

July
2016

Care Home
Enter & View

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

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Executive summary

A number of care homes in East Sussex have been rated as inadequate by the Care Quality Commission, following their inspections. A sizeable number have also been rated as 'requires improvement', which is the rating one up from inadequate.

The implication from these findings is that outcomes for residents are not good and need to be improved. As a result, in March 2016, Healthwatch East Sussex, under its remit to seek the views and experiences of people receiving a service, decided to carry out a series of enter and view visits to care homes.

Methodology

The criteria for choosing the services to be visited were:-

- All the care homes rated as inadequate, which numbered 15 care homes in March 2016.
- A spread across East Sussex was also thought to be important to capture a true cross section of services, including those in urban and those in rural settings. Five 'areas' of East Sussex were identified; Rother and Bexhill, Hastings and St Leonards, Eastbourne and Polegate, Wealden and Lewes, and the coastal towns. As the aim was to visit 50 services, this meant that ten needed to be identified from each of these five areas.
- Services that had more recently been rated as 'requires improvement'

It was discovered that some of these services had either closed, or were due to close and so they were not visited. These services were St David's Nursing Home, Clyde House and St Paul's Care Centre. A visit was made to Marlowe House and the home found to be empty, so this was also not visited.

The aim was to visit 50 with a minimum of 40 care homes being acceptable and therefore some more potential services were added to the list. These were: Richmond, Lindsay Hall and The Normanhurst Nursing Home. Due to organisational issues, visits on this occasion were not made to the following services: Cedar Wood, Birch Holt and Normanhurst Nursing Home. Greenbank was visited on the same day as Inspectors from the Care Quality Commission (CQC), therefore the visit did not continue.

The vast majority of providers responded positively to our request to visit. Some asked for additional information and this was provided. However, two services, The Polegate Care Centre and Bishops Gate did not respond positively. Despite numerous attempts to make suitable arrangements with them to visit, they failed to enable it to happen. We followed our protocols and informed the Care Quality

Commission and East Sussex Adult Social Care that they had failed to work positively or in a co-operative manner.

As a result of the above changes, we carried out enter and view visits to 42 care homes. The list of services visited is contained in Appendix 1. We thank these services for their assistance and for the way in which they welcomed us into their care homes. We would also like to thank the residents for their assistance and cooperation.

The process for organising these visits was as follows:

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

The programme of visits included care homes that accommodate people with dementia and some with a learning disability. In these care homes, and some

others, there were communication issues, which meant that we were unable to obtain direct feedback from residents. This meant we relied more on our conversations with staff but also on our observations of care routines and interactions between residents and staff.

Focus of the programme of enter and view visits

The focus of the visits was on choice and independence. These were seen as key issues for people who move into care homes. It is often assumed that people who go into care homes will lose their sense of independence, that they will have no choices and be unable to make their own decisions. A key part of these visits was to assess these assumptions, both from what residents told us but also from our observations.

There was particularly interest in the way people with cognitive issues, such as dementia or a learning disability, are supported to make decisions and have as much control over their own lives as possible. Linked with this, is how the environment was set out to assist people, and whether any specific equipment was used to help people make choices and decisions. We were also keen to ask residents the best thing about being in a care home and also about any improvements they could suggest.

Key themes identified at the debrief meeting for Authorised Representative's

- Overall, the standards at the care homes, both of care and premises, were good.
- The vast majority of residents spoken with were positive about the care home and their ability to make decisions and choices.
- The degree to which residents could be actively involved in the care home varied greatly.
- The levels of independence varied and linked with this was the extent of the support provided to maintain independence and choice.
- Generally, residents commented favourably on activities.
- Lack of access to the community was an issue identified by many residents.
- Some care homes looked 'tired'.
- We identified a few services that were very good in the way they supported residents and a couple of these will be given as examples of good practice.

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

If some services can go the extra mile, then why cannot others?

Observations and findings

The standards in care homes were generally good

Most of the individual reports on the care homes commented favourably on the environment. Examples from the reports include:-

