healthwatch South Tyneside

“It’s my home...”

Social Inclusion and the Provision of Meaningful Activities in residential care and nursing homes across South Tyneside.

August 2016 – April 2017

Report by:
Linda Gibson, Engagement Officer (Enter & View)

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Healthwatch South Tyneside

Who we are and what we do

Healthwatch South Tyneside (HWST) is one of 148 local Healthwatch organisations across England launched in April 2013 to give users of health and social care services a powerful voice.

As set out in the Health and Social Care Act of 2012, HWST has the following statutory activities:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services,
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved,
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known,
- Making reports and recommendations about how local care services could or ought to be improved,
- Providing advice and information about access to local care services so choices can be made about local care services; and
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved.

As an independent Community Interest Company (CIC), it is your dedicated consumer champion, working with users of local National Health Service (NHS) and social care services to hear about your experiences, identify any issues or problems and helps generate improvements. HWST has the power to enter and view services; can influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board (HWB); and provide information, advice and support about local services. It also produces reports which influence the way services are designed and delivered and can share information and recommendations to Healthwatch England (HWE) and the Care Quality Commission (CQC).

Introduction

What is "social inclusion and meaningful activities"?

Residents living in residential care and nursing homes may find they are not only coming to terms with leaving their own home but also find they are unable to do the things they used to do. They may find themselves very quickly becoming inactive and bored which can impact on their health and mental wellbeing.

Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

Rationale:

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living, which helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained.

Meaningful activity:

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment.

National Institute for Care and Excellence (NICE)

Quality statement 1: Participation in Meaningful Activities.

https://www.nice.org.uk/guidance/qs50/chapter/quality-statement-1-participation-in-meaningful-activity#quality-statement

Enter and View Lead

Dr.Shobha Sirivastava, Director Healthwatch South Tyneside

After retiring from the NHS after 43 years of service I wanted to use my experience to improve services provided to people of South Tyneside.

To this effect I joined the then Community Health Council whose job was to be a critical friend to the service providers. As the government changed so did the names to Patient Public Involvement Forum, Local Involvement Networks (Links) and finally Healthwatch. I have been a part of these groups all the way through.

I started with Healthwatch South Tyneside originally as a volunteer and did the training for 'Enter and View' and also did a few of the visits too. It was indeed an honour to be part of Healthwatch South Tyneside and I was asked to take the lead on 'Enter and View' When we decided to undertake the visits in 2013 it was in a preliminary stage and we didn't quite know how these visits would help the residents in care homes or indeed in GP practices or hospital wards.

We started to recruit and train volunteers for 'Enter and View' and started to plan how to carry out these visits and what to look for. The idea of 'Social Inclusion and Meaningful Activities' was mooted as an idea and was endorsed by the members of the board as well as the commissioners. However these visits could not have been possible without the dedication of the volunteers but most of all the hard work of our Engagement Officer (Enter and View) Linda Gibson. She has worked tirelessly to organise visits and make sure volunteers were fully equipped in every way to carry out the visits.

Enter and View has come a long way since we started in 2013 and we the board, staff and volunteers have full confidence that visiting care homes has been a worthwhile exercise.

We have found provision of services in care homes variable especially for residents with Dementia and Alzheimer's. We want to make sure that good practice is shared and the people of South Tyneside get the best but most importantly good service irrespective of which care home they move to. If we can achieve this at the end of this exercise we would have done a good job.

On behalf of the board and indeed myself I would like to thank Jan Pyrke; Operations Manager and staff at Healthwatch South Tyneside and special thanks to our volunteers for their hard work and commitment.

Enter and View Protocol

How it works

HWST has the statutory power to conduct announced and unannounced visits around health and social care services delivered across South Tyneside. This is called Enter and View (E&V) and HWST have a protocol in place to effectively manage this.

The HWST E&V Authorised Representative will give adequate written notification for announced visits, giving information about the date and reason for the visit . The provider is given the opportunity to provide feedback on how the Authorised Representatives conducted themselves during the visit as part of our continous improvement process. Once the draft report is produced the provider is encouraged to respond so that their comments can be included in the final report. HWST only undertakes unannounced visits as a last resort based on evidence that has come in through the public or statutory agencies. In these instances HWST gives the provider a time frame during which the visit will take place and provides the same opportunities in terms of HWST continuous improvement and the provider response to the report.

HWST considered that conducting E&V visits across all the residential care and nursing homes in South Tyneside would present valuable evidence of what is being delivered locally around 'Meaningful Activities'. HWST believed that this would provide the opportunity to identify and share local good practice with service providers and commissioners. More importantly such an exercise would inform current and future service users, their families and friends about what is in place to keep people mentally and physically stimulated to enhance their quality of life and increase their social inclusion.

