healthwatch
North Tyneside

'Living life to the full'

How do activities facilitated by care homes for older people in North Tyneside promote wellbeing?

A report by Healthwatch North Tyneside, April 2016

Acknowledgements and thanks

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Thanks to care homes for their cooperation, in particular Collingwood Court and Hadrian House staff who volunteered to help pilot our questionnaire.

North Tyneside Council monitoring team

Healthwatch North Tyneside staff and board

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Healthwatch is the independent consumer champion for health and care.

We gather and represent the views of people who use health and care services.

We feedback this information to the people responsible for commissioning and providing services so that they can take action to address people's concerns and improve the services in their area.

Local Healthwatch have been set up in each local authority area in England, creating a national network to make sure the voices of people who use health and social care services are heard at the highest level.

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Summary of report

Local Healthwatch has the power to 'enter and view' services in their area. Enter and view visits are conducted by teams of trained volunteers.

Teams of two enter and view volunteers visited 31 homes in North Tyneside. It should be noted that one home closed after the visit and another home received two visits resulting in 32 reports. During their visits they spoke to staff, residents, families and friends, looked at the documentation in the home about how they planned and carried out their activities and observed some of the activities.

In 2015 we chose to look at how homes provided meaningful activity for residents and what impact these had on people's mental wellbeing (NICE, 2013).

Specifically we hoped to;

- Share good practice and areas for improvement.
- Highlight areas where improved practice and quality of life of residents could be achieved locally by actions of commissioners and providers.

We spoke to 195 residents, 158 staff and 65 visitors during our visits to care homes. 12 friends and relatives of residents responded to our survey and we got views from 26 members of the public.

We have looked at a number of different questions to ascertain how effective homes are in providing meaningful activities to all their residents.

How do homes plan the activities they provide?

National Institute for Health and Care Excellence (NICE) emphasise the importance of finding out what residents want by way of activities as the basis for an activity plan.

There was evidence of good practice in some homes in relation to planning of activities for example some homes use assessment tools tailored for those with dementia, liaison with occupational and physio therapists for ideas on activity and forward planning monthly based on feedback sheets.

Although many homes are beginning to improve practice by implementing tools to understand personal identity homes must work to ensure that these assessments are carried out for all residents, that they are regularly reviewed and the information used to personalise care.

Homes use of advanced planning for whole home activity is important to ensure that activity is appropriate and responsive to feedback. Increased focus on planning at a smaller group and individual level would improve the tailoring of activity.

How do homes evaluate the activities to see if they are meeting the needs of residents?

CQC regulation 9: Person Centred Care demonstrates the importance of evaluation of the activities provided by care homes.

One home took a systematic approach to evaluation of activities with journals, family feedback and evidence informing future plans.

However, in the main, care homes do not seem to be operating in line with standards for best practice in how they are evaluating the activities they facilitate for residents. They are often not systematic or inclusive enough in their approach to ensure that all residents views are gathered and considered during evaluation and subsequently how views are used to influence and improve the activity programme.

How do homes involve residents and relatives in planning and delivering activities?

Enter and view teams looked at the following areas to understand how homes perform in how they engage and involve residents and relatives in decision making and delivery of activity:

- **Enabling participation in decision making**

Overall despite some good practice (such as use of choice cards to facilitate involvement) and homes making efforts to involve residents in decision making about the activities delivered for them, most homes would benefit from improvements through structuring how this is done and using multiple methods rather than relying on one, such as residents' meetings.

- **Encouraging participation in planned activities**

Improvement is needed in care homes taking a structured approach to identifying those who are at risk of social isolation and taking proactive action to prevent any impact on residents' wellbeing. This may include those who are confined to their room or those at risk of social isolation for other reasons. This could be done by following the good practice example of one home which carries out assessments of risk of isolation.

- **Provision of meaningful activities for those confined to their room**

Though homes did report more informal methods of engagement (such as popping in for a chat) managing the impact of wellbeing of residents who are isolated in their room needs a more structured approach to ensuring that one-to-one and group activities are offered to all residents who are unable leave their room and these are recorded and monitored.

- **How accessible are the activities that they provide?**

Though homes took some basic measures to improve accessibility (such as subtitles in films) homes need to plan more to support people with sensory disability and mental health conditions to access activities, to bring practice into line with quality standards.

- **What activities are available to residents?**

The enter and view team found that most care homes have a good variety of group activities on offer to meet a range of needs and can give examples of providing activity to suit an individual resident. Care homes were more comfortable with facilitation of some kinds of activities than others.

Enter and view volunteers were asked to look at the activities facilitated in care homes in relation to the following categories:

- **One to one activities**

One-to-one time is highly valued by residents and works best when it is scheduled time with designated space and not just 'chatting' while carrying out care tasks. Some homes reported that they set aside 'you and me time' or 'resident of the day' to enable this. One-to-one time should be planned with the residents as part of individual activity plans which are regularly reviewed and recorded.

- **Social activity**

While many homes took a whole home approach to social activity by encouraging and supporting relationships between residents on a daily basis, more still needs to be done to support relationships to be built between residents and to integrate good practice across many homes.

- **Community activity**

Homes need to ensure that links with the community are both about bringing the community to the home and taking residents to join in community events or venues in a structured way. For example, some homes reported that they take residents out shopping, to the pub and dance groups. It would be useful to monitor how often individual residents are enabled to leave the home over a given period.

- **Physical activity**

Though most homes provide physical activity for residents (including through the combining of daily living tasks and physical activity such as gardening), improvements can be made for those who are confined to bed and in the building of connections with outside agencies, for example physiotherapy, which may improve residents welfare.

- **Daily living tasks**

Though homes could quote a few examples of residents ‘dusting or preparing vegetables, this did not seem to be a structured approach. Homes must improve their practice in the provision of opportunity for residents to maintain independence through the carrying out of daily living tasks for themselves and within the home. Training and further consideration of how to balance risk management with personal choice would be a good first step.

What is the role of the activities co-ordinator and is there a culture of activity in the home?

A central theme coming from the observations of the enter and view team across homes was the difference between a ‘one man band’ versus whole home planned approach to activity planning, evaluation and provision.

Where activity was not part of a ‘whole home approach’, this led to barriers to activity which could impact on the wellbeing of residents.

NICE standards state that activity should be seen as part of the job of all staff in a home. We did not see evidence of this being implemented in many places.

In order to address these concerns, Healthwatch North Tyneside have made recommendations for residential care home providers, North Tyneside Council (as commissioners) and suggestions for action by the Care Quality Commission which can be found on pages 28 to 30 of the full report.

Background

The Independent Observer Scheme

Local Healthwatch has the power to ‘enter and view’ services in their area. Enter and view visits are conducted by teams of trained volunteers to find out how services are being run and identify areas for improvements. For the last five years Healthwatch North Tyneside Enter and View volunteers have visited residential care homes for older people in the borough as part of an ‘Independent Observer Scheme’. The volunteers report on the way that care is delivered in the homes and information is shared with North Tyneside Council and the Care Quality Commission in support of their own quality monitoring.

Previous Independent Observer Scheme (IOS) visits focused on a broad spectrum of people’s experience in residential care. This year we decided we would focus on a specific area as that would increase the impact of our work. We chose to look at how homes provided activities for residents and what impact these had on people’s mental wellbeing.

Why look at activities?

The importance of ‘meaningful’ activity in residential care is central to the quality of life and the emotional and physical wellbeing of the people who live there.

> “Recreation, social and community activities and personal development are essential to quality of life for people of all ages and the benefits to health and wellbeing among older people, even in advanced frailty, have been demonstrated…..”. (Owen 2006, p43).