- The care home was light and airy, with homely furnishings (**Threeways Nursing Home**).
- A home from home for long term residents. (**Mountain Ash**).
- We observed the five residents being actively engaged with by staff. (**Abbey Lodge**)
- Bedrooms seen were light, airy and contained personal effects including photos, so that the rooms were personalised for each resident. (**Abbey Lodge**)
- Care workers speaking kindly to residents and responding quickly to their calls. (**Leolyn Care Centre**).
- One person said, *“I love it here and I’m well looked after”*. (**Leolyn Care Centre**).
- There seems to be a family atmosphere. The staff appear to be much appreciated by the residents. (**Woodville**).
- Carers were kind and anticipated care needs. (**Heffle Court**).
- The atmosphere was very much that of a community, with friendly relationships between staff and residents. (**Sunrise Living**)
- A care worker was seen to take special care of a resident who has difficulty in swallowing. The carer encouraged them to drink, explaining that they really needed to drink more. (**Thornbury**).
- We witnessed good communication and conversation between residents and staff. The residents seemed to enjoy the interaction. (**Rosebery House**).
- The building was in an excellent condition. It was well kept and clean, with easy accessibility. Staff were seen to be friendly. (**Manor Gardens**).
- Staff interacting with residents. Residents actively engaging with each other and staff. (**Sedgemoor and Framley**).
- We noted a pleasant attitude towards residents from staff, offering eye to eye contact with a compassionate approach. (**Pinewood Manor**).
- There seems to be a very happy feeling in the home, and the staff seem very caring and interact well with residents. (**Ashdale House**)
- One resident said that the staff are, *“excellent”*. (**Forest Lodge**)
- We saw numerous examples of friendly engagement between residents and staff. The sense of companionship was both observed and spoken about by all residents, who felt that staff were also part of the community. (**Mais House**).

- In one bedroom, we saw the home had created a sensory area beneath a tent. This was a very imaginative use of space and met the needs of this particular resident. (Hazelwood).
- The residents we spoke to were all positive about their experience at the home. (Hartfield House).
- Positive and friendly relationships between residents and carers, staff had time to talk with residents. (Victoria House).
- The residents we spoke with seemed to be happy living in the home, none of them could think of something which needs to be improved. (York Lodge).

Residents were positive about their care

The feedback from residents was mainly positive. They were able to think of good things about where they were living. One or two spoke about missing where they used to live, but recognised that they needed more care than could be provided at 'home'. When asked, *"What was the best thing about being in the care home,"* the majority who answered said things like; *"companionship", "friendships" and "being cared for."* A selection of comments and statements taken from individual reports include:

- All four of the residents we spoke to were positive about their stay at Avalon - although the extent to which they could answer all the questions varied. One said, *"I love it here, everybody is very nice"*. Another said, *"I like the entertainment"*, and, *"I feel safe here"*. Another commented, *"They have really hit the nail on the head here."* (Avalon).
- All of the residents we spoke to were very positive about the home - *"best place I can be", "more like a home than a nursing home", "like a first class hotel", "a wonderful place"*. They were clearly very happy living there. (Fourways).
- *"Extremely nice treatment here, very friendly people", "If I mention something that needs putting right, they do it", and, "Food is good, you can have as much as you like"*. (Victoria House).
- A group of three women sitting in the lounge had formed a good friendship. (Hartfield House).
- The residents all said they were very happy and well cared for. They felt safe and secure in their lovely surroundings. (Forest Lodge).
- Our conclusion, having talked with a number of residents, is that they were generally happy and contented. (Pinewood Manor)
- Generally the residents were positive about the home and the fellowship of others as well as being appreciative of the staff. (Barons Down).
- All residents commented on the friendly staff, who they said were thoughtful and pleasant, with one saying, *"staff go beyond the call of duty"*. (Burdyke Lodge).

- Residents were positive about the staff and the homely environment. Not being able to manage by themselves was the most frequent reason given for going into a care home. (**Freshford Cottage**).
- The three women we spoke to said they enjoyed the friendly and communal style. (**North Corner**).
- Residents said they were happy at the care home. (**Manor Gardens**).
- One person said, *“I love it here and I’m well looked after”*. (**Leolyn**).

Varied levels of involvement in the care home

In some care homes, residents stated that they could be involved in some aspects of the care home, whilst in others there was no sense that residents were included. Some of the relevant comments from the individual reports include:

- The manager told us that residents’ meetings are held about every three months and are used to obtain feedback. Relatives are also invited to these meetings. (**Threeways**).
- We were told that residents have helped in the garden and also help to maintain the rabbits. (**Abbey Lodge**).
- Some told us how they are able to help with meal preparation and out in the garden. (**Kingswood House**).
- One resident said; *“I help in the dining room. I collect dishes. I can help with jobs”*. They were keen to have these responsibilities. (**Heffle Court**).
- The chef holds regular meetings with residents to discuss changes to menus and individual requests are met if possible. (**Sunrise Living**).
- Residents assist with the running of the home, including cooking, gardening, cleaning duties discussed and rotas agreed with residents. (**Sedgemoor and Framley**).
- We were told that some residents are able to make their own breakfasts and lunch, with assistance. Residents can have their own fixtures and fittings in their bedrooms, and can also have a choice of wall coverings and carpets. (**Ashdale House**).
- Examples were given where residents are supported to be involved in the running of the care home through regular resident meetings, a food forum and a garden committee. (**Mais House**).
- Independent living was encouraged by attending workshops, dressing themselves and helping with preparing food and drying up for example. (**Hazelwood**).
- Meetings are held on a monthly basis with residents and family members to discuss interests and preferences. The outcomes are written into care plans. (**Lindsay Hall**).