HWST Authorised Representatives are members of the public that either have an interest in South Tyneside health and social care services or have experienced these themselves, or through their family or friends.

HWST offers support and training to enable the representatives to work within communities and health and social care settings to capture the experiences from local

people which can then be shared with the commissioner of that service and the general public.

HWST Enter and View (E&V) Procedure Flowchart is available at Appendix "A" on page 28.

Method

What we planned to do and how we planned to do it

In August 2016 the HWST Board of Directors agreed the following project plan:

HWST will be visiting all residential care and nursing homes in the borough over the next eight to twelve months, to look at what and how meaningful activity is provided, supported and enabled by homes. **Mapping**, South Tyneside residential care and nursing homes we visited is available at Appendix "B" on page 29.

We shall:

- Inform each home in writing to explain the project and confirm the date visits will take place to prevent as little disruption in the daily routine as possible,

- Produce questions that are standardised with a shared understanding of this piece of work so that each home has the same experience and opportunity, The **Questions** we asked are available at Appendix "C" on page 30.

- Undertake E&V visits talking to residents, managers, staff, family and friends,

- Collate evidence of a varied approach to meaningful activity; and how the homes address increasing levels of social isolation for older people in South Tyneside,

- Look at opportunities for social inclusion within residential care and nursing homes, whilst gaining an understanding of how meaningful activity is supported within South Tyneside homes and peoples experience of this,

- Produce individual home reports and at the end of the project, process a final report that identifies overarching themes, findings and good practice,

- Disseminate the report widely to share good practice and influence improvement,

- Influence change through presenting a final report to those who commission services, Health and Wellbeing Board and HealthNet; and

- Timescale to reflect individual home reports and final report to be published by June 2017

Findings

What we found out

HWST conducted E&V visits in 26 residential care and nursing homes between August 2016 and April 2017. Our aim was to ascertain what meaningful activity is being offered and delivered within the homes. With our trained volunteer Authorised Representatives HWST visited and spoke to 104 residents, relatives, managers, staff and Activities Co-ordinators.

During the visits observations were made around what was being delivered, what resources were available and how residents engaged with the activities on offer. HWST considered that it was important to find out if residents were asked and included in the development of activities programmes and if their individual interests were being met.

Individual Care Home Reports After each visit a report was produced and sent to the home manager and commissioner. If you want to look at the individual residential and nursing home E&V reports these are available to view and download on the HWST website http://www.healthwatchsouthtyneside.co.uk/our-reports/

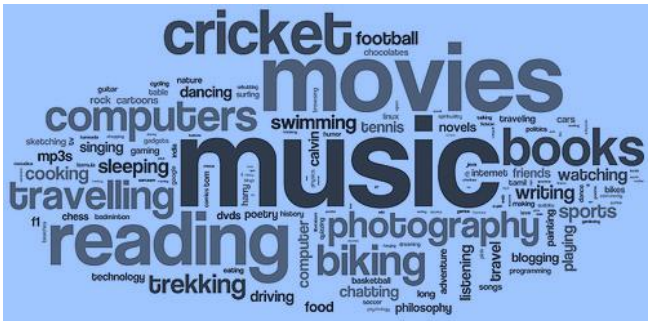
The employment and use of **Activities Co-ordinators** varied across the homes with 81% employing either a full time or part-time Activities Co-ordinator, some homes employed

two co-ordinators. A few of the co-ordinators HWST spoke to had recently completed a training programme on Social Inclusion and Meaningful Activities.

HWST found that not having a designated Activities Co-ordinator in post did not necessarily mean there were no activities being delivered as in some homes it was the responsibility of all staff to help engage and stimulate residents.

HWST witnessed homes that had a co-ordinator in place but the activities that were on offer did not appear to be stimulating or innovative, with the same activities being provided every day. A couple of homes told us they had had difficulty in recruiting a co-ordinator with one home calling on relatives and carers to help out in the interim.

Budgets and funding to cover costs of materials, outside activities, trips or professional entertainers varied across the homes. Most had a budget of around £50 per month with some being awarded £150 to £250 per month; others were expected to find money for activities through fundraising. The differences in how much money was allocated appeared to depend on the company that owned the care home.



HWST asked whether each resident had an **Individual Activities Plan**; 58% of homes told us that residents did have one. This came in different guises; "Activity Book", "My Choices", "My Journal", "Getting to Know You" and "Three Wishes". HWST were told that information about each individual would be logged in these books, focusing on what their interests were, their ability and where they had been involved.

