
- We were told that she and her aunt had been involved recently in updating her aunt's care plan. (Ash Lodge).
- Whilst one resident said they were involved in their care plan, the other three didn't know or couldn't say. (East Dean Grange).
- We also discussed with the residents whether or not they had been involved in creating their individual care plans. They were not aware of these plans. (Beachlands).

Positive comments about the quality of care

Throughout our visits, residents, and relatives, were consistently positive about the care they receive. They were able to give plenty of examples and these are included below. The area that received the most positive comments were the staff, with no one indicating that staff were not good or caring.

A resident described staff as "very good, perfect" and "they do anything for you".

Examples from reports included:

- Two people did not want to eat and needed a good deal of encouragement to try something. Staff were kind and patient, one had to explain that the resident had ordered a pork steak, but the resident did not recognise it, as

she had chopped it up for him in advance. "It's not real" he said but eventually ate a little. (observation at Blair House).

- We observed, after lunch, both the cook and the hairdresser interacting with residents. It was clear that they knew people well and had strong and caring relationships with them. (observation at Blair House).
- Residents were very complimentary about the meals. One described the food as "excellent" another said there is "very good food" and another said, "the food is fine". (Chardwood).
- A resident said that the best thing about the care home is "the friendliness of the staff and residents". (Eridge House).
- Another resident stated that the best thing about being in the care home is "having my freedom". (Arden House).
- A resident described staff as "very good, perfect" and "they do anything for you". (Green Bank).
- A resident said the best thing about being at the care home is that "I feel very safe", which she thought was most important. She also said she gets "very good care" and that the "food is very good". (Green Bank).
- Another resident also said that the staff and food are both very good and stated that they "want for nothing". They also confirmed that if they want anything, they just ask. (Cumberland Court).
- On being asked what the best thing about was living in the home, people said, "the comfort", "being looked after", "wouldn't want to be anywhere else" and "like it here". (Homelea).
- One person said "quite contented with what I've got. Looked after, fed, clothed, washing done. Everything is done for me. Could say I'm a lucky devil." (Homelea).
- We were told by a resident that the best thing about living in the care home "was the staff they were lovely and kind". (Victoria House).
- We were particularly impressed by the menu choices and how the owner/manager went the extra mile to meet dietary needs and respond to the wishes of residents. (Thornbury).
- She spoke highly about her living in the home. "I can't complain about anything. I can do everything for myself, except I can't cook." "You cannot find a better place." (Warren Drive).
- One resident was spoken with. She was very happy with all that is done for her. She said that she puts on her own make up and so does as much for herself as possible. She stated that she likes the food and can ask for what she wants. (Avalon).
- A resident said the best thing about the care home is the "friendly atmosphere" and that they are looked after and cared for. Staff and manager were said to be very good. (Marshview).
- On being asked what the best thing about was living at East Dean, residents said "like living in a hotel and being looked after"; "friendly"; "the people -

the fellow residents". They said that they were free from worry. (East Dean Grange).

- The partner of one of the residents was very complimentary about the home and its staff, "nothing was too much trouble". (Seaford Head).
- One resident identified some things that were very good; the food, the management and the staff. (High Broom).
- Residents said they enjoyed living here, had choices and freedom to manage their time and live as they wanted to in their home. (Healey House).
- All residents that we spoke to, expressed the view that they were happy, felt safe and were pleased to live here. (Mountside).
- All residents expressed delight in the food. They liked the staff and got help when needed with food, diet etc. They feel safe. They have as much choice as they want. (Tweed).
- One in particular told us that they visited 13 homes before deciding that "Hartfield house gave the flexibility to be independent and it felt like home relaxed and not too regimented." (Hartfield House).
- Residents said they enjoyed living here, had choices and freedom to manage their time and live as they wanted to. (Blair House).

General comments

Some services evidenced that they had 'gone the extra mile' for their residents. The first example, below, is a good one, as it shows that the care home got some chickens to help a resident settle. Others stated that they took risks on the basis that they were keen to support residents to achieve what they want. Some services are beginning to use technology to support residents particularly in keeping in touch with family who may live far away.