- One resident told us they had been to a garden centre to help choose plants for the front garden, and a couple of other trips out. (Hartfield House).
- The manager explained that residents' meetings are held monthly. (Victoria House).
- Residents had their own rooms furnished, and in the case of one resident, decorated in accordance with their wishes. (Fourways).

Levels of independence varied

From our discussions with residents and our observations, we conclude that in some services, residents were very well supported and encouraged to do as much for themselves as possible. They were supported to make decisions and choices. In many services, there were good and some innovative ways of doing this. Due to the cognitive issues for many of the residents met with, care homes had a variety of ways of enabling people to make choices. Pictorial menus were evident in many care homes, as a means of residents being able to make an effective choice of their meals.

In some care homes, the above was not so evident and opportunities to assist people to make choices were more limited.

Examples for both these aspects from the individual care home reports include:

- We saw staff asking residents where they would like to go after lunch, with some choosing to go to their bedrooms. Residents also confirmed that they are able to make their own decisions and choices, giving examples such as what they wear, the food and when to go to bed. (Threeways).
- Staff regularly asking questions such as, *“Where would you like to sit? Would you like to play a game? Would you like gravy with your meal? Would you like a blanket?”* If residents said “no”, staff did not insist. (Avalon).
- *“It’s very good on the whole - get lots of choice”*. (Victoria House).
- *“There are no rules or regulations”* and, *“What I choose to do is entirely down to my health and legs”*. (Hartfield House).
- A choice of two main meals being served at lunchtime, with the possibility of an additional vegetarian choice. Visual menus were used to help with communication. (Lindsay Hall).
- Support was given to make choices by pictures, cards and communication particularly around food, clothes and outings. (Hazelwood).
- Residents told us of their freedom to make choices around activities of daily living and were able to undertake as much or as little as they were capable. (Mais House).

- Residents were able to make their own decisions. (**Forest Lodge**).
- Some residents wish to have their clothes arranged on their beds each day to enable them to choose what they want to wear, so staff do this for them. (**Ashdale House**).
- Residents spoken with confirmed they are able to make their own decisions and choices. They gave examples such as where they spend their day, what they do, a choice of meals and what time to get up and go to bed. (**Pinewood Manor**).
- From the interviews that we carried out it appeared that, generally, residents were able to make up their own minds on personal things such as when to go to bed, whether to shower/bath/wash, what to wear or what to eat. (**Barons Down**).
- Residents told us that they are encouraged to choose their own bedtime, dress themselves, have help with showering if necessary, and decide if they want to eat in their room or dining room. (**Burdyke Lodge**).
- Residents stated they had the possibility to make their own choices e.g. bedtimes, food, clothing etc. but in the main relied on the staff. One resident would like to have been given the choice of having vegetable curry when the others had meat curry. We advised the Manager of this. (**Freshford Cottage**).
- The residents told us that they were able to make decisions and choices. They made decisions regarding food, getting up and going to bed and where to be in the home (in their own room, in the garden, in the lounge or dining room). One resident said they liked to sit in the dining room listening to Classic FM. (**North Corner**).
- Menus discussed and residents have an input. (**Sedgemoor and Framley**).
- Coloured menu boards were used to help residents when choosing what they wished to eat, although on occasions residents would change their minds at the dining table and alternative meals would have to be quickly prepared. (**Hillersdon Court**).
- There is a pictorial menu to assist residents to make their choices. (**Manor Gardens**).
- Choices were exercised through the skilful interpretation of the staff, using innovative means of doing so. (**Southdown Nursing Home**).
- One person stated, *"I do what I like. No formal rules"*. (**Thornbury**).
- All the residents were open and honest in expressing the choices available to them and giving numerous examples to exercise these choices. (**Sunrise Living**).
- Residents were happy and liked to do things for themselves. (**Heffle Court**).
- Some notices are colour coded, to assist people with dementia. The manager stated that a picture menu is available to assist residents to make an effective choice. (**Woodville**).

