healthwatch East Sussex

Enter and View Findings: Care Homes in Rye and Rother

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Contents

1 Introduction 2

2 Methodology - What did we do and how? 4

3 Key findings and themes 7

4 Conclusions 13

5 Recommendations 14

6 Appendix 1: Care homes visited 15

7 Appendix 2: Questions for residents 16

8 Appendix 3: Questions for staff 19

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Contact Us

If you have any questions in relation to this document, or wish to leave your feedback on health or care services that you have used, then please get in touch with Healthwatch East Sussex using the details below:

Healthwatch East Sussex

Telephone: 0333 101 4007
Email: enquiries@healthwatcheastsussex.co.uk

1 Introduction

1.1 Background

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues related to health and social care. We have a legal footing, as we were created under the 2012 Health and Social Care Act.

Part of our responsibility is to 'Enter and View' health and social care establishments and services, to seek the views and experiences of people receiving a service and to feed back to commissioners and providers our findings and recommendations for change.

Healthwatch East Sussex (HWES) has carried out a series of 'Enter and View' visits to care homes in recent years to capture experiences and review the status of the service they offer, aiming for about 45-50 in each wave of visits.

The vast majority of these visits have been to care homes for older people. This report presents findings from the first programme of visits where most of the care homes were catering for people with a learning disability and autism. It is also the first time that visits have been undertaken only in one part of East Sussex, rather than county-wide.

1.2 Context to our research

Healthwatch East Sussex carried out a Listening Tour in Rye and surrounding areas in autumn 2023. Feedback was gained in a variety of ways and from a variety of sources about people's experiences and views of health and social care.

To ensure the Listening Tour heard views from as wide a range of people as possible, it was felt important to gain feedback from people in care homes in the area. Therefore, the findings from this Enter and View programme of visits to care homes contribute to and sit alongside the conclusions of the wider Listening Tour.

1.3 Our aims and objectives

Our aims were to:

1. Assess the degree to which residents are supported and enabled to access the local community and any issues related to being in a more rural setting.

2. Identify the levels and ways in which residents are actively supported and enabled to access healthcare support and healthcare professionals and whether there are any issues related to being in a more rural setting.

2 Methodology – What did we do and how?

2.1 Our approach

We identified care homes in the Rye and Rural Rother area. This originally included some services that were either close to St Leonards or in and around Battle. These were not included in the programme of visits on the basis that they were not sufficiently rural and may skew our findings.

A total of 19 care homes were identified as potentially being part of the programme of visits. 12 of these were specifically for people with a learning disability and autism, whilst the remaining 7 were for older people. Some of the care homes for older people catered for people living with dementia. The focus of the Enter and View visits was on identifying whether there were any particular problems and issues for services in rural areas in terms of access to the community and to healthcare and support.

Survey forms were established and agreed for use as prompts to guide the semi-structured discussions with residents and with the manager of the care homes and any staff. These were sent to representatives of the East Sussex Registered Care Association to seek their views on the draft survey forms. Feedback was provided and the survey forms finalised.

Nine Healthwatch East Sussex volunteers were recruited to carry out the Enter and View visits. The process is that two volunteers (called Authorised Representatives by the legislation) carry out each care home visit, undertake the review and then record and report the findings.

Each of the 19 care homes (usually the owner or manager) were contacted by Healthwatch East Sussex to explain the process and seek consent for visits to take place. An outline of the programme of visits was discussed. All were very positive about the project and keen to be involved. Two required agreement from their line manager and one regional manager of an organisation was met with. The survey forms were sent to each owner/manager, so that they were aware of the information we were seeking in advance, and clarity was provided on how the information would be used.

Due to the fact that the majority of care homes involved catered for people with a learning disability and autism, a specific training session was provided for the HWES

volunteers (Authorised Representatives) as an introduction to the nature and needs of this client group, and to ensure that the volunteers were adequately prepared.

A planning meeting was held with Authorised Representatives who had volunteered to be part of the project. Teams of two Authorised Representatives were allocated to each of the 19 participating care homes. Each pairing contacted their allocated care home(s) and arranged a convenient date for the visit. This was confirmed in writing to each care home, along with the names of the two Authorised Representatives.