In 2013 the National Institute for Health and Care Excellence (NICE) drew up a Quality Standard on the mental wellbeing of older people in care homes. This draws on evidence that loneliness and low levels of life satisfaction and wellbeing are common in old age with potentially up to 50% of people living in residential care assessed as clinically depressed.

There is good evidence that meaningful activity contributes to wellbeing and fundamentally supports quality of life. (Aldridge, p9, 2009. Owen, p44, 2006). Yet studies suggest that only 3% of care home residents’ time is spent on constructive activity. Even for people with dementia, one of the main reasons why people go into a home, it is important to recognise that people have the capacity for continued development. (Colman and O’Hanlon 2004, cited in p44 Owen, 2006)

What is 'meaningful' activity?

NICE define meaningful activity as:

> "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." (NICE 2013, Adapted from SCIE guide 15, Choice and Control, Living well through activity in care homes: a toolkit, College of Occupational Therapists and expert consensus)

In this report we will look at the extent to which care homes in North Tyneside provide activities for residents that meet this definition and also the standards set out by the Care Quality Commission.

How we gathered our information

Teams of two 'Enter and View' volunteers visited all 32 homes in North Tyneside. During their visits they spoke to staff, residents, families and friends, looked at the documentation in the home about how they planned and carried out their activities and observed some of the activities.

An online survey was available for friends and relatives unable to speak to volunteers on the day of the visit. This was advertised in homes, through social media, in our newsletter and on our website. We also talked to members of the public to get their views on how activities should be provided in homes.

We spoke to 195 residents, 158 staff and 65 visitors during our visits to care homes. 12 friends and relatives of residents responded to the survey and we got views from 26 members of the public.

Each enter and view team completed reports on the home and gave ratings, based on standard criteria that we have drawn up (Appendix 1). Homes were given an opportunity to comment on their report and their comments were added to their individual home report. All individual reports were then submitted to North Tyneside Council and the Care Quality Commission (CQC).

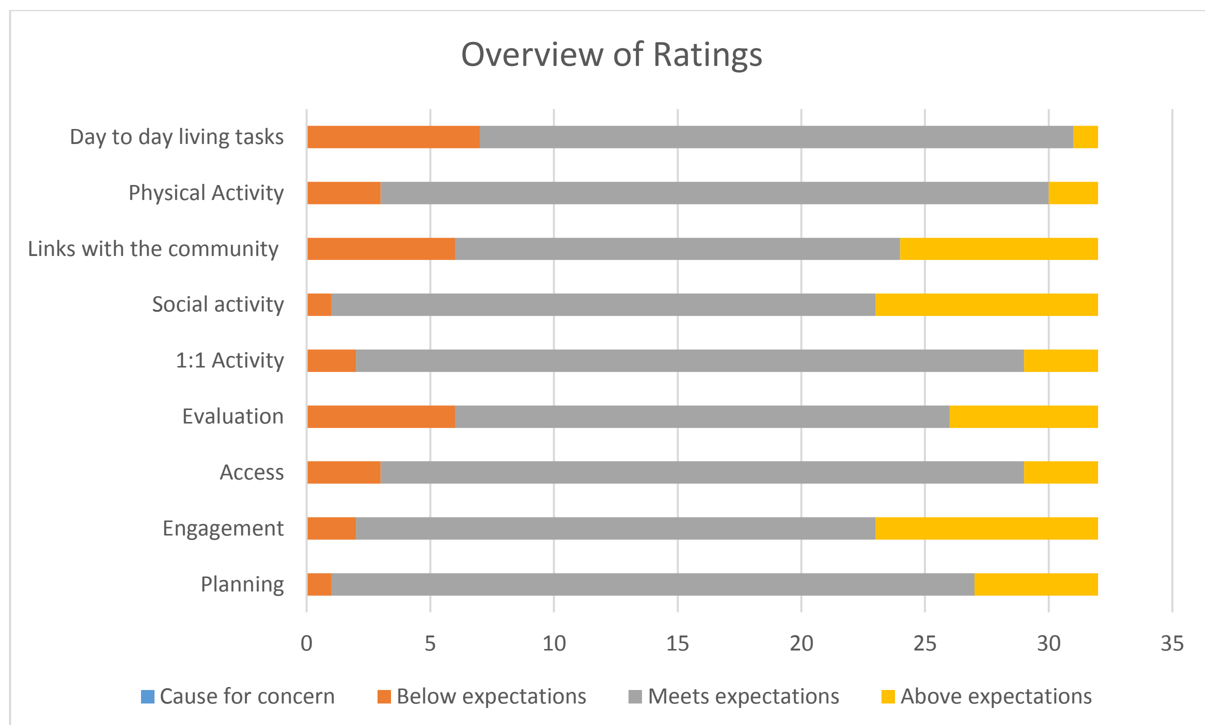
Appendix 1 gives more details about what teams looked at on the visits.

Questions we asked

We have looked at a number of different questions to ascertain how effective homes are in providing meaningful activities to all their residents.

- How do homes plan the activities they provide?
- How do they evaluate the activities to see if they are meeting the needs of residents?
- How do they involve residents and relatives in planning and delivering activities?
- How accessible are the activities that they provide?
- What activities are available to residents?
- What is the role of the activities co-ordinator and is there a culture of activity in the home?

What we found



As is illustrated by the graph above, in most areas care homes performed well in relation to the minimum expectations set out in the standardisation tool kit (Appendix 1).

Though this is encouraging, HWNT feel that to promote wellbeing in residents, homes should aim to perform at 'above expectation levels', implement good practice and to strive to achieve NICE guidelines and the report and recommendations reflect this. Moreover, there are a number of areas explored

below where performance of a significant number of homes was less than the minimum expected level. In some categories (e.g. daily living tasks) higher levels of ‘below expectations’ are matched with lower levels of ‘above expectations’ indicating that this is a trend in need for development of good practice in care homes.

Planning of activities by care homes

Standards

“Providers must do everything reasonably practicable to make sure that people who use the service receive person-centred care … that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.

Each person using a service…must be involved in an assessment of their needs and preferences as much or as little as they wish to be.

Assessments of people’s care… needs should include all their needs, including health, personal care, emotional, social, cultural, religious and spiritual needs.” CQC

Care home staff provided the fullest answers to questions regarding planning and personal identity of residents indicating that this was something emphasised within their roles and that they were confident to discuss.

Finding out about residents and turning this into an activity plan

Standards

NICE emphasise the importance of finding out what residents want by way of activities as the basis for an activity plan:

> “It is important that staff working with older people in care homes are aware of the personal history of the people they care for and respect their interests, beliefs and the importance of their personal possessions”. CQC 2015

What we found

Most homes perform well in this area. Usually they use their own standard initial assessment to find out about a resident’s history when they first move in. In addition to the care plan and assessment process all homes have been trained in using at least one tool to find out about personal identity. Some examples of these tools used are ‘Life Story’, ‘This is Me’ and ‘One-page profiles’.

However in a lot of homes this is a newly implemented process. In many cases this means that documents are complete for some but not all residents.

> "A booklet 'My Life Story' is completed with each resident and their family. It includes a family tree, likes, dislikes etc. and is kept with their care plan. Picture prompt cards are available to use. There is also a personal chart on the bedroom wall with name they like to be known by, a photograph. It is broken into picture and written sections and covers; family, birthday, preferred activities, TV choices, animals, religion, choice of drinks."
> (enter and view report)

The homes which performed above expectations used creative methods to help residents to contribute including pictorial questionnaires, picture cards, memory boxes.

In homes demonstrating good practice, planning is a live process. This reflects any changes in the resident and staff's deepening knowledge as they become more familiar with the person.