"if there is something that a resident really wants to do, we will find a way to do it".

- One ex-resident used to run a chicken farm. To assist her to settle in, the care home obtained some chickens and kept them in the garden. (Chardwood)
- The attitude is summarised by one resident who admitted that he was "scared" about moving into a care home because of the media publicity and had refused once but now he was here he wished he had arrived early because we are "treated like kings". (Hastings Court)
- The manager said the only limitations are around risk. "But if there is something that a resident really wants to do, we will find a way to do it". The example was given that whilst residents couldn't go in the kitchen they could do baking in the lounge. (Homelea)

- We were shown examples of questionnaires that are handed out to staff and relatives, friends and visitors. As a result of the questionnaires, a new way of handling laundry had been introduced to stop laundry from going missing or ending up with the wrong resident. (Homelea)
- As a result of a significant refurbishment and extension a few years ago, the home looks quite modern. There is a craft/activities area awaiting re-decorating, together with “memory” areas of a library, post office/general store and a bar area in the corner of one of the communal areas. (Greenhill)
- They use a range of technologies to assist residents. These include; an iPad, use of Skype to enable residents to keep in touch with their family, Facebook, twitter and Instagram. (High Broom).
- We saw a monthly newsletter for families and residents. (Prideaux House).
- The activity coordinator took us around the communal areas, enthusiastically describing her ideas for talking to each resident about their likes and dislikes for activities, what kind of entertainment, and ideas for decorating and furnishing the communal area. She had already made a large “tree” on one wall showing photographs and hand prints of each resident. (Castlemaine).
- One resident stated that her husband lives in another care home, very nearby. He has dementia. However, she said the care home arranged to take her to see him regularly and take her to the care home in a wheelchair. She appreciated this. (The Normanhurst).

Methodology

Our intention was to concentrate on care homes for older people. The previous programme of visits had focused on care homes with nursing. On this occasion, none of the services provided nursing care. A couple of care homes that had been visited in previous programmes were included in the original list, to assess progress and changes since the previous visit.

A spread of care homes across East Sussex were identified, in both rural and urban settings. The Care Quality Commission (CQC) are the regulators of health and social care and they rate each service, following an inspection. The ratings are; inadequate, requires improvement, good and outstanding. At the time of this project, only one care home for older people without nursing care, was rated as inadequate. However, a number had a rating of ‘requires improvement’.

The 50 care homes identified as part of this programme of visits were a combination of requires improvement, good and the one rated as inadequate. (The latter had been inspected by the time of the visit and had raised its rating to ‘requires improvement’). The list of 50 care homes identified for a visit is attached as Appendix 1 on page 33.

Of the 50 care homes identified, only 43 were visited, due to a number of factors. For example, we did not visit one service as they had diarrhoea and vomiting at

the time of the planned visit. Another did not have to take part in the project as they do not have any publicly funded residents and so are not within the remit of Healthwatch. There were also issues within the volunteer group due to illness. As a result, we carried out less than 40 visits in the original time frame for the visits in November and December 2017. Therefore, we extended the timeframe into January 2018, so more visits could be carried out.

The list of service visited is attached as Appendix 2 on page 35.

The process for organising these visits was as follows:

1. Identify care homes to be visited.
2. Hold a planning meeting for all Authorised Representatives (ARs), who would be carrying out the visits. The documentation to be used on the visits was finalised. These were; prompt sheet/questionnaire to be used with residents, questionnaire for manager/senior staff and an observation prompt sheet. These are attached as appendices 3, 4 and 5 (Pages 37, 38 & 39).
3. Contact made with all care services by phone, to introduce the programme of visits and to inform them of Healthwatch East Sussex, along with our responsibilities. It was emphasised that we are not Inspectors and our role is to seek the views and experiences of people receiving a service.
4. This was followed up by a letter outlining the above and informing providers that an AR would be contacting them to arrange a suitable and convenient date for the visit.
5. ARs made arrangements for the visits and carried these out.
6. A debrief meeting was held for ARs to discuss how the process worked, whether any improvements could be made to the process and methodology and also to highlight any key themes from the visits.
7. Each service received an individual report on the key conclusions of the visit. This was sent with a letter thanking them for their assistance and support. Copies of these reports are not made public but have been sent to CQC and East Sussex Adult Social Care, for their information.
8. This report is the conclusion of our third wave programme of visits and is available on our website.