We were told by those homes that did not have an individual activities plan that the resident's activities information was held within the individual's care plan.

Meaningful Activities During the visits HWST were able to gather information on the activities that were being delivered. Owing to the complex needs of some residents HWST were unable to capture their views but observed many engaging in a varied programme of activities. Of the residents HWST spoke to 77% told us they had been asked what activities they enjoyed doing.

HWST heard about and observed activities for example *Bingo, Board Games, Cooking, Art and Craft, Knitting, Painting, Golf, Football, Walking, Listening to Music, Singing, Reading*....to mention a few.

Visual goggles were being introduced to a few homes to enable residents to feel they were actually at the place they were looking at without moving from their chair. HWST were told this has proved very popular with residents who had dementia especially if they had specific memories of a particular place.

Memory rooms were evident in some homes whilst others had provided other means of supporting their residents with dementia. Memorabilia was often observed in corridors or on walls displaying old photos of local areas, movie stars and old advertisements. Murals appeared to be quite popular with a post office complete with post box on the wall that residents could use. A bus stop with shelter and timetable this, HWST were told ,was an aid to help calm residents who would get ready to go out and then feel agitated if they couldn't get to a bus stop. Dolls prams, twiddle muffs, hand bags were all available for residents to use.

Many residents' rooms would have a photo of themselves and often a memory box attached to the wall which would hold personal items relative to them.

Many of the managers told us they provided **entertainment** through inviting entertainers into the home for residents to enjoy.

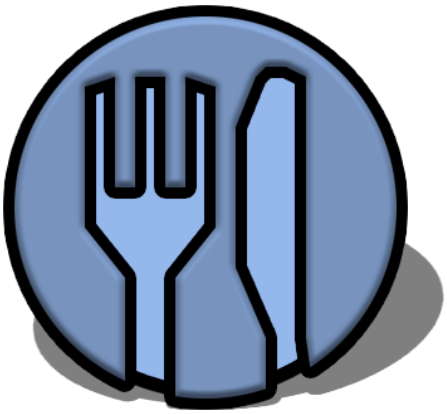
HWST found that *Singers, Comedians, Mini Beasts, Zoo Animal Man, Miniature Ponies and Bollywood Dancing* were very popular.

In some homes local schools would be invited to sing and engage with residents throughout the year, particularly at Christmas.

HWST found that a number of homes were introducing **new ideas and events** to help stimulate residens.

"Tea Pot Tuesday" was an idea one home had to bring the community into the home to spend time with residents.

"Come Dine with Me" where two homes would cook and invite the other to sample the menu.



"Coffee Morning" two local homes were planning to visit each other to hopefully develop some new friendships between residents.

"Wake and Shake Exercise" an early morning start for some residents.

"Community Day" where the local community were invited to a fun day event.

Some homes were fortunate in having a **mini bus** and were able to organise regular trips out; with some having shared use with another home to enable many residents to get out and about.

Pets - whilst a resident cat proved comforting for some residents; others were contemplating having Netherland Dwarf Rabbits and hens, including a full incubator ready to hatch chicks!

Social Inclusion Two of the homes HWST visited had put out appeals to local people to send in Valentine cards / Christmas cards to the respective home so everyone would receive a card. This HWST were told was really appreciated by those residents that had no family.

'Resident of the Day' where all the staff spent ten minutes chatting to the named resident was working well for one home. Another had a '2pm Stop and Chat' for ten minutes with residents.

Residents told us how staff would come in on their day off to take them out, help at events or entertain. HWST spoke to staff that brought a number of skills to the homes they worked in. A chef that sings, computer buff that stepped in when the local community centre closed down, a manager that stitches personal name tags into residents clothes and keeps her sewing machine ready in the office.

A few homes offered support to enable residents to Skype families that lived further away. One resident told us how her family live in Australia but she is able to talk to them and see her great grandchildren on a weekly basis.

Relatives and Carers The relatives and carers HWST spoke to informed us they were happy with the quality and varied programme of activities provided.

Homes that organised residents meetings and followed up with a residents newsletter, were reported as being very useful. Residents felt it was an opportunity to share issues

and ideas with staff and to gain up to date information on what was happening in the home. For example whern refurbishment was taking place relatives were able to explain this to their loved ones to ease any distress that may have been caused.

As some homes relied on fundraising to enable them to provide activities and trips out, relatives felt included through the meetings and newsletters to help contribute in some way,

Some relatives suggested more training in specific areas, for example Stroke and Dementia, would be useful for staff to help them support residents that required it.