> "The Activities Coordinator talks to residents and relatives on an on-going basis to elicit information to be recorded in their Life Story book, available to staff members as a resource…. We saw two Life Story books… other staff can also add information to Life Story Books and there was evidence of different entries made by different people at different times… Every member of staff spoken to talked of the need to listen and watch to pick up information from a variety of sources." (enter and view report)

Good practice

Some activities coordinators took time to get to know residents, exploring activity choices and producing an individual activity plan. Each resident should have a personalised activity plan, which is regularly reviewed.

Other homes integrated the tool into home life and produced a one page summary of non-confidential information about the resident which went on the wall of their room, acting as an aide memoir to all staff and helping to personalise care.

Care homes which were operating below minimum standards (as set out in the standardisation tool in appendix 1), did not use information gathered about a person to tailor and provide meaningful activity.

In some cases staff weren't able to say how they used the information to personalise a person's care including planning for meaningful activities.

Sometimes a person's cognitive and physical limitations were given as reasons why wider activity choices weren't planned in accordance with these standards. But as the good practice example below shows this need not be a barrier.

Good practice

In one home where all the residents have dementia and a high degree of dependency, information gathered about the residents' personal identity was used to inform planning for activity. The manager and the activities coordinator met regularly to do this and provided an impressive range of activities. In addition occupational therapists and physiotherapists involved with residents left notes for the activity coordinator with suggestions about suitable activities.

Another example of good practice was observed in a home with a new staff team where they were beginning to use 'My Life' and 'Jackie Pool Assessment' methods together. These included measures of participation and enjoyment. Activity coordinators also used web resources to find ideas about how to tailor activity to peoples' needs including cognitive and physical considerations.

Though homes are beginning to improve practice by implementing tools to understand person identity, homes must work to ensure that these assessments are carried out for all residents, which are regularly reviewed and the information used to personalise care.

Planning and advertising an activity programme

Most homes showed evidence of planning of an activities programme for the whole care home, usually by activity coordinators. However in some cases this was limited to planned external events.

> "The activity programme isn't planned in advance as such, except where outside entertainers or outings are booked. Staff decide which activity to do on the day based on how residents are feeling." (enter and view report)

To be effective this approach to planning is dependent on skilled staff who know the residents well and have ready access to the resources needed to carry out the activities. Even then this approach has a number of disadvantages.

Personalised activity plans for individuals were less common.

Good practice

One home asked residents annually for three wishes, which they would then factor into planning for the year.

Advanced planning of activities has the advantage that it allows for:

- A wider range of activities to be provided.
- Activities that meet a broader spectrum of needs, adaptations can be researched and implemented.
- Activity coordinators to manage their time across the resident population.
- Activities can be advertised in advance allowing relatives and the wider community to become involved more easily in the life of the home.

For example one activity coordinator described how weekly planning meetings enable her to make activities:

> "Person centred, including extra 1:1 sessions for men who often don't do so well in groups and planning for individual needs in group sessions." (Activity Coordinator)

Most homes use a combination of long term and short term planning.

> "There was an activity plan on the wall in the reception area. There was a basic outline for the year to include Christmas, Easter etc. and then they plan the rest in. There are some regular weekly activities e.g. Tai chi Mondays."

Good practice

At another home, forward planning is done on a monthly basis and is based on weekly feedback sheets from previous activities. An activities board uses visual displays as well as written material.

Homes use a number of different ways to publicise activities for both residents and relatives.

> "A daily A4 newspaper includes activities, forthcoming events, hairdresser visits, tea room opening times, staff members on shift and menu choices for the day." (enter and view report)

Noticeboards, with pictures as well as words were the primary way to publicise activity programmes. For relatives, we also saw examples of newsletters, websites and social media.

Homes use of advanced planning for whole home activity is important to ensure that activity is appropriate and responsive to feedback. Additional focus on planning at a smaller group and individual level would improve the tailoring of activity.

Evaluation of activities supported in care homes

Standards

CQC regulation 9: Person Centred Care demonstrates the importance of evaluation of the activities provided by care homes:

"Providers must actively seek the views of people who use their service…about how care …meets their needs. Providers must be able to demonstrate that they took action in response to any feedback."

What we found

Enter and view volunteers reported that evaluation of activity was often dependent on the activity coordinator rather than being built into wider systems. Though there were a number of homes performing well in this area, a number of them were performing poorly. The enter and view team felt that the homes approach to evaluation and how feedback was used in planning reflects a home's approach to engaging residents in decision making in the home.

Homes whose evaluation of activities was limited, depend on good relationships between staff and residents, verbal feedback or levels of participation in an activity to measure levels of enjoyment. This approach is limited where staff turnover is high.

> "Relationships between staff and residents is such that they are very sensitive to each resident's happiness and enjoyment. Residents are also encouraged to give feedback." (enter and view report)
>
> "The residents vote with their feet." (staff member)

Often evaluation of activity is focused on those people taking part in an activity and it is unclear how these homes are gathering the feedback of those who don't join in to understand why.

> "The Activity Coordinators talk to residents to find out their views. They also observe resident's non-verbal communication for example one resident who normally shouts and fidgets gives the activity coordinator a hug and settles quietly. One of the activity coordinators keeps a journal at home about how activities went and who did/did not enjoy an activity. She feeds this information into the resident's care plan." (enter and view report)

Some homes keep a record of the number of people who attend an activity, but not how much people who are there engage in the activity. This is not effective evaluation.

Others recorded the resident's participation but hadn't linked this with the event evaluation.

Some homes linked evaluation of activity into residents' and relatives' meetings.

Some homes explained that individual activity coordinators had researched and implemented excellent evaluation practices. However these were dependent on one member of staff rather than integrated in to the systems of the home.

At one home the activity coordinator had introduced a 'Resident of the Day' system, where each day one resident and family if appropriate, has protected time with her to explore which activities they enjoy and what else they might like to do.

> "Each resident is seen approximately monthly and their views are taken into account when activity is planned"

Good practice

One home took a more systematic approach to evaluation:

- "Individual activity journals completed by staff following participation
- Photographic evidence
- Artwork displayed
- Comprehensive video journals of celebrations: Christmas, Easter, New Year
- Families feedback
- Evidence supplied clearly showed positive reactions from residents and activity logs provided informative feedback for future planning."

(enter and view report)

It is unclear how the approach to evaluation of activity is adapted based on need to ensure that it is accessible to all.

Standards

The NICE guidelines state that: "When collecting feedback from older people about whether they have been offered opportunities for meaningful activity, staff should consider using alternative methods for older people who find it difficult to provide feedback. For example, tools such as Dementia Care Mapping can be used, and/or feedback from people who are considered suitable to represent the views of the older person, such as family members, carers or an advocate." (NICE, p18, 2013)

There were a small number of homes measuring the participation and engagement of residents in activity by using tools to support people with dementia to feedback and this was then included into the wider planning cycle for the home.

In the main, residential care homes do not seem to be operating in line with standards for best practice in how they are evaluating the activities which they facilitate for residents as they are often not systematic or inclusive enough in their approach to ensure that all residents' views are gathered and considered during

evaluation and how views are used to influence and improve the activity programme.

Engaging and involving residents and relatives

Enter and view teams looked at the following areas to understand how homes perform in how they engage and involve residents and relatives in decision making and delivery of activity:

- Enabling participation in decision making
- Encouraging participation in planned activities
- Activity programmes encourage residents who have different preferences
- Provision of meaningful activities for those confined to their room.