During each visit, we met with the manager and/or owner, talked with some staff and spent time with residents. We spoke to as many people as we were able to and wanted to speak with us. This varied between care homes, often due to the level of dementia of the residents. We therefore, spent time observing staff-resident interactions and care routines in communal areas. This included activities and meal times, usually lunch time. We also were shown around the care home.

Focus of the programme of enter and view visits

The focus of the visits was on choice and independence. These were seen as key issues for people who move into care homes. It is often assumed that people who go into care homes will lose their sense of independence, that they will have no

choices and be unable to make their own decisions. A key part of these visits was to assess these assumptions, both from what residents told us but also from our observations.

We particularly looked at how residents were offered choices, such as at mealtimes and where to spend their day. We were also keen to ask residents about the best thing about being in a care home and also about any improvements they could suggest.

Key themes identified at the debrief meeting for ARs

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

- a) Activities
- b) Residents being able to make choices
- c) Residents being able to help and be involved in the home
- d) Access to the community and outdoor areas
- e) Level of homeliness and personal possessions
- f) Residents being aware of their care plan
- g) Positive comments about the quality of care

It was good to note that Homelea care home in Eastbourne invited Healthwatch to return to the care home in a few month's time, so we can see all the changes they have planned, to improve the quality of the service provided. We will take up this offer. This highlights how some providers work constructively with Healthwatch.

It is also important to state that residents were overwhelmingly positive about their experiences in the care homes, positive about the standard of care and positive about the staff.

The sections above include quotes from individual reports provided to each care home. They include direct quotes from residents. This is important, as our role is to represent the views and experiences of people receiving a service.

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

Good Practice Examples

Healthwatch is keen to assist in identifying ways in which services can improve, so that people receiving a service 'get a better deal'. There are good examples, above, where services assist residents to make choices, be as independent as possible and be part of the care home and how it runs. Two further examples have been identified.

Example One: Whitebeach, St Leonards on Sea

This example shows the imaginative use of the environment to make it a stimulating place. The report identifies a very calm but active care home, with lots going on and residents being very engaged and busy. Very good use is made of the environment to create a colourful place with art work of the residents being put on display. Activities were imaginative.

What we saw: On arrival, we went from the hallway into an adjoining office meeting a resident on the way. There was a little dog pottering around. The office had photos of residents on the wall and butterflies. The room on the other side of the hall is a quiet lounge which had recently been redecorated. No-one was in the lounge at the time we went into it. The room was sunny and comfortable with high ceilings. Along the picture rail going around the room was a long strip of coloured rope lights which changed colours. The room had two bookcases with tea pots, books, a sewing machine and materials. On one table was an old typewriter and, on another table, was a book which was left open to attract the eye of a resident. There were other books with their covers facing outwards on other shelves. There was an old-fashioned suitcase with travel stickers attached to the wall. There was also an old record and radio sideboard with the radio playing. It is intended to find the right stylus for the record player so that residents can play records. There was a vase of fresh flowers and attractive art work on the walls.

One of the main corridors had been decorated with a London theme with stickers, an underground map and photographs. Another corridor had on the walls, fabrics and other things for the residents to touch. Another corridor had fresh vases of flowers in all the windows and had photos of residents on outings and a large piece of art by one of the residents.

We also saw a bedroom which was decorated with pictures and photos belonging to the resident. The resident used to work in an office and the home had provided him with an old desk and paper and had got a name plate made for him. We were told residents were given a choice of colours in which the room could be redecorated. All bedrooms have an en suite toilet and basin. Bedroom doors had the name of the resident and a photo of them. Other doors had pictures and words saying what the room was.