Anecdotal Evidence

What we observed and what we were told....

The gentleman who told us he needs 30 minutes of exercise (walking) every day as per his care plan. ***He never gets it, as there are not enough staff.***

A resident who told us ***"nothing ever happens here anymore"***

A gentleman who said he **is *bored to tears "day in and day out"***

"You wouldn't take someone who is deaf or blind to play bingo"

"Not enough staff"

"Staff work so hard but are too busy to do anything"

There were **staff that couldn't remember when the last time was that they had taken residents out anywhere.**

And....

The gentleman recovering from a stroke that couldn't join in with the game **until the co-ordinator sliced a long cardboard tube to enable him to roll the ball down guiding it with his shoulder and chin.**

The resident that was very **private** and didn't particularly like socialising but **loved bird watching...so he was moved to a bedroom with a view of trees and open space.**

how **excited** a lady got when the co-ordinator came along to chat about **decorating her Zimmer frame in coloured tape**

One resident told us she **didn't have time to chat as she had chores to do.** Staff told us she had been a cleaner all her working life and since they said she could help with general cleaning **she was a different person.**

HWST saw one resident walking around with a trolley and boxes painted with 'crew' on them. The family told us he had not left his room other than for meals. The co-ordinator after talking to him found out he used to be a groupie for a local band many years ago. **He created the trolley to resemble what would have been used on tour complete with stage pass.....he is never in his room, chatting to everyone he comes into contact with.**

How **excited** the residents and staff could get playing 'Play Your Cards Right' with one resident having her hair done at the same time **so she didn't "miss anything"**

The lady telling us all about her family and how happy she was, **when asked do you like living at this care home she said...**

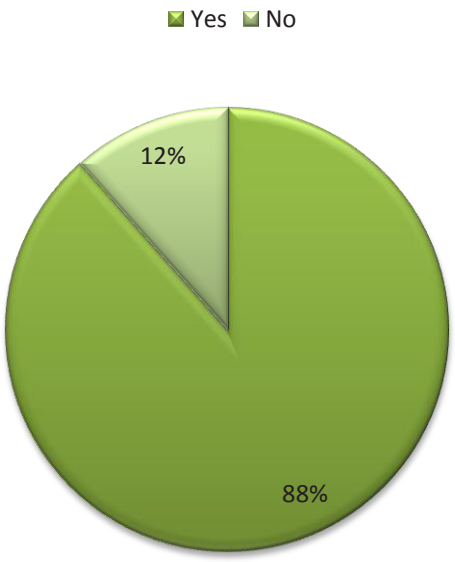
"It's not a care home, it's my home"

Graphs

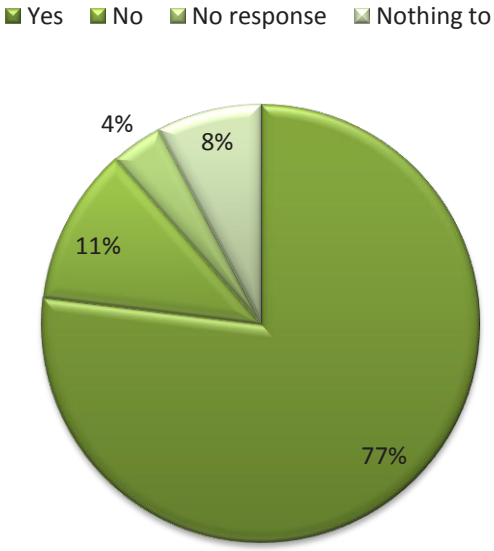
Answers to our questions shown in percentage pie charts