Due to the client group in some of the care homes having learning disabilities, this limited the number of residents we were able to talk with. However, in all care homes we were able to speak with at least one resident.

Each care home responded differently to our visit. For example, one care home had been proactive in arranging for us to meet with eight residents. There was a waiting area outside the room we had been allocated and residents sat there waiting their turn to meet with us. In one care home for people with a learning disability or autism, the manager had been very proactive and had contacted relatives of the residents and, as a result, two people came to the care home specifically to speak with us. They advocated on behalf of their relative who lived in the care home. In another care home, Authorised Representatives also met with a group of residents.

One venue we visited has a registration with the Care Quality Commission (CQC) as a care home, but also as a supported living placement. Those living in the care home are boarders (as part of a residential college) and so are term time only. However, the people living in the supported living scheme live there permanently. It therefore made sense for us to talk with people in the supported living scheme, and we did not meet with anyone from the registered care home.

A report summarising the feedback we received and our observations was completed for each individual care home visited. Whilst the decision was made for these reports not to be made public, each service was sent a copy for their own benefit.

A debrief meeting was held with the Authorised Representatives who carried out the Enter and View visits. The meeting was used to assess what worked well and what could be improved in terms of the process and to identify any themes in the feedback received. The latter have been incorporated into this report.

2.2 Our line of enquiry

The focus of the project was to assess access to health and social care services and, more broadly, to the wider community for people living in care homes in rural areas. Therefore, these were the key areas covered by our questions for care home residents and staff.

Due to the nature of most residents in the care homes visited, we also sought the views and experiences of the owner, manager and staff in the care homes. They were able to explain the specific issues for care homes in rural areas, as well as how the healthcare system worked for them and how they supported residents to access the community.

3 Key findings and themes

3.1 Theme one: Access to health and social care services

All residents and care staff reported that there are few issues about accessing health care services. Residents at each care home tended to be registered with a single GP surgery. Many had developed very good working relationships with their surgery.

Nine of the 19 care homes stated that they had weekly contact with the GP surgery. The nature and form of the contact varied from one surgery to another. For example, some care homes had a weekly visit, either from the GP or the Paramedic Practitioner. For others, there was weekly phone contact from the surgery, with this being either the GP or the Paramedic Practitioner. This regular dialogue enabled the care home to seek healthcare guidance about residents for whom they had concerns. Some residents were able to state the day that the visit was made, as generally it was the same day each week.

Residents liked the security of knowing that a healthcare professional was in contact regularly and that they could, if necessary, ask to see the person when they visited.

There was a slight variation between care homes for people with a learning disability and those for older people, in terms of weekly contact with the GP. Just over half (57% - 4 out of 7) of care homes for older people had a weekly visit. However, for care homes for people with a learning disability and autism, the figure was lower at 42% (5 out of 12).

Care home managers and staff reported that the GP makes any necessary referrals to specialist services such as physiotherapy, district nurses, dieticians etc. Most care homes stated that they can make their own referrals to the Speech and Language Team (SALT).

Care homes also reported that they can get special access to the NHS 111 service by pressing their star button. This informs the call handler at NHS 111 that the caller is from a care home. In addition, three care homes stated that they have a direct number for their GP surgery. This means that they can more easily access the surgery rather than being in a potentially long queue. These services also generally had a direct email address for the surgery so, again, their contact could be given some priority. All care

homes, except two, said that there has been consistency of care from the GP surgery, often with the same GP being their contact person for many years. Care services also said that GP surgeries know that they manage most of their healthcare needs and so when they do make contact, the GP surgery know that it is significant and respond accordingly.

People in two care homes gave examples of where there had been issues for residents being seen at hospitals, either as an emergency or at an outpatient appointment. These were both care homes for people with a learning disability and autism. The problem is that people with a learning disability, and especially autism, can find it challenging to go to hospital as this is not part of their routine and 'normal' experiences. This can lead to high levels of anxiety and agitation, resulting in them not being able to cope with their hospital visit. One example given was that the person had to wait outside the hospital with a support worker as they could not cope with the numbers of people in the waiting area. Another support worker had to be in the hospital to listen for the person's name to be called out.

One relative explained that she was aware of a hospital outside East Sussex that had a learning disability liaison person and/or team that would work with an individual with a learning disability to minimise the risks of the appointment or hospital intervention not taking place.