We observed that residents were free to move around the home as they wished, both around the indoor and outdoor communal areas. At least 3 residents were doing this. They appeared to be walking about in a contented manner, engaging pleasantly with others, including us, who they met along the way. While we were outside on the decking area, we noticed one of the residents waving and smiling at us from one of the upstairs windows. Later, when we met in the corridor, she smilingly commented that she likes waving at people.

There are several items of a reminiscent theme available in the communal areas to pick up and handle, e.g. an older style dial phone, 1950s scrapbook and a manual typewriter.

We were shown a large and sunny garden which is accessed from the day centre. The door was closed but not locked. There was a large deck area and from there a ramp and hand rails leading into the garden. There were different areas to sit in, including a caravan which were told was used by residents and families in the summer. The paths were circular. There was a clothes line which is used in the summer with residents helping to hang out towels. The garden is used in the summer for parties, summer fairs and barbecues. We were told that residents in the nearby home of Whitecliffe join in the parties.

We observed activities in the day centre. On entering the day-centre we were struck by the liveliness and busyness of the room. In the centre of the room were two big tables for six with residents making hearts for Valentine's Day and having tea and drinks at the same time. Around the room were older residents sitting in arm chairs and at the far end of the room overlooking the garden were other residents and visitors sitting in the sun. On the walls were vibrant artwork created mainly by the residents and strung across the room was a string of hearts also made by the residents. There was a notice board saying what day trips there were, a poster for a Valentine's Day meal, another about the baking club, a list of one to one activities.

Whilst the activities co-ordinator, was leading the activities, there were a number of other staff supporting her, encouraging residents to join in or talking quietly to residents. There was a great deal of informality and humour going on and residents were smiling and joining in by answering questions and playing instruments and clapping. The activity person spoke to one lady and seeing that she needed more support asked another member of staff to sit with her.

Residents who routinely walk about the care home, appeared to enjoy passing through the day room, as it is part of the home's circular access route via the attractive outdoor space and garden. The activities coordinator played different styles of music during the morning's activities and it was apparent that a great many of the residents enjoyed one or other, or all styles. While the craft activities were taking place, some residents were observed singing to music on Radio 2. Later, the activity person led singing of traditional world war two style songs, and finally, some classic jazz was played via a CD. Residents also had to option to use

musical instruments which involved varying degrees of chair based physical movement.

Towards the end of the morning, and moving into the lunchtime period, residents appeared to enjoy taking part in the clearing away activities. Staff were observed engaging in a kindly way with residents; both promoting independence and dignity and providing support where appropriate. One resident said "What shall I do? I have to write a letter to my brother". Care worker's response: "OK shall we sit down after lunch and write it together?"

We saw lunch being served in the dining room and day centre. The dining room was split between two adjoining rooms. The small tables were laid ready for lunch.

Dining Room

Residents were encouraged to move from the day centre to the dining room which provided both a stimulating change of environment and an exercise opportunity for residents.

The entrance to the dining room, which is on the lower ground floor, next to the kitchen, is decorated with food and drink orientated pictures and posters. The dining room itself is neat and clean. It consists of two sections joined by a short slope.

Residents appeared to manage their choices about seating arrangements in a peaceable and cooperative way. E.g. if their preferred seat was occupied, they found another space easily enough, either independently or with light support and encouragement from another resident or staff member.

Although the menu board was blank, all residents were presented with plates of the two dishes available that day and encouraged to choose. All but one of the residents appeared content with their choice of dish. One resident said that she had ordered something else altogether but was unable to explain what it was. The care worker took time to listen and try and understand the resident's food preference.

When providing drinks with lunch, the care worker adapted his choice of words and physically offered a cup of each flavour squash if the resident did not appear to understand what he was saying.

One resident had beef stew from the two choices on offer that day. He had not eaten the generous portion of potatoes explaining that he was "not keen" on them. When he mentioned that he enjoyed the pudding, he was offered a second helping which he accepted and ate.

Several residents ate lunch in the day centre. The large tables in the centre of the room were cleared away and two smaller tables were laid for lunch. A number of residents also had their lunch from an arm chair assisted in two cases by a family

member. One lady was asked if she would like to sit at the table and then gently encouraged to do so with a view to having a change of scenery and praise.