- We saw numerous examples of how residents were exercising choice of movement around and outside the home, to reading or just chatting amiably. (**Kingswood**).
- We were told that a picture menu is used to assist residents make choices for their meals. (**Leolyn**).
- Staff told us, even though residents may lack capacity, they always ask what they would like, as they may change their minds and sometimes indicate what they would like. (**Abbey Lodge**).
- Residents can indicate if they don't want to do something and staff are aware of this. (**Mountain Ash**).
- The manager stated that residents are supported to make choices; this was confirmed by our conversations with residents. (**Claremont House**).
- Staff told us they try to support residents to make their own choices. Examples given were for the food and menu planning, activities and choice of holidays. Residents have one to one support due to the high level needs. Pictures are used to assist in the process of making choices. (**The Warren**).
- We were also shown the rest of the home which had been recently refurbished and decorated with the needs of dementia patients in mind - so brightly coloured woodwork contrasting with the paint work; contrasting coloured carpets; picture and word notice on doors for example. (**York Lodge**).
- The home has a monthly meal plan split into individual weeks. On viewing the menu there was no alternative for Sunday lunch, just one item. There were no desserts on the menu at all and no vegetarian menu. (**The Hurst**).
- We observed residents being told what the main meal was but not everyone was offered a choice, even though we had been told there were at least two choices. There was no pictorial menu to assist residents to make an effective choice. The manager stated that a choice of cold drinks was available for residents to help themselves. However, we observed some residents being given a drink and not offered a choice. (**Rosebery House**).
- There are two choices at main meals each day. However, we saw a list of daily main meals displayed for staff that had only one meal indicated. In conversation later with staff, they said a second choice "*could be eggs*". (**Bramber Nursing Home**).

Generally, residents commented favourably on activities

In many care homes there was a wide variety of activities, some services involving residents in the choice and planning of the activities.

- Activities take place usually in the afternoons. (**Claremont**).
 - Activities include baking, pet pals and various games. (**Woodville**).
 - We saw residents being encouraged to undertake certain activities. (**Heffle Court**).
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- There was a regular programme of activities for those that wished to participate. Residents are encouraged to suggest activities and opportunities provided for them to arrange and organise them. (**Sunrise Living**).
- We were told that residents like the range of activities, including carpet bowls, nail care, belly dancing and music. (**Thornbury**).
- There are a good range of activities and events organised with these including; visits from the community, fashion shows, vintage clothing and hairdresser and podiatrist regularly at the home. (**Manor Gardens**).
- An activity rota showed there were two activity slots each day, with a varied programme over the week. We briefly observed a member of staff reading aloud to residents. (**Hartfield House**).
- Activities are organised and carried out by staff members. They have just arranged with Dementia Outreach Team to provide some training for the staff on music and reminiscence therapy activities, which are taking place once or twice a week. Staff will take residents out for a short walk if asked to do so by a resident. (**York Lodge**).

Residents would like to go out more often

Rarely did residents make negative comments about their situation. One area raised by some residents was they would like to go out of the care home more often. Many commented they went out with family and friends but not many outings were organised by the care home. They assume this was cost related. They also said they thought it was due to staffing issues, i.e. more staff would be required if residents were supported to go out. This view was taken by care homes tending to be for older people. Those services for people with a learning disability had a wide activity programme including events out of the care home, such as attending day centres.

Some of the comments included:

- Residents enjoyed the monthly trips in the mini bus. (**Heffle Court**).
- The mini bus takes residents into town for personalised shopping. One to one trips with a carer are also scheduled by bus, taxi, walking. (**Sedgemoor and Framley**).
- The two residents in the lounge were able to explain they go out regularly and sometimes meet friends and relatives. One has no family, but has an advocate who they spend time with. The service supports this and encourages friends and relatives to stay in touch. (**Hazelwood**).
- The manager told us that a few of the residents go out in the home's minibus for a drive from time to time. They have also taken a few residents out for a picnic in Hampden Park. (**Avalon**).
- One person said they would like to go out more often. (**Leolyn**).

- Others said that they would like to go out more, but they thought it was not possible as there was not enough staff for this. They said they did go out with relatives and one resident was a member of a partially sighted club in Ringmer. (**North Corner**).
- Most residents would like to get out more but this depended on the availability of staff or visitors. The activity coordinator took residents out sometimes but cost was a restrictive factor. (**Barons Down**).
- One resident told us they would like to go for walks more often. (**Victoria House**).

Some care homes were not well decorated or maintained and the environment could be improved

Although not a focus of the Enter and View visits, we could not ignore issues relating to the physical environment and these were noted. Most care homes were seen as having good and positive environments. However some needed refurbishment work. A couple of care homes lacked a choice of communal areas, as they only had the one lounge-dining room. Even though they had tried hard to separate the two areas, they were still in the same room. It would be hard for them to create a second communal area, as this would either have to be achieved through potentially losing a bedroom or building an extension. Developing a conservatory may be one option and way forward.