Enabling participation in decision making

Standards

The importance of involving residents in decision making about activities at an individual and home level is demonstrated by **CQC Regulation 9(3)d**:

> “Older people should be involved in decision-making and supported and enabled to express who they are as an individual and what they want. They should be able to make their own choices whenever possible.”
>
> “Providers must make every reasonable effort to provide opportunities to involve people in making decisions about their care and treatment, and support them to do this. This includes physical, psychological or emotional support, or support to get information in an accessible format or to understand the content. It may include involving people in discussions, inviting them to meetings and encouraging them to ask questions and providing suggestions.”
>
> “People using the service and/or those lawfully acting on their behalf must be actively encouraged and supported to be involved in making decisions about their care or treatment as much or as little as they wish to be. This includes taking all steps to maximise a person’s mental capacity in different ways to make as many of their own choices as possible.”

Enter and view teams reported a number of methods used by care homes to enable residents to participate in decision making about activities provided:

- Resident and family meetings
- One-to-one discussion
- Individual care plans
- Informal approaches

Some care homes use resident and family meetings to enable residents and their families to take part in decision making about activities. This method of involving people can be limited because:

- Often staff said meetings were poorly attended.
- Meetings are only attended by those who 'have capacity'. This means that views and preferences of people who need more support to join in decision making are not represented.
- Frequency of meetings varies. Some only take place once a quarter. This means that opportunities to be involved in decisions about activity planning is not often enough to be considered meaningful.
- It is unclear how this information is used to influence decisions.

Where homes only use this method to give residents the opportunity to join in decision making about activities, they do not meet the standard set out above.

Good practice

There is some good practice where homes are trying to overcome these challenges (including through use of tools described above for those with Dementia), which could be shared across homes to improve performance in this area.

One care home had changed the format of their meeting to cheese and wine evenings which increased attendance.

Some homes used choices cards to facilitate involvement and made a clear link between minutes and planning.

Some homes excelled at involving relatives in the life of the home, also bringing in volunteers and being a clear presence in their community. Where this was the case there was a more natural flow of feedback from relatives.

Other homes use more informal methods of supporting people to join in decision making individually:

> "The activities coordinator ensured that people were asked about their likes and dislikes and what they wanted to do". (enter and view report)

Where this happens, concerns about individual's capacity to give their views in group meetings can be overcome and support needs met.

However, this informal method means a lack of structure to how this is done, records kept or management oversight across the home. There is a danger that this approach is inconsistent and not equal for all.

Planning for person centred care and finding out about a resident's personal identity was a dynamic area with lots of examples of good or improving practice as described above.

However generally this was not being used in a planned approach to meet residents' needs for meaningful activity. This includes a systematic tailoring of activity for people with dementia.

One care home reported using individual care plans to develop activity programmes. This is a more structured way of gathering views as long as regular reviews of wishes and needs are carried out.

Overall despite some good practice and most homes making efforts to involve residents in decision making about the activities delivered for them, most homes would benefit from improvements through structuring how this is done and using multiple methods.

Encouraging participation in planned activities

Concerned about the importance of avoiding social isolation, enter and view volunteers looked at how residents were encouraged to join in the activities that are on offer.

A typical response from homes when asked how residents were encouraged to take part was:

> "Talk 1:1 with residents, if refused keep returning to prompt" (Staff)

Where a resident regularly refuses to join in activities most care homes reported that they use 'gentle persuasion'. Staff said that if a resident wants to stay in their room they would pop in for a chat now and again.

Though this shows homes are giving residents choice, homes need to be more aware of the longer term impact on resident mood and mental health of social isolation.

In some cases it was reported that the planned activities don't take place or that people are not aware of them or encouraged to participate:

> "One family member who visits daily said that her mother isn't encouraged to leave her room or take part in activity".

Staff from one care home reported that they monitor residents to ensure that people aren't in danger of social isolation and spoke about taking a holistic view of care.

Good practice

"For those residents who refuse to take part in activity, they take a holistic view and check whether there is family involvement or other stimulation for the resident. Risk of isolation is always assessed". (Enter and view volunteer)

The enter and view team stressed that one-to-one time is especially important when residents have dementia.

As well as plans for regular, protected one-to-one time, some homes gave full examples of how the right activity can be the key to engaging a resident.

One man who had been withdrawn and uninterested became animated and began speaking about his earlier life looking after ponies at the pit when a miniature pony was brought into the home.

Staff described the importance of having a good range of activities which met residents' preferences as being an important part of encouraging participation.

Improvement is needed in care homes taking a structured approach to identifying those who are at risk of social isolation and taking proactive action to prevent any impact on residents' wellbeing.

How do staff provide meaningful activity for people confined to their room?

The number of people who were observed by enter and view team to be unable due to their physical needs to leave their rooms was limited. Where this was the case care homes had a range of practice:

The idea of staff popping in to 'chat':

> "If residents are confined to their room and can't take part in an activity the activities coordinator described how staff may talk through the activity with that resident so they can have a sense of what has been going on in the home". (Enter and view report)

Structured one to one activity:

> "Residents who were confined to their rooms had one to one sessions; this could be hand massage, chatting and reminiscence. (The home) … had wi-fi throughout the home; this allowed use of a computer laptop. The Activities Coordinator said this was used extensively from checking 'what's on' to looking at archive pictures/photos on a one to one basis to promote 'life story' work". (enter and view report)

Relatives expressed concerns that in this situation personal care needs often take priority and planned activity may not happen due to this.

The impact on the wellbeing of residents who are isolated in their room needs a more structured approach to ensuring that one-to-one and group activities are offered to all residents who are unable to leave their room and recorded and monitored.

Accessibility

Standards

NICE highlights the importance of care homes supporting residents with specific needs which may limit their ability to access to activity:

"It is important that staff recognise and record sensory impairments, mental health conditions and physical problems which may impact on ability and desire to take part." (NICE, pp23, 26, 30)

The enter and view team asked how staff make sure that activities are accessible for all residents.

They found some good examples of care homes identifying and supporting people to overcome barriers to people taking part and enjoying activities.

> "The Activities Coordinator has started to use subtitles for 'movie nights' in response to a resident in order to assist in following the film."
>
> "People who have mobility difficulties and are unable to walk distances would be taken to outdoor activities in a wheelchair or would get taxis."

Good practice

"Choices cards are used with residents who are unable to communicate verbally (e.g. residents with severe dementia, stroke, or Parkinson's)."

However, most examples focused on supporting people with mobility issues.

The evidence of action being taken to support people to access activity being taken through a planned, whole home approach was not consistent.

The enter and view team heard about strong relationships between staff and residents, where staff knowledge was essential for providing the right activity that is accessible for individuals. Too often this was not supported by systems.

The enter and view team found little evidence of activities being adapted to support those with sensory impairments.

When staff spoke about meeting the needs of residents with dementia, this often included planning for 'spontaneous' quick activities.

Although there is evidence elsewhere of planning to support those with dementia, this is an area which could be strengthened.

Homes need to plan more to support people with sensory disability, such as hearing impairment, and mental health conditions to access activities to bring practice into line with quality standards.

Availability of meaningful activities

Standards

"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." (NICE, p16, 2006)

To reflect this standard enter and view volunteers were asked to look at the activities facilitated in care homes in relation to the following categories:

- One-to-one activities
- Social activity
- Community activity
- Physical activity
- Daily living tasks

Care homes were more comfortable with facilitation of some kinds of activities than others. These are explored in turn below.

The enter and view team found that most care homes have a good variety of group activities on offer to meet a range of needs and can give examples of providing activity to suit an individual resident.

An illustration of the diverse range of activities the enter and view team noted is illustrated in the word cloud below. Those activities that are most regularly provided across the care homes in North Tyneside are shown in larger print.

One-to-one activities

Enter and view volunteers and relatives of residents reported a range of activity provided on an individual basis to residents. Many of them focused on individual chats, beauty treatments, board games and visits to the shops or pubs:

> "She knows that mum likes one-to-one chats and reminiscences". (relative)

> "Hair, pamper sessions, back in time sessions". (enter and view report)

> "Pampering, 1:1 conversation, music" (enter and view report)

> "Use of the tablet for reminiscing popular" (enter and view report)

Some residents need one-to-one support to access some activities, especially with the increasing incidence of dementia.