Residents were offered a choice of drinks and choice of meals. Residents were shown plates of both meal options. Residents could point to the one they wanted. One resident said they didn't want either of the choices and asked for a bacon sandwich. This was organised for him.

What people told us:

Residents told us:

One person who comes to the day centre told us that she "liked everything" and that the home could not be improved. She said she makes decisions "to join in".

Another person said that he had lived at the home for 3 years and said that the best thing about the home is "very nice people here". He said that he can get up/go to bed and go out locally as he wishes.

Another person when asked what the best thing about was living in the care home, said "Companionship". "If we have troubles, we can go and see someone" "We go out to places" "I love it here" "People are nice".

The administrator told us:

When full, the home has 38 residents. There are 29 at the moment. The home also provides day care for four people. About 6 new residents had moved in during last 6 months and of these, three would have visited before moving in. Relatives of the resident visited in all six cases.

People can choose their own room from the available rooms. People can bring in whatever they want as long as it fits into the bedroom - one resident brought in his own double bed. They encourage residents to personalise their rooms. The rooms can be re-decorated, and residents are offered a choice of colour.

The home always offers choices - from the time of getting up in the morning, having a bath or a shower, what to wear, whether to engage in activities or go on outings. The only limitation is based on the capacity of resident - but also try to give choices. The home has moved away from key workers. Although residents might have a favourite member of staff this can fluctuate.

Residents can move freely around the home and can go into the garden. Although the front door is locked, as nearly all the residents have a Deprivation of Liberty Safeguard, one man goes out most days to go to the shops.

There are lots of activities. They also have three outings each week. Some outings will just be small, for example taking three or four residents to the cinema. We

were told that the front lounge had been used as a pampering room for the ladies and for a man's sports afternoon another time.

They have just created an activities sheet which is completed each day. The sheet records what the activities were, who joined in and in relation to any outing whether the place visited was accommodating to staff and residents, whether there was good access and toilet facilities.

One Wednesday per month there is a meeting for families and friends and staff which is led by one of the resident's husband. The aim is to provide a supportive environment for people to share their feelings and support one another and maybe offer guidance, as some family members feel a sense of bereavement when their relative moves into the home.

The activities co-ordinator told us:

She told us that she worked full-time dividing her time between Whitebeach and the nearby Whitecliffe care home. She told us that she loved her job. She told us that she "just got her ideas" although she did sometimes look at the internet and talk to other activities co-ordinators too. She organises the outings and she also takes part in one to ones with residents. She said that all but three of the residents had come to the day centre for the activities with one resident preferring to stay in his room in the mornings doing his own artwork and listening to classical music.

The registered manager told us:

The owner spoke to us, briefly. He told us about the importance of outings for residents. He said they tried to visit normal places like pubs, the beach and supermarkets. He said that although some residents might not be able to answer questions about an outing they had just been on, they could feel that they had been out with rosy cheeks.

Conclusion:

The home had a very lively and stimulating feel. There was humour and an inclusiveness and friendliness. It supports the independence of residents, through encouragement and praise. The home provides a creative and imaginative space though the decoration of rooms and corridors and through the activities provided by the home and the staff who work in it.

Example Two: Woodlands, Crowborough

This example highlights how residents are informed of what is happening and when, using notice boards constructively. Having a memory board is imaginative. Again, artwork of the residents was on display. The care home enables residents to

bring in as much of their own possessions as they want. Interesting that one resident wanted an exercise machine.

What we saw:

- The premises are purpose built and are bright and light, with good natural light. All bedrooms are for single occupancy and have an en suite facility, which includes a wet room. A number of bathrooms are available throughout the premises, near to bedrooms. There is a very good choice of communal areas. These include a main dining room, lounge and at least three other lounges. There is also a chapel and a sensory room. The care home has the benefit of a dedicated hairdressing salon. There is a bar area in the main lounge.
- We saw artwork done by residents on the walls in many lounges. Much of this was in a room where many of the activities take place. This room has a memory board, which includes a photo of the residents with a brief outline of what they used to do.
- We saw several containers with bulbs just beginning to grow. These were put together by residents and some had the name of the resident on them.
- A white board in the dining room was used to inform residents what the choices were for the meals on the day of the visit as well as staff on duty.
- The dining tables were well presented, with flowers on them.
- We observed a carer going to support a resident, as they were not happy about something. The carer spent time with the resident, putting them at their ease.
- We observed residents being offered a choice of drink with their meals as well as a choice of what they wanted for lunch.