Comments in the reports included:

- If the lounge were to hold all prospective 21 residents, this would feel very overcrowded. Next to the lounge was a dining room that could not accommodate 21 people. (**Bramber Nursing Home**).
- We saw the main lounge. We thought the chairs were not set out in a homely way, being rather regimented. (**Rosebery House**).
- Our impression of the home was that the decor/fabric required updating. For example, whilst most bedroom doors had coloured signs and the residents names on them, those doors without signs were scruffy with marks from previous signs. (**Hillersdon Court**).
- Our impression of the decor was that it was reasonably bright and airy but with some scuff marks on doors and walls. Most window sills, radiator tops and shelves had an assortment of odd items on them which we concluded were in an untidy manner. One corridor radiator had what looked like breakfast crockery on its shelf. (**Freshford Cottage**).
- Some of the rooms have had leaks due to the pipe work. It is taking some time to repair these as the pipes are lead, and due to the age of the building. One resident has a hole in his ceiling and the wooden slates are showing. We noticed some stained carpets and sticky flooring on places. We thought the dining room tables were sticky and needed replacing. (**Ashdale House**).

- Some parts of the building looked quite ‘tired’. For example, the ceiling of the bedroom we saw had a water leak some time ago and the ceiling has been re-plastered. However, it had not been fully finished, as it had not been repainted. There was also damage to this person’s en-suite door. An electrical socket was not properly fixed to the wall. (Hazelwood).
- One outside space that you are able to see from the kitchen was very untidy with lots of crates scattered around. The garden at the back of the home was quite tidy, but the hand rails leading into the garden were in a very bad condition with chips in the wood, also an exposed nail which was very dangerous. This did not feel or look safe to be used by the residents. (The Hurst). These matters were reported to the owner/manager and he agreed to deal with them immediately.
- One room however was very bare, and did not look homely or attractive. One of the drawers in the chest of drawers appeared to be broken. (Lindsay Hall).

Some additional, general comments

Authorised Representatives during the Enter and View visits noted a number of other issues they assessed as impacting on residents, and their experiences of care.

- In several care homes, there had been a change of manager following the last CQC inspection. Authorised Representative’s commented that the new managers were getting on with the job of making changes and improvements and commented favourably on this.
- The quality of staffing was also commented on, with some staff being very good and responding well with residents and others not being so effective. Some Authorised Representative’s commented that agency staff was an issue and they tended not to know the residents as well or be so dedicated to that particular care home and group of residents.
- Gardens and outdoor areas have been mentioned above. However, some Authorised Representative’s found these to be quite small and limiting. Sometimes gardens could only be accessed with support of staff. We felt it was better if the outdoor areas could be accessed by individual residents and not be dependent on staff support.

Good practice example 1:

Richmond, Bexhill.

Richmond is a care home for older people and has a specialist unit for people with dementia. A large proportion of all residents have an element of dementia. We spent time observing some routines including lunch in one unit. We spoke

with seven residents. Some were unable to complete the entire questionnaire, so we spent time having a general conversation with many people.

What we saw:

- All areas of the care home are bright and with very good natural lighting. Corridors also had very good artificial lighting.
- The premises are very well maintained and kept. They include some innovative dementia friendly signage. These include creating a theme for each of the three main corridors, with one being completed in a music theme. This will provide a further prompt for residents to remember where their bedrooms are.
- The gardens are very good. There are safe areas which are enclosed and residents can have free access to these areas from the premises. Hand rails are in place to assist residents and there is a hard surface to enable the areas to be used throughout the year.
- The external area which could be directly accessed from the lounge was considered to be very good. Attractive seating with parasols made it look welcoming. There was also a bus stop with a seat beside it. A café is being created at the far end of this space; the idea is to offer residents an experience similar to going out on a short trip. When the café is finished it will be arranged so that residents can walk through it and back into the lounge without having to come to a dead end.
- We saw residents being offered choices, such as what they would like to drink and also which option they would like for their lunch. Two plates of food were offered, so the residents could choose which they wanted. This was a very effective way of enabling people to make choices.
- Key pads are in use on some doors, to prevent residents from leaving the care home unsupported. Some residents, following a risk assessment, have been given the code so they can leave unhindered.
- Several visitors were at the care home and they were clearly very welcome and knew the care home very well. This played a part in the creating a very lively and convivial atmosphere.
- We saw staff responding quickly to residents and staff were observed to spend time chatting with residents in the communal areas. When a resident became upset, staff responded quickly and went to that resident and spent time with them.