Residents

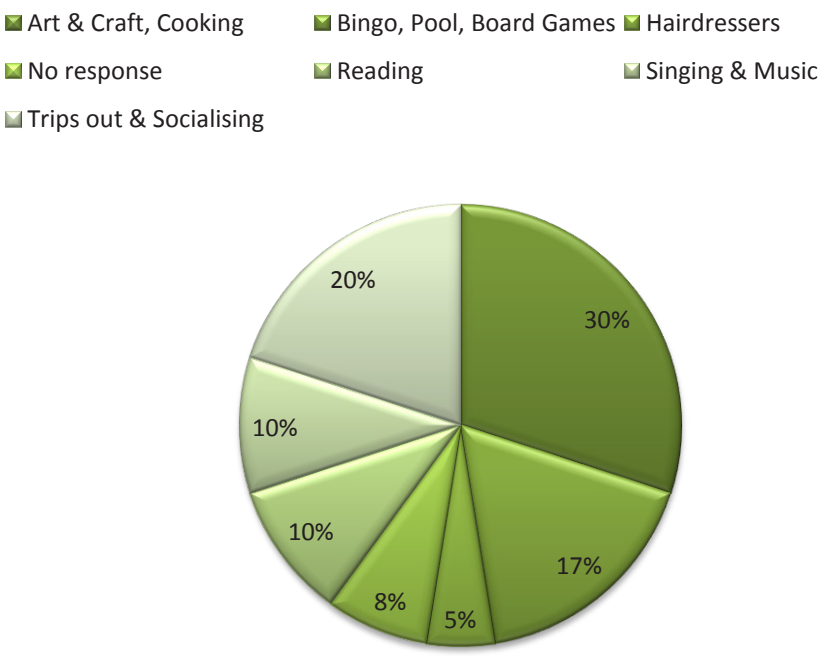
Q1 Do you take part in the activities provided at the home?



Q2 Have you ever been asked what activities you would like to do? Were these provided or offered to you? If not, why not?

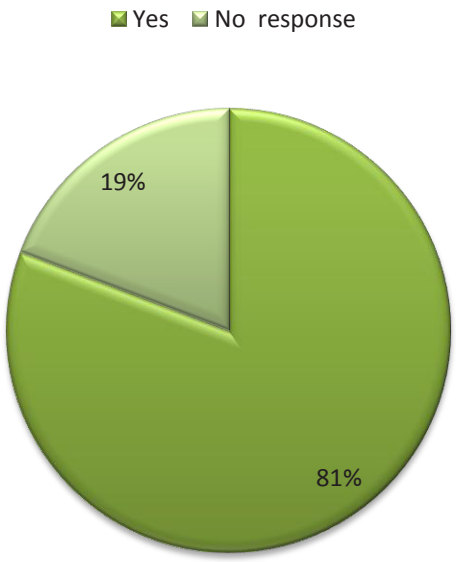


Q3 What kind of activities/interests do you have?

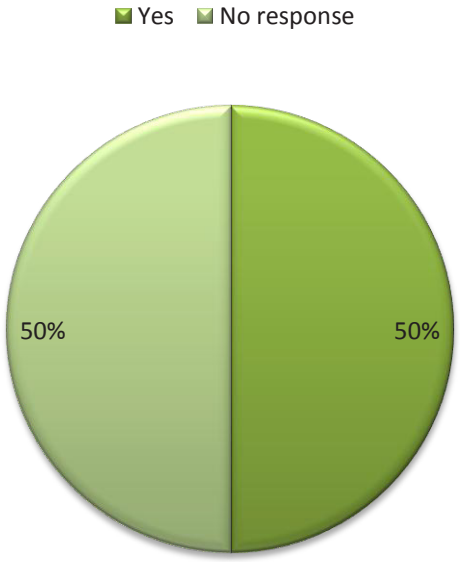


Family and Carers

Q4 Do you have the opportunity to get involved in activities around the home?

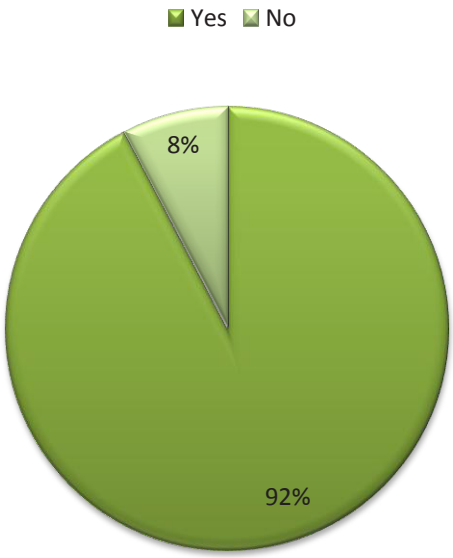


Q5 Are you happy with the activities on offer?