Some care homes take a structured approach to planning one-to-one time such as 'You and me time', 'Resident of the Day' allowed a longer period of time for individuals:

> "Time was set aside for 1:1 activities on the programme" (enter and view report)

However, some relatives told us that their family members did not receive this type of support:

> "Very seldom one-to-one. Only seen nail varnish application done" (relative)

> "No one-to-one activities" (relative)

> "I visit mum 2-4 times a week and I've not seen her involved in one-to-one activities" (relative)

This was also experienced by enter and view volunteers in a number of care homes:

> "We didn't see much evidence for 1:1 activity throughout the home beyond general chats with residents". (enter and view report)

> "Staff interaction was good but there was not a great deal of evidence of 1:1 activities". (enter and view report)

One-to-one time is highly valued by residents and works best when it is scheduled time with designated space and not just 'chatting' while carrying out care tasks.

One-to-one time should be planned with the residents as part of individual activity plans which are regularly reviewed and recorded.

Social activities

Standards

NICE standards state that “staff should facilitate social inclusion by promoting and supporting social interactions and access to social networks, involvement with the community, and existing and new relationships.”

Joseph Rowntree Foundation which states that a review by Cattan et al. (2005) found that educational and social activity group interventions targeted at specific groups are more effective than one-to-one interventions in terms of alleviating social isolation and loneliness among older people.

Enter and view volunteers were asked to comment on the level of social activity facilitated in the care homes.

The enter and view team found a variety of activities to encourage social interaction between residents on offer:

> “Three teams were formed including family, visitors and staff for the general knowledge quiz”. (enter and view report)

> “Residents were supported to write a letter to residents in another home… to create pen pals”. (enter and view report)

> “Residents appear to be encouraged to dine together and form friendships” (enter and view report)

> “We saw lots of residents together in lounges and on the first floor there was lots of activity going on. We observed two ladies knitting together in the quiet lounge.” (enter and view report)

Good practice

Care homes which performed above expectation in this area made social activity an approach to daily life in the home as well as specific planned activities, encouraging and supporting relationships between residents on a day to day basis.

Relatives stressed this importance of this approach:

> “I wish the staff would encourage more resident interaction with each other in their own rooms. Maybe setting up a table to have tea together.” (relative)

> “Mum attends most activities when offered and gets frustrated if the activities leader has to cancel to accompany someone to hospital.” (relative)

Others reported that activities to encourage social interaction was happening although in some areas the frequency seems low:

> "Attends infrequent sing along." (relative)
>
> "Approximately 1 or 2 times a week an activity is offered in the lounge and residents are encouraged to join in." (relative)
>
> "The home usually have entertainment once a week or fortnight." (relative)
>
> "My father-in-law enjoys cards and dominoes." (relative)

More still needs to be done to support relationships to be built between residents and to integrate good practice across homes.

Community activities

The enter and view team found many examples of care homes inviting the community into the home environment.

Lots of homes gave examples of church and school involvement, however often these examples were on special events such as Christmas and Easter.

> "The local school come in at Christmas to sing carols etc." (enter and view report)

There were positive examples of stronger links between care homes, schools and churches.

> "Local primary schools involved in visits to the home and providing free tickets to productions in the schools as well as inviting them in to coffee mornings." (enter and view report)

There were examples of church services being held in the homes, though two enter and view volunteers reported that some staff were surprised to be asked about how they met residents' spiritual needs:

> "A vicar from the local church comes to the home weekly and offers communion rather than a church service." (enter and view report)
>
> "There are regular services in the home." (enter and view report)

Care homes also hold events which community members are invited to:

> "The home runs occasional open 'coffee morning' events." (enter and view report)

Good practice

Care homes performing well in this area take residents out to community venues such as bingo, social clubs, pubs, shopping, dance groups and theatre trips.

There was good variety in outings, however it was difficult to establish how often residents go out, how recently and how many residents get this opportunity. Staff gave the following examples:

> "Visits to local working men's clubs, engineers club and pie and peas supper." (enter and view report)

> "Charity fundraising for a local hospice: staff zip-lining across the Tyne with residents spectating." (enter and view report)

> "Residents are taken out to the local shops and cafes and the activity coordinator said that this is a daily activity." (enter and view report)

One home which was geographically isolated provided a taxi and care worker to accompany a relative to take them out. While another would drop off and pick up residents at weekly family gatherings.

Only a few homes had no evidence or few or infrequent community activities.

> "The last time there was an outing was approximately 3 weeks ago. Outings don't appear to be a frequent activity." (relative)

> "Members of staff on the 2nd floor said residents don't go out into the community much." (enter and view report)

Homes need to ensure that links with community are both about bringing the community to the home and taking residents to join in community events or venues in a structured way. It would be useful to monitor how often individual residents are enabled to leave the home over a given period.

Physical activities

Most homes had examples of physical exercise and activities which they facilitate:

> "My mother is chair-bound so chair exercises and chair bowling and going for a walk are important to her." (relative)

> "Regular physical activities take place in the home. Residents are encouraged to go out into the garden where possible". (enter and view report)

Many homes made effective use of outside providers such as ‘The Simonater’ and ‘Ooomph’.

> **Good practice**
>
> One home showed good examples of combining daily living tasks and physical activity such as gardening and painting to create everyday physical activity.

However, there were some homes where the approach to physical activity was less structured:

> “There are no chair exercise sessions on offer yet but a weekly session is planned in the near future.” (enter and view report)

There weren’t many examples given for those who are confined to bed, for example activities involving hand or arm movement.

> **Good practice**
>
> One home did give examples of ‘Fiddle Pinnies’ which can help with manual dexterity and another had an individual exercise programme especially for those confined to their rooms.

The enter and view team felt that use of multi-disciplinary approaches to planning and delivery of physical activity was limited. For example physiotherapists and occupational therapists could provide valuable input and support for care homes in improving wellbeing through improving the assessment, personalisation and effectiveness of activities and potentially reducing hospital admissions due to falls.

However we found little evidence that these resources were accessed by care homes.

Though most homes provide physical activity for residents, improvements can be made for those who are confined to bed and in the building of connections with outside agencies, such as physiotherapy which may improve residents welfare.

Daily living tasks

> **Standards**
>
> The importance of residents being supported to maintain independence in some daily living tasks is acknowledged by NICE:
>
> “If older people are encouraged to carry out these tasks for themselves, rather than have others do them on their behalf, it will contribute to their sense of wellbeing” NICE.

The importance of supporting daily living tasks was one of the weakest areas of activity provision identified by the enter and view team across the homes.

This reflected the lack of a whole home approach to activity. Most homes could give some examples of daily living tasks in the communal living areas. However this appeared to be ad hoc.

A few homes have good examples of how residents are doing daily living tasks in communal areas and their own rooms.

> "X likes to potter by perhaps dusting her ornaments or cleaning the bathroom sink or even washing her tights. Little things that take her a lot of time but she is happy doing it and tells me on an evening she done her housework that day so she's having an early night." (relative)
>
> "She likes to sit in the dining room when the tables are being set." (relative)
>
> "Residents are encouraged to prepare the table and veg for meals." (enter and view report)
>
> "Some residents like to dust surfaces, set tables, clear away, wash dishes." (enter and view report)

Whilst there were examples given, they usually apply to only one or two residents. This didn't seem to be a regular approach in the homes and encouraged by all staff.

It either relied on residents expressing this wish or families requesting for this to be available.