The manager told us:

- The service always offers two choices to residents. Food choices are made at the table and often the options are shown to the residents already plated, so they can make an effective choice.
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- Residents are involved in staff recruitment interviews. They were also involved in choosing the furniture for one of the outside areas and also the colour of the new carpets.
- Food forums are held with the chef, so that residents can be involved in choices and menu planning. Three residents are chosen for a 'dine with Danny' (the chef), so that he can receive instant feedback and to discuss the food. This is on a rota basis so that all residents can experience this.
- There are also activity forums, so that residents can provide feedback on the range and choices of activities.
- Activities are quite innovative. For example, they have recently had a 'zoo lab' where they had some eggs which hatched and residents were able to watch and be involved in this.

Residents told us:

- *"I do what I want".*
- One person said they decide when they get up and when they go to bed.
- One person knew the home before moving in and confirmed that they had made their own decision about moving into the care home.
- One person said they have *"liberty and freedom here"*.
- *"This is a very good place".*
- *"It's very good here"*
- *"No complaints"*
- One person stated that they had visited before moving in. They also stated that they can make all their own decisions and that they are very independent.
- One person summed up the care home as being very clean, where you are looked after and where the staff are very caring.
- One person was not happy at the care home and said they felt *"very restricted"* and gave some examples. However, staff explained that they believe they are an undercover police officer at the home and this clouds their mind about why they are there. They support them to get out as much as possible, as do their family.

Our conclusions:

- We concluded that the care home is very innovative in some aspects of what it is doing and how it is enabling and supporting residents to make effective choices.
 - The outside areas are some of the best we have seen, in terms of the thought given to their lay out.
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- Similarly, we thought the internal areas are all bright, light and colourful. There is very good use of dementia friendly signage throughout all areas of the care home.
- Residents confirmed that they are helped to make choices and decisions and to do as much for themselves as possible.
- Overall, we were impressed by the running of the care home and the dedication to making life as good for residents as possible.

Good practice example 2:

Webb House, Newhaven

Webb House provides accommodation for up to 20 people. People living at Webb House had range of learning and physical disabilities including multiple sclerosis, stroke and acquired brain injuries following accidents.

What we saw:

- We visited the lounge which has views of the sea, Newhaven and the Downs which are enjoyed by the residents. The lounge was equipped with coffee and tea making facilities for the residents; and computer terminals, one of which was being used by a resident. It also has a TV, music player, pool table and other leisure things. From the lounge were balconies which were accessible with wheelchairs, but the doors would require opening by staff.
- We saw lunch being served in the dining area. Residents arrived in their own time and sat themselves at a table; some people got their own cutlery and drinks.
- The front door to Webb House is operated by movement and was open all the time we were there. One resident was sitting on a bench outside the door when we arrived. Residents can get around the whole home on their own using a lift to move between levels.

What people told us:

- The manager told us that there are currently 16 people living at Webb House - all of whom have lived there for longer than six months. In general, residents visited the home prior to moving in. Residents are able to bring their own furniture subject to health and safety and space.
 - Residents are able to cook their own meals and do their own laundry.
 - They were involved in making decisions regarding the refurbishment of the home. They can go where they want (except into the bedroom of other residents without permission) and can go out subject to cost/funding of
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transport; staff availability and, for a number of residents subject to a Deprivation of Liberty Safeguard (DOLS).

- The philosophy of the home is “it’s peoples’ lives - have to make it happen for them” and the staff encourage residents to be independent and to make decisions and choices.
- Residents told us that they had made, or been involved in, the decision to live in Webb House. They had visited the home before making the decision. People told us they were able to make decisions and choices, for example, in relation to food; getting up and going to bed times; going out; how to spend the day; buying and choosing clothes; choosing their bedroom. They told us that the main limit was living on the top of a very steep hill which made going out independently very difficult. They said they would like to go out more. One person said that they felt there was very little to do in the home.

Conclusions

- Residents told us they do as much for themselves as possible, including making their own food, doing their own laundry and their own personal care. People told us the best thing about Webb House was that you are “allowed to do what you want to do, no-one telling you”; the company (other residents and staff); the good food; “the view”. People told us that going out more would improve their lives.
- The residents we met were clear that they were able to make decisions and choices about how they live at Webb House. They are encouraged to be as independent and to do as much as they can do and this was born out by what people said to us and what we saw. The main limitation for residents was said by them to not being able to get out more.

Good practice example 3:

Mary House, Hastings

Mary House caters for people with profound and multiple learning difficulties. Information for this report was gathered through observation and discussion with staff. At the time of our visit several residents had gone out on a shopping trip to Glyne Gap Retail Park, returning in time for lunch.

What we saw:

- A high staff to resident ratio with a lot of one-to-one support.