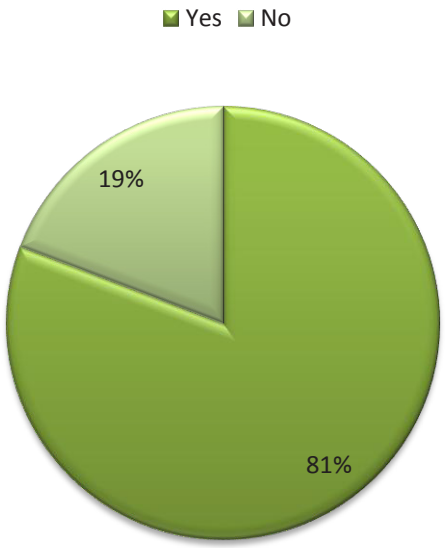


Manager and Staff

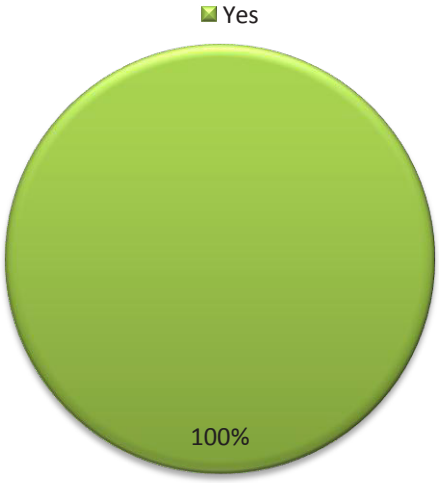
Q7 Does the home display an activities programme?



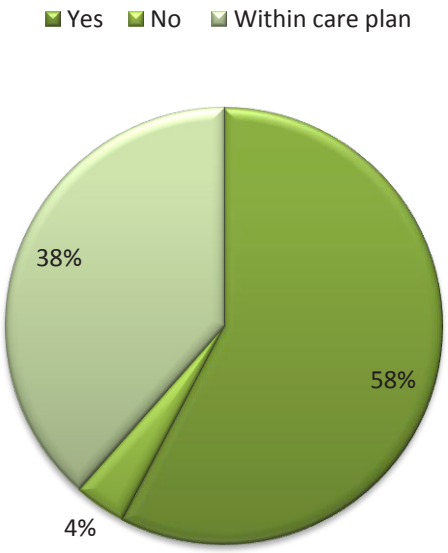
Q8 Is there an Activities Co-ordinator at the home?



Q9 Are residents asked what they would like to do?

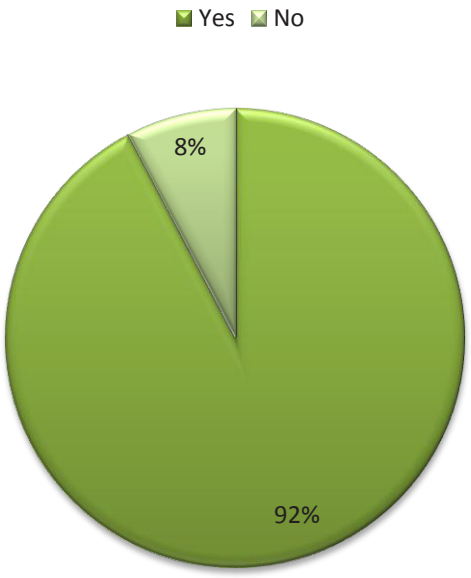


Q10 Do residents have individual activity plans?

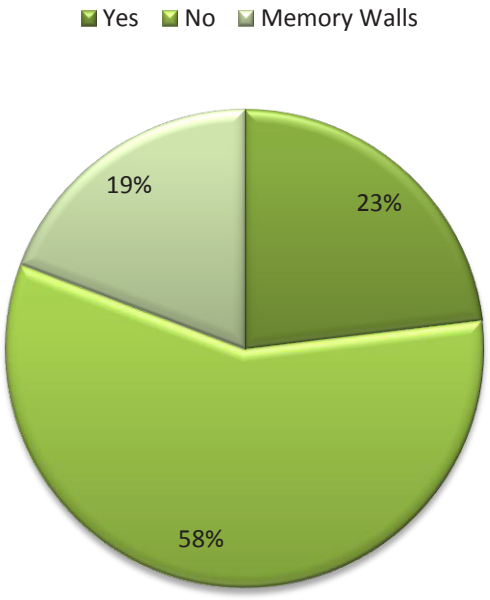


Additional Observations

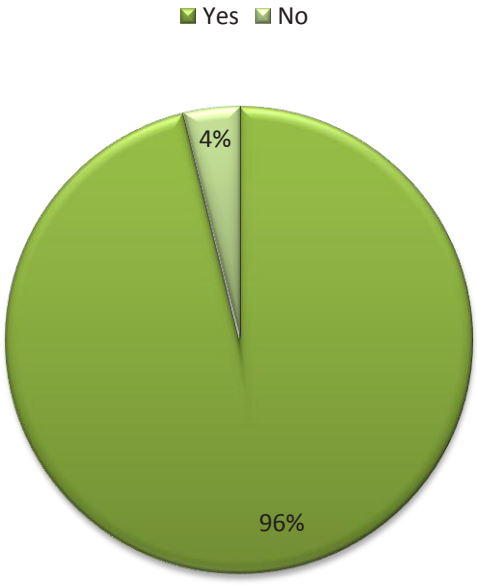
Q11 Is there a garden? Are residents encouraged to use it?