One manager had done a 'meaningful activities' training course and was clear about what needed to be done.

Only a few homes had no examples of daily living tasks.

> "There were no examples where residents were involved in day to day living tasks." (enter and view report)
>
> "There doesn't seem to be any arrangement to encourage residents to take part in daily living tasks". (enter and view report)

Ideally there would be training for all staff so that they get involved in supporting residents to take part in naturally occurring tasks.

The enter and view team felt that part of the reason why performance in this area was low was because of the risk of allowing residents to carry out personal daily living tasks. For example, clothes won't be properly cleaned if residents hand wash them.

Whilst risk needs to be managed, NICE standards state that residents should be able to exercise some degree of personal choice in risk taking in order to support them to be as independent as possible for as long as possible:

> "However, older people need the freedom to choose to take some risk if they want to. Care staff should feel confident about supporting people to take risks and know how to manage and monitor risk". (NICE)

Homes must improve their practice in the provision of opportunity for residents to maintain independence through the carrying out of daily living tasks for themselves and within the home. Training and further consideration of risk management would be a good first step.

The role of the activity coordinator and a culture of activity in care homes

Standards

NICE standards advocate an integrated approach to activities within the home:

"Activity doesn't have to mean organised activity. It is a myth that the Care Quality Commission (CQC) expects there to be an activities programme and the delivering of such a programme is the responsibility of 1 person - the activity coordinator. Activities coordinators play an important role, but ensuring that people can spend their time doing things that are meaningful to them is the responsibility of all staff."

A central theme coming from the observations of the enter and view team across homes was the difference between a 'one man band' versus whole-home planned approach to activity planning, evaluation and provision. There are big differences between homes and sometimes between different parts of the same home on both the quality and choice of activity.

Some homes took a whole home approach with activity being a core part of care rather than just 'entertainment'.

In these cases activity was built into the life of the home and was part of all staff's role.

For others it remained the role of the activity coordinator, dependent on that individual staff member's enthusiasm, skills and status within the home.

The role of the activity coordinator was pivotal in providing meaningful activity.

Where activity was not part of a ‘whole-home approach’, this led to barriers to activity which could impact on the wellbeing of residents.

For example the amount of budget allocated to activity varied hugely between homes.

Generally a lack of dedicated budget for activities made things difficult. A few homes without funding for activities made fundraising itself a whole-home activity which linked residents to their community.

This often relied on staff goodwill and fundraising in their own time and reduced the amount of time the activity coordinator was able to give to activity versus fundraising, the availability of transport and access to the community.

The need to attend to personal or health care needs impacted on activity time. This led to scheduled activities not happening or activity not being adapted when the resident’s dependency increased.

Every home had an activity coordinator. The enter and view team saw that there were a large number of new activity coordinators. These were enthusiastic people who are often resourceful and inventive. However they are also usually paid minimum wage, also provide care, fundraise and need to come up with systems.

Activities often don’t happen if they are on holiday, required to cover, not on duty or the post is vacant.

NICE standards state that activity should be seen as part of the job of all staff in a home. We did not see evidence of this being implemented in many places.

Recommendations

Recommendations for residential care home providers

1. **Homes need to develop a whole home approach to providing activity as an essential part of care and at the centre of life in the home.**

   Therefore homes must ensure that:
   - All staff are appropriately trained to deliver activity.
   - Job descriptions show that activity is the responsibility of every staff member.
   - A per-capita budget is ring fenced for activity in the home, including one-to-one activity.
   - There is a dedicated activity coordinator and their time is ring fenced, that is, they are not providing care.
   - Activity time for individuals is protected time.
   - There is opportunity for residents to get involved in daily living tasks if they choose.
   - Risk assessments are reviewed to enable individual choice in risk taking, including with views of relatives.
   - Decision making in the home is done with residents' involvement.
   - Homes should use tools to ensure that those who are less able to express their views are also involved.

2. **Activity planning needs to be systematic and integrated into planning across all homes.**

   Therefore homes must ensure that:
   - Use of a tool to gather information about resident's personal identity which is reviewed regularly.
   - Care plans include individual activity plans (one-to-one, social, community, physical and daily living tasks), which are reviewed regularly.
   - Records are kept of how much activity takes place and levels of participation of residents (not just attendance).
   - Regular reviews of residents to identify those at risk of social isolation are carried out and action taken.
   - Evaluation is built into the activity planning cycle and incorporates tools which gather views of those with dementia.
   - Care plans identify barriers to participation and engagement and instruct the use of tools and adaptations so people with dementia and sensory impairment can join in.

- Printed activity programmes should be available across the home in a variety of formats.
- Involve the use of other professionals, such as occupational therapy, in the planning and delivery of activity.

3. **Homes should consider the role that new technology can play in the delivery of activities.**

4. **Care home staff to participate in training, forum and events to share and learn from best practice in activity provision from homes across the borough.**

Recommendations for commissioners

Standards

Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of activities that are undertaken within the care home and can demonstrate that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them. (NICE 2013)

Recommendations for North Tyneside Council (commissioners)

In order to support commissioners to strengthen the discharge of their role prescribed by NICE, the following is recommended:

1. **Healthwatch North Tyneside recommends that North Tyneside Council change their current service level agreements with residential care homes to ensure that:**
    - Each home has a dedicated full time activity coordinator who has or is working towards a recognised qualification for activity coordinators
    - The allocation of reasonable ring fenced per head budget for the facilitation of activities.
    - Protected time for activity coordinators and staff to facilitate activities (to ensure that this is not diverted to care tasks).
    - All residents have an individual activity plan which is regularly reviewed as part of their overall care plan.

2. **North Tyneside Council review key performance for activity provision in residential care in the monitoring grid to integrate monitoring of the contractual obligations.**

3. **North Tyneside Council look at the dependency model and expand to include activity provision.**

4. **North Tyneside Council work with health colleagues to establish an agreed approach to multi-disciplinary teamwork in support of activity in the homes including with occupational therapist and physiotherapist.**

Recommendations for the Care Quality Commission

Healthwatch North Tyneside reviewed the CQC inspection reports for four local care homes (where enter and view had been carried out). The intention of this was to get an understanding of how inspectors consider meaningful daytime activity in inspections. From this small sample of reports, it appears that inspectors routinely speak with activities coordinators and make comment on the activity programmes on offer in the homes in relation to outings and planned entertainment.

There are some examples where inspectors have made references to levels of participation in activities recorded in personal records and the participation in the local community.

However, how inspectors look at meaningful activity is not structured to look at a holistic view of the provision in homes. For example there is little reference to residents' participation in daily living tasks, the resourcing of activities by homes or how the homes are working to identify and address social isolation.

Therefore Healthwatch North Tyneside would like to suggest that the CQC give consideration to the findings of this report and other similar work across the country in order to ensure that inspections strengthen their emphasis on the importance of a culture of activity provision as essential to wellbeing of residents.

Useful reading and resources

Aldridge (2009), Enhancing informal adult learning for older people in care settings. NIACE

Alzheimer's Society (2007) Home from home. Available from https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=270 (Accessed 12/12/2015)

Catton et al. (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions', Ageing and Society, Vol. 25, No. 1, pp. 41–67 Chalfont, G.E. (2005) 'Creating enabling outdoor environments for residents cited in Evans and Vallelly (2006) Best practice in promoting social wellbeing in extra care housing. A literature revue, Available from http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2118-wellbeing-literature-review.pdf pg 8

CQC (2014) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9. Available from http://www.cqc.org.uk/content/regulation-9-person-centred-care (Accessed 5/2/ 2016)

DoH (2011) No Health without mental health: a crosscutting mental health outcomes strategy for people of all ages. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf (Accessed 12/12/2015)

DoH (2009) Living Well with Dementia. Available from https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy

Allen, J, (2008) Older People and Wellbeing. The Institute for Public Policy Research.

http://www.jackiepoolassociates.org/products/pool-activity-level-pal/

http://www.napa-activities.com/

NIACE, 2010, Enhancing Informal Adult Learning for Older People in Care Settings: A Guide for Activity Co-ordinators and Care Staff.