- Individual rooms which were highly personalised, with residents able to choose paint colours, furniture and display favourite personal items. Rooms strongly reflected the personalities and interests of each resident.
- Displays of activity cards on the wall showing what each resident would be doing that day. The cards are used at the start of the day to offer choice of activity.
- Linked with this, a diary showing individual daily activities plan for each resident.
- Choices often kept to 'either /or' because residents would find it difficult to manage a larger range of choice.
- A wide range of activities offered to residents. Frequent trips out to: Chailey Heritage, Rye College, Middle Farm, local shops, coffee shops and more.
- Residents could choose whether or not they wish to take part. Today, at least one resident had chosen to stay in.
- Care plans which set out how each resident can best respond to questions or choices, for example by blinking once or twice and also the limits of the method for each individual.
- Individualised activities. One resident was watching a Disney movie; another was having a quiet therapy session.
- A couple of residents participated in a craft session. Several pieces of residents' artwork were displayed in corridors.
- Managers and staff knew the residents very well, both in terms of their personalities and their interests. We saw staff making a real effort to communicate and elicit responses from residents.
- A strong emphasis on sensory stimulation, with a hydro-therapy pool used daily, reflexology sessions and the use of sensory story boards.
- An expectation that where appropriate, residents could, with support, be involved in aspects of daily living activities, including arranging their own rooms. One resident who had come back from a shopping trip with staff had chosen a variety of things for the patio outside their room.
- Opportunities for outdoor activities: a swing which could accommodate a resident in a wheelchair; a trampoline at ground level (not seen in use during the visit as the home was waiting for a hoist to be installed before it could be used).

What people told us:

- The deputy manager told us that one resident had moved in within the last six months and that two others were coming in for respite care. All had visited the home with their families beforehand.
 - One of the care staff told us that they had worked in the home for eight years. They said they enjoyed working there because of the relationships
-

they developed with the residents, Even the smallest sign could mean a lot to them.

- As we toured the home, it was evident that the manager and the deputy manager had worked very closely together to respond to previous CQC inspection reports and make improvements in many areas.
- This was reflected in the many opportunities for residents to spend time on trips and visits, the strong focus on providing activities which were closely tailored to residents' interests.
- Managers explained that improving the quality of staff training had been an important focus for them. One of the aims was to have a more detailed focus on the precise skills and knowledge needed to perform particular tasks.
- Some residents made use of an eye-tracker device when attending Chailey Heritage and staff said that residents had gained a lot from the experience. The Martha Trust was raising funds to install an eye tracker device at Mary House in the near future.

Our conclusions:

- One resident had moved in within the last six months and two others were coming in for respite care. All had visited the home with their families beforehand. This is standard practice.
- Mary House goes to great lengths to promote choice for its residents and to discover and cater for their individual interests.
- The manager and deputy manager work very well together. They have a very clear vision of what they want to achieve and are setting about this with drive and determination.

Overall Conclusions

There was evidence that the vast majority of residents are contented in their care homes. They are able to make day to day decisions, with support from staff, where necessary. Whilst some services had developed very good and innovative ways of supporting residents with choices, others had not. For example, not all services had a pictorial menu as an additional means to enable residents to make their food choices.

A few services had introduced some very good dementia friendly signage. This assists residents to be as independent as possible. For example, the home with a themed corridor will assist residents to know which is their corridor and so more able to find their own room, without assistance.

Most services had good, and others very good, outdoor areas, although for some services residents could only access these areas with staff support. This limits their independence.

The environment in the vast majority of care homes was seen as good, being well maintained and decorated. However, a few lacked investment in this area and this showed. Only having one communal area limits choice.

Some services actively encouraged and supported residents to be involved in the care home. For example in some, residents were able to prepare the vegetables, lay the tables etc. It was good that in a couple of care homes residents had been involved in making decisions about garden plants. Care homes for people with learning disability consistently supported residents to do as much for themselves as possible. There is no reason why this should not be developed in all care homes.

A few care homes had shown great innovation and imagination in how they supported residents. Creating a sensory area in a bedroom using a tent was an example of this.

Recommendations

- Care homes need to review the way in which they support and enable residents to make choices, with this including using pictures/photos as an additional way of assisting residents to make choices.
- Services need to consider how they can make best use of dementia friendly signage.
- Some care homes need to look at investing in their fabric of the building and where possible try to look for ways of offering a choice of communal spaces.

- Consideration needs to be given as to how residents access outdoor areas independently, as well as accessing the community.
- Consideration needs to be given as to how services can extend the involvement of residents in the care home.

Care homes need to learn from the good practice examples outlined in this report.