In contrast, two services gave examples where a healthcare professional had been very flexible as to how they had provided their healthcare interventions. For example, one healthcare professional had seen a resident in a car in the care home car park, along with their support worker, as this was where the person felt safe.

Access to dentistry was also highlighted as an issue for care homes. Three care homes specifically mentioned this, although a few also stated that they can access dentistry through the Arthur Blackman Clinic in St Leonards, and one uses a dentist in their local village. Some services explained that they had received a dentistry service at the care home in the past, but this had stopped at the time of the coronavirus pandemic and had not been resumed.

Staff at care homes for people with a learning disability and autism stated that their residents have not been prioritised for the Covid booster jab, despite the level of vulnerability of some of the residents and, for some, their age.

3.2 Theme two: A lack of public transport

When asked what the biggest challenge was about living in a rural area, both residents and staff replied that it was a lack of public transport. This limited the opportunity for residents to access the community themselves. This was particularly the case for those

care homes which are in very isolated locations and so cannot access a bus service that may run through villages. Care staff reported that this also has an impact on staff recruitment.

The majority of care homes (84% - 16 out of 19) had their own transport which they could use to take residents out. All 12 of the care homes for people with a learning disability and autism had their own transport. Some had more than one and included minibuses and wheelchair-accessible vehicles. One service had multiple vehicles and residents said they had no problems going out and did so very regularly, to a wide range of places. The village had a railway station, and this was also used regularly.

Two of the seven care homes for older people did not have their own minibus or other form of transport and so this limited the ability of the residents to access the community. However, one of these care homes is investigating the option of obtaining their own vehicle. One of the care homes for people with a learning disability and autism did not have its own vehicle but the care home is in the middle of a town and so has good public transport and this is used by the residents. The latter can also easily access services in the town.

Some of the care homes were investigating the possible use of the Flexibus service. This is relatively new in East Sussex and is funded by East Sussex County Council. The council's website states the following: "Flexibus is a flexible, on-demand rideshare service for areas with limited or no bus service. Residents can book a Flexibus journey to their nearest town, train station, hospital or other key destinations." One care home manager said that a resident had tried to use this service but was unable to. Another said that they were aware of a member of staff using it to get to work one day.

Staff recruitment in care homes is a challenge nationally and in all locations. However, managers of the care home visited explained that they have additional challenges. As there is little or no public transport, or public transport does not fit in with shift patterns, staff need to be able to drive to get to work. Being in a rural area also limits the availability of local staff simply due to the fact that there are fewer people living in these areas. There are also additional costs to staff in terms of travelling to work.

Three care home managers explained that they have a minibus that collects staff from local towns and more urban centres as a means of overcoming the staff recruitment issue. Another subsidises staff when they travel by train, as there is a station nearby, and also assists with petrol costs for staff who car share.

3.3 Theme Three: Access to the community

In all settings, residents told us that they can go out regularly and that there are few limitations on accessing the community.

For most residents, this was through the care homes having their own means of transport and these being used to support residents to go out. Due to the needs of the vast majority of residents in the care homes visited, they would require active support from staff to enable them to go out. This was due to their mental frailty and/or issues around capacity to be able to cope without support.

There was a difference between care homes in the importance given to going out. In care homes for people with a learning disability and autism, there was a great emphasis on accessing the community. It was less so for older people. For some, their needs were more related to being an older person than having a learning disability or autism.

As reported above, all care homes for people with a learning disability and autism had their own means of transport, with most having more than one and usually having a wheelchair-accessible vehicle.

In some services, the residents tended to be more able and so there was a greater emphasis on going out, often independently. These were at The Mariners in Rye and The Mount at Wadhurst. The residents we met at these establishments told us that residents go out most days. Both have the advantage of being fairly central to their town and so are very much part of the community. Residents told us that they regularly use local pubs and coffee shops.

3.4 Theme four: Funding for people with a learning disability and autism

Care home managers reported that one restriction on their ability to support residents to access the community is the varying levels of funding from different placing authorities.

All residents in these care homes are funded by local authorities. Some local authorities provide additional funding specifically to enable the service to support residents to access the community. In these cases, this is an important element of their care planning agreement. However, some local authorities do not provide such funding. This creates an inequality in the ability for residents to go out.