What people told us:

Residents told us:

- Residents confirmed that they could bring in what they wanted when they moved into the care home. One resident said they had “an empty room so could bring everything”.
- They said they could make all their own decisions. They gave the examples of what time they got up, go to bed, where they spend their time during the day. They confirmed that they have a choice at meal times and can choose something else if they do not like any of the options. One person said they can have a cooked breakfast if they want this. Another resident said that she does not like potatoes, that the care home knows this and provides an alternative.
- One resident said they help in the garden and enjoy this. They like gardening and used to do this a lot.

- They said there is something to do every day, a different activity. They have a document every month with a list of what's on. They find this helpful.
- Residents described the staff as very good.
- One resident told us that they would like to go to a regular meeting at hospice in the weald, as they used to go there before coming into the care home. This was passed onto the manager, who agreed to investigate this.
- There is a residents' meeting each month. Some said that they attend these meetings, whereas others said they choose not to go.
- Residents said they can have their own phone line in their bedroom and also have a television. One person said it was difficult to have a television in her bedroom due to poor reception. This was reported to the manager who thought there should be good reception in all bedrooms and would investigate this with the resident, who had previously said she did not want a television in her bedroom.
- One resident thought the care home could be improved if they got an exercise machine.

The manager told us:

- The care home is registered for a maximum of 40 residents and at the time of the visit there were 36 residents. Most of the vacant rooms have been booked, but people are tending to wait until after Christmas before moving in.
- The care home takes people on respite care and currently has seven such residents. Many new residents come direct from hospital and so it is difficult for them to visit before moving in. However, the manager explained that one person visited the home a number of times including staying for a meal, before making the decision to move in permanently. Where people themselves cannot visit, a relative will visit on their behalf. They are given a brochure and other information about the care home, for the relative to show to the person, so they know where they are going.
- The manager explained that residents are given an empty room, so they can furnish it themselves if they wish and are able to. They can also choose the colour scheme in the bedroom including painting the walls and the choice of curtains. Residents can bring in their pets and have, in the past, had cats and dogs.
- There are three GP surgeries locally and residents can choose which one they register with if they previously lived out of the area.
- The home is producing a pictorial menu, to assist residents to make effective choices.
- Residents could have a kettle in their bedroom if they wished and had been deemed safe to do so.

- Residents are encouraged to help in the home. For example, one person likes the chickens and so helps collect the eggs. Another resident regularly likes to assist with folding laundry and laying tables.
- There are monthly resident meetings. These are used to get ideas from residents and also to inform them of any planned changes, to seek their views. An action plan is devised following the residents' meeting, to show what is being planned in response to the views and ideas from residents. This will be reported back to residents at the following meeting.
- Although there is no dedicated activities coordinator, carers provide a range of activities and external entertainers visit regularly. On the day of the visit, a singer was present. He is a regular and very popular with the residents. The main lounge was very full for his session. Carers have received training through 'oomph', which provides specialist training on activities for care homes. An activity plan for the month was seen in various parts of the care home, to alert residents what is taking place and when.
- The only limitation to movement at the care home is being able to leave the premise, as there is a key pad on the main exits. Those residents who have been assessed as safe to leave the care home unsupported are informed of the key pad code, so they can leave when they want. There is access to the garden areas at any time.

Conclusion:

The care home is purpose built and offers single rooms all with en suite facilities and a good choice of communal areas. All areas seen were bright, light and welcoming. Residents were observed to move around the care home as they wanted to. Residents spoken with were positive about the care home and confirmed that they can make a wide range of choices. They were favourable about the staff and the food. Residents also confirmed that they are supported to be as independent as possible but can seek assistance at any time. Staff were observed to interact very well with residents.