NICE (2013) Mental Wellbeing of Older People in Care Homes. Available from https://www.nice.org.uk/guidance/QS50 and https://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/mwop?type=careproviders (Accessed 10/10/2015)

My Home Life: Quality of Life in Care Homes Edited by Tom Owen and NCHRDF (2006) http://www.dignityincare.org.uk/_library/Resources/Dignity/OtherOrganisation/My_Home_Life.pdf (accessed on 7.12.15), pg.43

http://www.oomph-wellness.org/

Quince, C, (2013) Low Expectations: attitudes on choice, care and community for people with dementia in care homes. The Alzheimer's Society.

Ratner, C, 2002 Vol. 3 No. 3 Subjectivity and Objectivity in Qualitative Methodology, **Forum Qualitative Social Research.**

http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/Direct_Payments/Risk_Management/DH_074775.pdf

General approach to evaluating meaningful activity:

This toolkit provides a useful audit tool for activities in care home which may be of use to all stakeholders in achieving improvements in this area.

https://www.cot.co.uk/sites/default/files/general/public/Unit4-Care-home-Inspectors-2015.pdf

Appendix 1

Independent Observer Scheme Report 2015

Names of Independent Observers

Name of Home:

Date and Time of Visit:

Please remember that we are still interested in your general observations about the home, please use the box at the end for these.

Generic questions about activity to be asked at the start of the visit (or discussion)

1. **Planning**
   1a) How do you find out about your residents history, likes and dislikes and how does this information inform your planning?
   Or: When you first moved in how did the staff find out about your (your relatives) history your likes and dislikes and do they use what you told them to arrange activities that you enjoy?
   1b) How do you plan activities for the week/month ahead? Is there a planned programme of activities? Is it published?

Responses

Observations

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

2. Engagement

2a) What do you do to encourage your residents to engage in activities?

Or: What do staff do to encourage you (your relative) to take part in activities?

2b) How do you vary activity in your home to encourage residents who have different preferences? Can you give examples? Staff only

2c) How do you provide stimulation to those residents who often say 'no' to most activity suggestions? Staff only

2d) How do you involve residents and relatives in deciding what activity is on offer throughout the home?
Or: What do staff do to involve you (your relative) in deciding what activity is on offer?

Responses
Observations

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

3. **Access**

3a) How do you make activities accessible for residents?

Or: how do the staff help you (your relative) take part?

3b) How do you overcome barriers such as physical access (residents moving between floors, unable to go outside, unable to see/hear etc.?) Staff only

3c) How do you ensure that appropriate activities are offered when someone is confined to their room? Can you give examples? Staff only

Responses
Observations

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

4. Evaluation

How do you know if your resident(s) enjoy the activities on offer? How does that inform your planning? Give an example of an activity that worked well/didn't work well and what you did about it. Staff only

Responses
Observations

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

Activity Threads
We ask the overarching question about the current types of activity on offer and make a list on left side. Then we can explore these in more detail using the prompt questions (given on a separate page) and include answers and specific examples on the right side.

All threads: **Can you give me some examples of the activity offered (or that you take part in)**
How often? How many people are involved? Where/when?

List current activities here	**Provide further details - see prompt questions (pages 7 and 8).**
1: 1 activities	
Social activities	
Links with Community	
Physical activities	
Day to day living tasks	

Any other comments or observations about activities (please record examples of both good and poor practise)

Scoring for Threads

Thread 1: One to One Activities

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

Thread 2: Social Activities

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

Thread 3: Community Activities

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

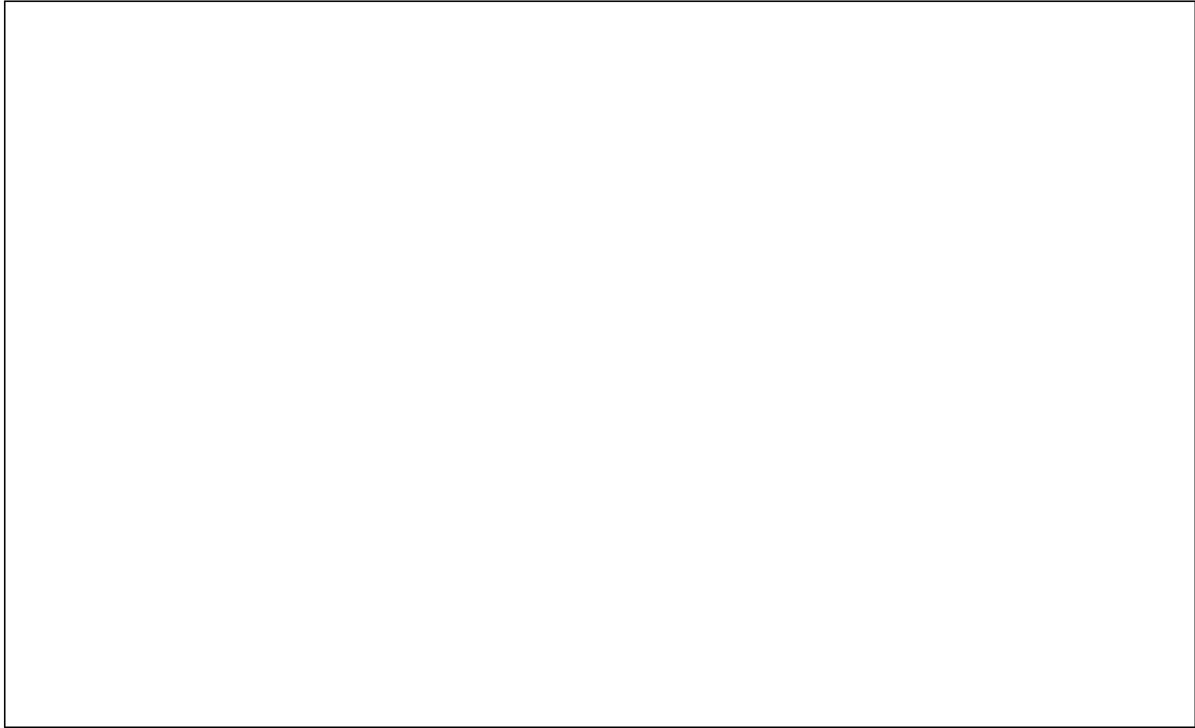
Thread 4: Physical Activities

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

Thread 5: Daily Living Tasks

Cause for concern	Below Expectations	Meets expectations	Above Expectations	Not Answered

Any other comments or observations about the home in general (not activity related)



Collectively – how many residents spoken to during the visit?

How many staff

How many visitors

Appendix 2

Suggested prompt questions for staff

Thread 1: 1:1 Activities

- Do you have the opportunity to spend 1:1 time with residents either as part of a planned activity programme or as part of the day to day routine?
- How do you create activities for residents around their existing hobbies, interests and life experiences? Give examples.
- **How do you adapt 1:1 activities to meet the resident's current needs?**
- Is there quiet space other than their own room for a resident to take part in 1:1 activity?

Thread 2: Social Activities

- Are social activities included as part of a planned programme? How often? How many residents take part?
- Do you provide a variety of social activities (different group sizes, locations, type, themes)?
- How do you encourage friendships between residents and in the community?
- **How do you adapt social activities to meet the needs of a range of residents (e.g. lacking confidence, increased cognitive impairment, mobility difficulties)**
- How do you involve families and friends?