3.5 Theme five: The best thing about living at the care home

Residents were positive about where they lived and could provide a range of answers to this question. These included:

- Beautiful building and grounds.
- I have a big bedroom.
- Staff at night are very sympathetic.
- The food is much better here than at my previous care home.
- Everything done for you and staff kindness.
- Quite honestly, I cannot fault it.
- They try to entertain us. We have DVD parties and birthday parties. The vicar comes with a choir to sing to us and we have entertainers.
- I like the friend I meet every day. We have a laugh.
- The kindness of the staff who are very accommodating. They want us to feel at home here.
- I like fish and chips.
- Hawaiian pizza.
- The atmosphere. Everything.
- Everything. I don't have to cook or clean and all the meals are prepared.
- Someone always to talk to. I don't have to cook my own food. The staff are second to none and they are good. Lots of activities. Pets and unusual animals are here today.
- Everything, it's very nice. I like doing practical things, so I make net bags. The staff are very good and helpful all the time.
- Some of the staff are nice.
- We are having a party for Halloween.
- Staff are lovely.
- I like my personal space (the resident has a flat in the house and so is able to cook for himself with support if he chooses to).
- The food is good - I help the chef with cooking - I like haggis.
- I like spicy food like Mexican and I have hot sauce on everything.
- It's one big family.
- Being with people from different parts of the world.
- It feels like a family.
- It's a unique place.
- I like the craft workshops and working on the estate.
- I enjoy the food on offer, the option of having newspapers delivered in the morning, and the care home's two cats.

- the food and staff.
- Looked after by staff who are lovely, fun and understanding.
- Good food.
- I have no worries and things taken care of.
- Lovely staff and good entertainment.
- I haven't got any worries and no interruptions what you are doing.
- Staff are lovely.

No residents stated that they did not like living in a rural setting. Many of them had previously lived in such areas. For example, some residents we met with – particularly those in care homes for older people – said that they had lived very nearby and so were used to rural locations.

4 Conclusions

The residents we met stated that they did not have any significant issues about access to health and social care services, with the exception of dentistry. They said that they can see the GP or someone from their GP practice, and in the majority of care homes there was regular contact from the surgery, often through weekly visits. They liked face-to-face meetings, and this is what generally happens. A few care homes had a dedicated phone number and email for the GP surgery, and this enabled quicker and better access to healthcare services and support.

Two examples were provided where residents with a learning disability and autism experienced challenges to accessing healthcare at hospitals. This could be explored further, including whether the local hospitals have any special support services for people with a learning disability and autism or how they are adapted to be more inclusive for those with these conditions.

Feedback from care home staff was that people with a learning disability and autism had not been given priority for the Covid booster vaccine.

Residents also said that they access the community regularly and most said that there were no problems about this. The majority of care homes had their own transport and so this was used to enable residents to go out. A few care services were aware of the Flexibus service, but most were not.

Care homes for people with a learning disability and autism reported that some local authorities provide additional funding specifically to enable the service to support people to access the community, whilst others did not provide such additional funding.

The biggest challenge for care homes in rural areas is the lack of an effective public transport system. This has its biggest impact in terms of staff recruitment, limiting the pool of available staff. However, some care homes had taken proactive steps, such as providing additional transport, to ensure that they were able to recruit and retain staff at their establishments.

5 Recommendations

1. As part of the Enhanced Health in Care Homes programme, Primary Care Networks (PCNs) could ensure that all GP practices provide regular contact with all care homes in their area, with this being either by a visit or a phone contact. Consideration could also be given by GP practices to provide a direct phone line or method of contact for care homes.
2. Healthwatch East Sussex should investigate with the hospital trust in East Sussex whether they have specialist support systems in place for when people with a learning disability and autism visit the hospital. If the trust does not have any such system, then they need to consider how they can best meet the needs of people with a learning disability and autism.
3. NHS Sussex Integrated Care Board should consider how they can ensure that adequate and appropriate NHS dentistry services are provided to care homes to support oral health.
4. Healthwatch East Sussex should liaise with the Flexibus service commissioned by ESCC to ascertain how it can meet the needs of people (residents and staff) in care homes in rural and isolated areas.
5. East Sussex Adult Social Care should review their funding mechanisms to ensure that they provide additional funding to enable services to support residents to access the community, if such funding is not already provided. Within this, consideration should be given to additional weighting for care homes in rural or geographically isolated locations.