Overall Conclusions

As in our two previous enter and view visits, residents were overwhelmingly positive about the care and support they receive. Residents were particularly positive about the care staff.

All services provide a wide range of activities and many were taking place during our visits. A few have linked the activities with the interests of residents, such as gardening and baking, where residents have a history of interest in these activities. Most services have employed someone with particular responsibility for organising activities. These are usually the ones that tend to organise a weekly programme, put this on display and provide copies to residents. Some have taken this a step further and have regular newsletters to provide an effective system of communication with residents and relatives.

Most care homes were bright and stimulating environments, with good use of photos, and displays, some as a means of providing feedback to residents and visitors. Some have good use of reminiscence equipment and photos. Other services could reflect on their own premises and look at ways of improving them, to make them a more stimulating and interesting environment. Care homes consistently encouraged residents to bring in their own possessions, with some stating that they would empty a bedroom, so the resident could bring in their own furniture. In a few care homes, bedrooms lacked personal items, and this is something that care homes could be proactive about, in terms of assisting these residents to improve their environment.

Whilst some services enabled and supported residents to be involved in the care home, including helping out on some tasks, others have not really explored this possibility. There was not a clear message from residents that they were aware of their care plans or had been involved in putting this together.

All care homes had access to an outdoor area. Some had ensured that there is level access, such as by the use of a ramp. Some had created stimulating outdoor areas and residents were encouraged to be involved in the garden areas.

Recommendations

1. Care homes could consider introducing regular newsletters as a means of providing effective communication with residents and visitors, particularly in terms of activities and events.
2. Where care services do not have a dedicated activity coordinator, this could be considered, even as a part time post.
3. Care homes need to consider greater use of pictorial menus, activity sheets etc, to ensure as many residents as possible can make effective choices.
4. Care services need to consider ways in which residents can assist in some tasks in the care and do more things for themselves.
5. Greater use of the 'you said, we did' display could be used by care services, as a means of providing feedback to residents and relatives.
6. Where residents have few personal possessions, care homes need to be proactive in supporting the person to personalise their bedrooms.
7. Healthwatch needs to consider a future enter and view programme of visits to take place in the summer period, to assess use of outdoor areas.
8. Care homes could review their own practices in the light of the examples of good practice identified in this report, to improve their services and provide better outcomes for residents.

Contact us

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Disclaimer

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

A final version of this report will be publicly available by June 2018 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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Appendix 1: List of care homes invited to take part in Wave 3

Care home	Location	Rating
Lewes and Seaford (5)		
Beachlands Residential Care Home	Seaford	Requires improvement
Bybuckle Court	Seaford	Good
East Dean Grange Care Home	East Dean	Good
The Maples	Peacehaven	Good
Seaford Head Retirement Home	Seaford	Good
Wealden (10)		
Chardwood Rest Home	Pevensey	Requires improvement
Dunsfold Ltd	Herstmonceax	Requires improvement
Thornbury Residential Home	Uckfield	Requires improvement
Victoria House Care Home	Polegate	Requires improvement
The Vines	Crowborough	Requires improvement
Weald Hall Residential Home	Wadhurst	New provider. No rating.
Warren Drive	Crowborough	Requires improvement
High Broom Care Home	Crowborough	Good
Marshview	Hailsham	Good
Woodlands	Crowborough	Good
Eastbourne (11)		
Hartfield House Rest Home		Requires improvement
The Chase Rest Home		Requires improvement
Homelea Residential Care Home		Requires improvement
Emilie Galloway Rest Home (Tweed)		Requires improvement
The Shires		Requires improvement
Lebrun House		Requires improvement
Prideaux House		Requires improvement
Rivendale Lodge EMI Care Home		Requires improvement
Three Gables Residential Care Home		Requires improvement
Avalon Nursing Home		Requires improvement
Dorley House		Good
Bexhill and Rother (15)		
Orchard House Residential Care Home	Bexhill	Requires improvement
Green Bank	Bexhill	Requires improvement
Ash Grove Care	Bexhill	Requires improvement
Mais House	Bexhill	Requires improvement
Abbey House Residential Care Home	Bexhill	Requires improvement
Arden House Residential Care Home	Bexhill	Requires improvement
Eridge House Rest Home	Bexhill	Requires improvement
Normanhurst Care Home	Bexhill	Requires improvement
Normanhurst EMI	Bexhill	Requires improvement
Whitebriars Care Home	Bexhill	Requires improvement
Ashlodge	Bexhill	Requires improvement
Bexhill Care Centre	Bexhill	Requires improvement
Green Hill	Crowhurst	Requires improvement
Whitegates Retirement Home	Westfield	Requires improvement