Thread 3: Community Activities

How do you support residents to feel part of the community? E.g. do residents take part in things that are happening nearby like tea dances or visiting local amenities?

- **How do you support residents who aren't able to go out into the community?**
- Are local schools, churches or community groups involved in the home? Do they come to events that happen in the home? Are residents supported to attend events that these groups provide?
- How often do residents go out? Do all residents get the opportunity to go out? When/Where was the last outing?

Thread 4: Physical Activities

- Do residents have opportunities for regular physical activity? What? Where? How many residents? How often?
- **How do you adapt this for less mobile residents?**
- How do you create other ad hoc opportunities for physical activity?
- Is it easy to access the gardens/ outdoor space and do residents go outside very often?

Thread 5: Daily Living Tasks

- How are residents supported to carry out
  - Communal daily living tasks, e.g. laying the table, meal preparation etc.?
  - Individual personal tasks e.g. dusting own room, small items of laundry?

- **How do you adapt daily living tasks to meet the resident's current needs e.g. cognitive impairment, reduced mobility etc.?**
- Which staff are involved in creating opportunities for daily living tasks?

Suggested prompt questions for resident/family
(Note: when asking question for family members, replace 'you' with 'your relative')

Thread 1: 1:1 Activities
- Do staff members spend time with you? How often?
- Do you get to choose activities that you personally enjoy and not just pre-planned group activities?
- Do staff members try to create activities for you around your existing hobbies, interests and life experiences?
- Do you find the activities on offer to be enjoyable/ stimulating/ appropriate/ plentiful?
- Do you feel there is enough space in the home, for instance if you want to go somewhere quiet with your visitors or if you don't want to join in particular activities, can you go somewhere else?

Thread 2: Social Activities
- Do you get a chance to socialise with other residents? What activities do you like?
- Do staff members encourage you to develop and maintain friendships?

Thread 3: Community Activities
- Do you feel like you are a part of the local community? E.g. do you get to take part in things that might be happening nearby, like tea dances or visiting local amenities?
- Do you enjoy going out? How often do you go out?
- Do local schools, churches and community groups come into the home? Do you have opportunities to attend events that they provide?

Thread 4: Physical Activities
- Do you have opportunities for physical activity? What types of activity do you do?
- Do you get to go outside into the gardens/ outdoor space very often?
- Do you think the gardens/ outdoor space are well maintained and easy to get in to?

Thread 5: Daily Living Tasks
- Are you supported to carry out any daily chores here? E.g. either for the home - laying the table, meal preparation etc. or for your own room - dusting own room, small items of laundry?

Appendix 3

Standardisation Examples for IOS Visits 2015

Area	Above Expectations	Meets Expectations	Below Expectations	Cause for Concern
1.**Planning**	Detailed & comprehensive information is gathered, recorded and regularly updated Residents' individuality is celebrated Relatives are involved in the process Where capacity to consent is an issue, particular care is taken to find out residents likes and dislikes. Relatives have significant involvement and other sources are used egg previous care plans, GPs, friends Information is accessible & used to inform planning One page profile or similar is used There is a planned programme of activities. Published & accessible to relatives and residents	Information is gathered and recorded All staff and relevant others have access to the information Staff know each resident well and value them as individuals Relatives have some involvement in the process There is a planned programme of activities	Limited information is gathered Information is held but does not appear to inform planning	No information is gathered Staff don't appear to know residents or understand them
2.Engagement	Staff know residents really well and are aware of when 'no' doesn't really mean no and conversely when residents	Staff encourage and support residents to engage in activities	Staff encourage but give up quickly	There is no evidence of any encouragement

	need/want to be left alone Staff are able to give time to encourage reluctant residents to engage Activity is varied and caters for different preferences. Staff use initiative and imagination to encourage People can participate in different ways and at different levels Residents and relatives are involved in planning	A positive, 'can do' approach exists within the home A variety of methods are used to publicise activities and encourage participation	A one approach fits all is apparent No priority is given to taking time to encourage participation	
3.Access	Staff have detailed knowledge of each resident and use it to adapt activities so they are accessible. All staff have a good understanding of how to include residents with different access requirements; this could be overcoming physical barriers such as being unable to see/hear/ go outside/ move between floors, or cognitive barriers such as dementia. Activities are fully evaluated and evaluations are actively used to inform future planning All staff have access to appropriate and up to	Staff recognise the importance of activities and evidence of some adaptations to make them inclusive. Evidence of both group and one to one activities Staff have good knowledge of residents capabilities Relevant equipment provided to meet R's needs (e.g. a card holder)	Limited evidence of activities being tailored to individual's needs. No evaluation Only group activities Lack of resources/staf f training	No evidence of activities being tailored to individual's needs. Staff appear not to understand the concepts

	date training and resources			
4.Evaluation	All activities are fully evaluated as a matter of course A variety of evaluation methods are applied Evaluations are always used to inform planning Relatives are involved in the process Residents voice takes priority over organisational considerations	Activities are evaluated Residents views are sought and valued Evidence that evaluations usually informs future planning	Limited evidence of evaluations Evaluations are more of a token gesture, limited evidence that they are used in any way	Activities are not evaluated. Activities are planned to suit organisational requirements, rather than residents preferences
Thread 1 One to one activities	Maximum use is made of staff and residents skills, interests, hobbies. Staff spend 1:1 time with residents There is a quiet space (other than own room) for a resident to take part in 1:1 activity. Flexibility, ad hoc activities encouraged/opportunities taken Sensory activities/resources for those with dementia. Residents are supported to pursue their religious/spiritual beliefs	Good range of one to one activities available Good interaction between staff and residents.	Structured arrangements only Limited opportunities for one to one activities	No one to one activities No meaningful interactions with residents
Thread 2 Social Activities	Programme variety; group size; activity; location.	Some programme variety	Limited programme of activity	No programme

	Friendships valued and supported. Taken account of in planning. Regular & frequent Recorded and evaluated Transport provided Relatives involved Residents involved in planning	Activities are accessible (including financially) Residents are encouraged to take part Friendship pairings/groups are supported Transport provided	Limited encourageme nt	
Thread 3 Links with community/ external activities	Strong links with local schools, community groups, churches etc. Residents are supported to go out into the community on regular frequent basis. Groups frequently come into home and opportunities exist to engage in variety of activities Residents are supported to vote Residents are supported to maintain links with their cultural community	Links with groups but not as regular/frequent and less variety of activities. Programme of accessible (including financially) trips out Transport provided	Few opportunities for local com to come in and for people to go out to activities. Annual trip to seaside	No evidence of any activities
Thread 4 Physical Activities	Range of regular and frequent activities, both organised and ad hoc (egg opportunity walks) Activities take place both within the home and wider community	Range of accessible (including financially) organised activities. Residents encouraged & enabled to take part Some residents able to take part in one to one activities	Occasional traditional organised activities No encourageme nt to attend	No opportunities No access to outdoor space Residents discouraged to take part in physical activities due

	Residents encouraged & supported to take part Bespoke activities organised around resident's hobbies egg golf, yoga, swimming.			to safety concerns.
Thread 5 Daily living tasks	All staff involved in creating opportunities (domestics, gardener, cook, carer, manager) Staff apply the 'half done' approach All residents encouraged to undertake day to day living tasks Daily routines which include tasks skilfully adapted to residents personal capabilities	Regular and various domestic life tasks, involving different residents, not just the most able. Plenty of examples such as • Preparation of veg/ cooking • Gardening • Handwashing small items of clothing • Dusting/tidying • Handy man tasks	No daily living tasks anywhere in the home No info on possible opportunities for daily living Staff don't understand what "daily living tasks" are Token tasks only done now and then	Residents denied opportunities No stimulation

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