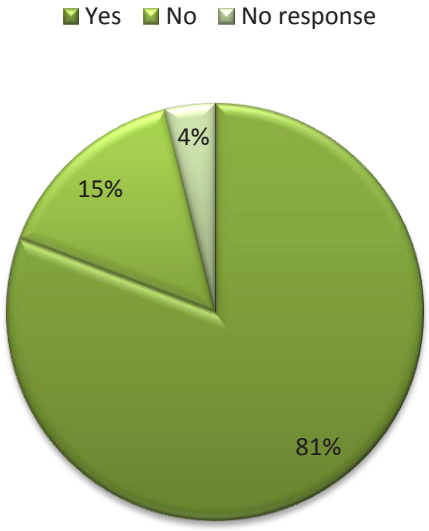
Q12 Is there a memory room? Do they have social events? ie Christmas Carols, Tea Dance?



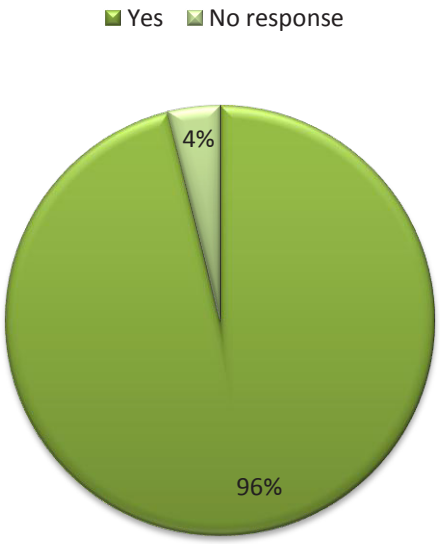
Q13 Are outside entertainers invited to the home?



Q14 Are all the staff involved or is it down to the 'activities co-ordinator'?



Q15 Is there a varied programme of activities? ie dancing, gardening, exercise



Conclusion

Through the Enter and View visits HWST Authorised Representatives were able to observe and gain through conversation and questioning an insight into what meaningful activities were being delivered across residential care and nursing homes within South Tyneside.

Overall there was evidence that most were offering and delivering a varied programme of activities with evidence of creativity, passion, innovation and enthusiasm.

However some residential care and nursing homes were, HWST considered, not involving and listening to their residents. This was evident from our observations and conversations with residents, families and friends and staff. HWST were frustrated that in some homes, providers appeared to be taking the approach that owing to some of the complex conditions and issues for their resident group they could not offer any stimulation for those people and were not endeavouring to do so. HWST appreciates that residents will make their own choices and that capability may hamper making these, but not offering access to choices and enabling choices based on residents past history and aspirations, is not acceptable.

HWST concludes that there is evidence of a wealth of good practice in terms of meaningful activities offered and initiatives to encompass social inclusion within South Tyneside. HWST were disappointed that the quality of provision appears to vary so much. HWST believes it should be a fundamental right for all residents to have access to quality meaningful activities with the opportunity for social inclusion in any of the residential care and nursing homes in South Tyneside.

Recommendations

What we thought based on what we found out

- HWST will meet with the South Tyneside Council Commissioning Officers to discuss the individual residential care and nursing home E&V reports in terms of good practice; and those that need additional support to provide a more varied and stimulating programme of activities to their residents, HWST is interested in how the Local Authority will use commissioning to improve the standards of provision in this area and recommends that it endeavours to do so

- HWST recommends that this report, and the experiences cited in the individual E&V reports, supports the development of a set of local minimum standards in terms of what should be offered and delivered to South Tyneside users of residential care and nursing homes in relation to meaningful activities

- HWST recommends that service user representatives, Activities Co-ordinators or home representatives, friends and family representatives and "interested" third sector organisations are involved in the "minimum standards" work and that this is influenced through sharing the good practice from homes with an openness to learn and replicate new ideas

- HWST recommends the activities being delivered under "meaningful activities and social inclusion" are part of an agenda item at home team meetings and form part of "handover"

- HWST recommends that training on Social Inclusion and Meaningful Activities is attended by at least one member of staff from each home

- HWST recommends that homes develop a culture where stimulation through meaningful activities is seen as everybody's business

Thanks

We couldn't have done it without you

A huge thank you to all the residents, **families and friends** who gave their time to tell us about their experiences in relation to meaningful activities and social inclusion. All HWST Authorised Representatives enjoyed spending time with you and we couldn't hope to influence change without your generosity.