Hastings and St Leonards (9)		
Cumberland Court	St Leonards	Requires improvement
Blair House	St Leonards	Requires improvement
Mountside Residential Care Home	Hastings	Requires improvement
Healey House	St Leonards	Requires improvement
Castlemaine Care Home	St Leonards	Inadequate
The Hurst Residential Home	Hastings	Requires improvement
Grosvenor House	St Leonards	Requires improvement
Hastings Court	Hastings	Requires improvement
The Whitebeach	St Leonards	Good

Total: 50

Appendix 2: List of care homes visited in Wave 3

Care home	Location	Rating
Lewes and Seaford (5)		
Beachlands Residential Care Home	Seaford	Requires improvement
Bybuckle Court	Seaford	Good
East Dean Grange Care Home	East Dean	Good
The Maples	Peacehaven	Good
Seaford Head Retirement Home	Seaford	Good
Wealden (10)		
Chardwood Rest Home	Pevensey	Requires improvement
Dunsfold Ltd	Herstmonceax	Requires improvement
Thornbury Residential Home	Uckfield	Requires improvement
Victoria House Care Home	Polegate	Requires improvement
The Vines	Crowborough	Requires improvement
Weald Hall Residential Home	Wadhurst	New provider. No rating.
Warren Drive	Crowborough	Requires improvement
High Broom Care Home	Crowborough	Good
Marshview	Hailsham	Good
Woodlands	Crowborough	Good
Eastbourne (9)		
Hartfield House Rest Home		Requires improvement
The Chase Rest Home		Requires improvement
Homelea Residential Care Home		Requires improvement
Emilie Galloway Rest Home (Tweed)		Requires improvement
Lebrun House		Requires improvement
Prideaux House		Requires improvement
Rivendale Lodge EMI Care Home		Requires improvement
Three Gables Residential Care Home		Requires improvement
Avalon Nursing Home		Requires improvement
Bexhill and Rother (12)		
Orchard House Residential Care Home	Bexhill	Requires improvement
Green Bank	Bexhill	Requires improvement
Ash Grove Care	Bexhill	Requires improvement
Mais House	Bexhill	Requires improvement
Arden House Residential Care Home	Bexhill	Requires improvement
Eridge House Rest Home	Bexhill	Requires improvement
Normanhurst Care Home	Bexhill	Requires improvement
Normanhurst EMI	Bexhill	Requires improvement
Whitebriars Care Home	Bexhill	Requires improvement
Ashlodge	Bexhill	Requires improvement
Bexhill Care Centre	Bexhill	Requires improvement
Green Hill	Crowhurst	Requires improvement
Hastings and St Leonards (7)		
Cumberland Court	St Leonards	Requires improvement
Blair House	St Leonards	Requires improvement
Mountside Residential Care Home	Hastings	Requires improvement
Healey House	St Leonards	Requires improvement
Castlemaine Care Home	St Leonards	Inadequate

Hastings Court	Hastings	Requires improvement
The Whitebeach	St Leonards	Good

Total: 43

Appendix 3: Healthwatch East Sussex Enter and View programme for care homes

Prompt sheet/questionnaire for residents

Name of care home:

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

Appendix 4: Healthwatch East Sussex enter and view programme for care homes

Observational recording sheet

Name of Care Home:

Date:

Time and location of observation:

Names of Authorised Representatives:

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

Appendix 5: Healthwatch East Sussex enter and view programme for care homes

Prompt sheet/questionnaire for manager and/or staff.

Name of Care Home:

Date:

Names of Authorised Representatives:

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