6 Appendix 1: Care homes visited

Burton Cottages, Bishops Lane, Robertsbridge

Camber Lodge, 93 Lydd Road, Rye

Carricks Brook, Carricks Hill, Dallington

Cedar House, Hastings Road, Battle

Cross Lane House, Cross Lane, Ticehurst

Dudwell St Mary, Etchingham Road, Burwash

Edendale Lodge, Station Road, Crowhurst

Fairmount, 41 Lower Waites Road, Fairlight

Glottenham Manor, Bishops Lane, Robertsbridge

Hazel Lodge, 63 North Trade Road, Battle

Jasmine Lodge, Ilex Close, Northiam

Mountain Ash, Fairlight Gardens, Fairlight

Oakdown House, Ticehurst Road, Burwash

Parkgate Manor, Main Road, Catsfield

Peasmarsh Place, Church Lane, Peasmarsh

Roselands Residential Home, Cackle Street, Brede

Saxonwood, Saxonwood Road, Battle

The Mariners, 15 High Street, Rye

The Mount Camphill Community, Faircrouch Lane, Wadhurst

The Old Rectory, Stubb Lane, Brede

The Views, 3 Chitcombe Road, Broad Oak

Wadhurst Manor, Station Road, Wadhurst

7 Appendix 2: Questions for residents

Healthwatch East Sussex Enter and View programme for care homes in Rye and Rural Rother: prompt sheet/questionnaire for residents

Name of care home:

Date of visit and names of Authorised Representatives:

1. How long have you lived here?	
2. Where were you living before and was it very different to here?	
3. How much do you like living in a more rural setting, away from big urban areas?	Scale of 1-5 with 1 being not very much and 5 being very much.
4. Have you had to see a healthcare professional such as a GP or nurse? Where/how did you see them eg at the surgery, in the care home or on screen or phone?	
5. Do you think all your health needs are being met?	

6. What could be done to make it easier for you to get any medical help you may need?	
7. How often do you go out?	Never Once a week Twice a week More often
8. If you go out, do you go for a walk, use car, taxi, minibus or public transport?	
9. How easy is it to arrange to go out and can you go out whenever you want?	
10. What would make it better for you to go out and where would you like to go?	
11. How do you keep in contact with family and friends?	
12. Does living in a more rural setting affect your contact with family and friends? If yes, how? What could be done to improve this situation.	
13. What's the best thing about living here?	

14. What could be improved?	
15. Rate the quality of care you receive at the care home from 1-5 with 5 being the best score	

8 Appendix 3: Questions for staff

Healthwatch East Sussex Enter and View programme for care homes in Rye and Rural Rother: prompt sheet/questionnaire for manager/staff

Name of care home:

Date of visit and names of Authorised Representatives:

Role of the person being interviewed:

1. How long have you worked here?	
2. What are the major challenges about the care home being in a more rural setting, away from major services?	
3. How easy is it to arrange medical appointments for residents? What are the difficulties?	
4. Are medical appointments face to face at the care home or through devices such as Zoom, phone etc?	
5. How do residents tend to cope with medical appointments? Do	

they prefer face to face or virtual appointments?	
6. Are there additional challenges for LGBTQ+ residents in relation to access to services?	
7. How often do most residents go out of the care home? Where do they most frequently go?	Never Once a week Twice a week More often
8. When residents go out, do they usually walk, use car, taxi, minibus or public transport?	
9. How easy is it to arrange to go out and can residents go out whenever they want?	
10. What would improve residents' access to services and the local community?	
11. Rate the quality of the service from 1-5 with 5 being the best score	
12. What's the best thing about working here?	

13. What could be improved?	

healthwatch East Sussex

Healthwatch East Sussex
Greencoat House
St Leonards Road
Eastbourne
East Sussex
BN21 3UT

www.healthwatcheastsussex.co.uk
t: 0333 101 4007
e: enquiries@healthwatcheastsussex.co.uk
@HealthwatchES
Facebook.com/Healthwatcheastsussex