Thank you to South Tyneside residential care and nursing home **Home Managers** for welcoming us into their homes and giving us the opportunity to speak to residents, relatives and staff. A big thank you to all the **staff** who took time out of their busy schedules to talk to us and inform this work.

Thank you to the **South Tyneside Council – Commissioner** for residential care and nursing homes for their on-going support and knowledge.

Another huge thank you to our volunteer **HWST Authorised Representatives** who have worked so hard and tirelessly over the last ten months to deliver the E&V visits, document the evidence and support the findings for this report.

Enter and View (E&V) Procedure

Appendix "A"

Evidence (from service users, carers or external organisations), purpose and need to E&V assessed and the visit is justified or recommended.

Co-ordinate E&V visit with relevant service commissioners. 21 days prior to visit if possible.

'Announced' letter sent giving 14 days notice of visit to provider informing of date Authorised Representatives will be visiting and what the purpose of the visit is. If pre-visit information is requested from the provider 20 days notice must be given.

'Unannounced'.

Send posters announcing visit for service users, carers and staff, and Healthwatch information leaflets and provide names of Authorised Representatives who will be undertaking the visit, if not already done so.

Visit is carried out by Authorised Representatives using relevant paper work. Feedback form left with provider, check if manager wants electronic or hard copy of draft report and to which e mail address.

Authorised Representatives meet, discuss and compile findings, and produce the draft report within 5 working days of visit. If Local Authority (LA) commissioned service, highlight bullet points emailed to commissioners following compilation of findings.

Draft report is sent to Board's E&V Lead for approval within 5 working days of visit. Lead to return to staff E&V lead within 5 working days from receipt of report.

Draft report then sent to those involved; provider and LA commissioners, within 10 working days of visit. Allowing 5 working days return notice for comments, amendments from provider.

Amendments completed and final draft sent to board for approval within 15 working days of visit. Report to be approved at next full Board meeting, or electronically depending on time frame, within 5 working days from board receipt of report.

HWST Board approves report and it is published within 20 working days of visit.

Mapping

Appendix "B"

South Tyneside residential care and nursing homes we visited

• Ashley Mews	South Shields
• Bedewell Grange	Hebburn
• Cheviot Court	South Shields
• Chichester Court	South Shields
• Deneside Court	Jarrow
• Fairholme Care	South Shields
• Garden Hill	South Shields
• Harmony House	South Shields
• Harton Grange	South Shields
• Haven Court	South Shields
• Hawthorn Court	Hebburn
• Hebburn Court	Hebburn
• Needham Court	Jarrow
• Roseway House	Jarrow
• Seahaven	South Shields
• Palmersdene	Jarrow
• St Thomas Complex	South Shields
• Stapleton House	Jarrow
• The Branches	Jarrow
• The Lodge	South Shields
• The Meadows	Boldon
• The Whitehouse	Jarrow
• Wallace Mews	South Shields
• Westoe Grange	South Shields
• Willodene	Hebburn
• Windsor	Hebburn

All individual residential care and nursing home reports were published on our website as they were completed, in line with the HWST E&V Procedure.

Questions

Appendix "C"

What we asked

Residents

- Do you take part in the activities provided at the home?
- Have you ever been asked what activities you would like to do? Were these provided or offered to you? If not, why not?
- What kind of activities/interests do you have?

Family and Carers

- Do you have the opportunity to get involved in activities around the home?
- Are you happy with the activities on offer?
- Have you been asked about your relative or friends interests in respect of activities?.

Manager and Staff

- Does the home display an activities programme?
- Is there an 'activities co-ordinator' at the home?
- Are residents asked what they would like to do?
- Do residents have individual activity plans?

Additional observations

- Is there a garden, are residents encouraged to use it?
- Does the home have a 'memory room'? Do they have social events i.e. Tea Dance, Summer Fairs, Christmas Carols?
- Are outside entertainers invited to home?
- Are all the staff involved or is it down to the 'activities co-ordinator'?
- Is there a varied programme of activities? i.e. dancing, gardening, exercise, craft, bingo.

Notes

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Notes

healthwatch
South Tyneside

Healthwatch South Tyneside
Jarrow Hub, Cambrian Street,
Jarrow, NE32 3QN

Tel: 0191 489 7952
Email: info@healthwatchsouthtyneside.co.uk
Web: www.healthwatchsouthtyneside.co.uk
Twitter @HWSouthTyneside