With thanks to Phil Hale, Independent Care Consultant and the Healthwatch East Sussex Volunteers.

With special thanks to the service users and providers who provided such valuable insights.

Directors Comments

- Since the beginning of the decade, care homes have been subject to a number of changes within the health and social care policy and regulatory environment with nearly all changes making some reference to the importance of user involvement and choice for service users. The policy direction is that real choice and control for individuals is best achieved by supporting people to remain independent, living in their own homes for as long as possible, with care homes often being an option of 'last resort'. This, coupled with news coverage of poor practice in care homes and high numbers of care homes rated as inadequate or requiring improvement by the Care Quality Commission, has affected the status and confidence of the care home sector.
- It was therefore important for Healthwatch East Sussex to understand how local care homes support people to make choices as part of ensuring excellent quality of life for people living in residential care. This report

summarises the findings of the 42 visits to care homes we undertook in this wave, we have further visits planned for later in the year, and highlights some good practice examples our authorised representatives observed. We will continue to work with our partners to promote good practice and also to highlight where some care homes need to make improvements. In publishing these findings we hope local people will find the information useful when they are making choices for and with their loved ones.

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Disclaimer

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

We will be making this report publicly available by August 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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Appendix 1

Healthwatch East Sussex enter and view programme for care homes March - May 2016: List of care homes visited.

Rother and Bexhill	location
The Warren	Ticehurst
Richmond	Bexhill
Mountain Ash	Fairlight
Abbey Lodge	Nr Battle
Mais House	Bexhill
Woodville Rest Home	Bexhill
Lindsay Hall Nursing	Bexhill
Hastings/St Leonards	
Kingswood House	
Southdowns Nursing	
Castlemaine	
Mary House	
The Hurst	
Westwood	
Leolyn Care Home	
Hazelwood	
Wealden	
York Lodge	Crowborough
Heffle Court	Heathfield
Thornbury	Uckfield

Bowes House	Hailsham
Manor Gardens	Hérons Ghyll
Pinewood Manor	Crowborough
Forest Lodge	Forest Row
Eastbourne & Polegate	
Avalon Nursing Home	
Victoria House	Polegate
Sedgemoor and Framley	
Hardwicke House	
Hartfield House	
Sunrise	
Rosebery House	
Shinewater Court	
Ashdale House	
Lewes and District	
North Corner	
Webb House	Newhaven
Bramber Nursing	Peacehaven
Threeways Nursing	Seaford
Barons Down Nursing	
Fourways	Peacehaven
Claremont House	Seaford
Freshford Cottage	Seaford
Burdyke Lodge	Seaford
Hillersdon Court	Seaford

Cliff Court	Peacehaven
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Appendix 2

Healthwatch East Sussex enter and view programme for care homes March - May 2016: Prompt sheet/questionnaire for manager and/or staff at care home.

Name of Care Home:

Date:

Names of Authorised Representatives:

1. How many residents have moved in during the last 6 months?	
2. How many visited prior to moving in?	
3. How many relatives visited prior to the person moving in?	
4. Can people bring in any of their furniture and possessions?	
5. If so, are there any limits?	
6. In what way do you support and enable residents to make choices and decisions.	
7. Are there any limitations on residents making choices and decisions?	
8. Do you have any aids to enable	

people to make choices and be independent? E.g. pictorial menu	
9. Can residents go where they want in the care home or are there any limitations?	
10. How do you support residents to be independent?	

Appendix 3

Healthwatch East Sussex enter and view programme for care homes March - May 2016: observational recording sheet

Name of Care Home:

Date:

Time and location of observation:

Names of Authorised Representatives:

1. Examples where residents were offered a choice and supported to make a decision	
2. Were choices open ended or closed e.g. offered choices of drink and food?	
3. How did they respond?	
4. Could residents spend time in their bedrooms if they chose to and if so how did staff support residents to their bedrooms?	
5. Were residents free to walk around the care home or were there any obstacles, e.g. key pad?	
6. Were any residents asleep in	

communal areas?	
7. Did staff spend time engaging with residents? How?	
8. If relevant, estimated length of time when no staff in communal room. Any reason identified?	

Appendix 4

Healthwatch East Sussex enter and view programme for care homes March - May 2016: prompt sheet/questionnaire

1. How long have you lived here?	
2. Tell me about why you came to live in this care home. Who made the decision?	
3. How were you involved in the decision to move here?	
4. Were you able to come and visit before moving in?	
5. Are you able to make decisions and choices now that you are here?	
6. What sort of decisions can you make?	
7. Are there things you would like to do but aren't able to?	
8. Are you able to get up and go to bed at a time that you choose?	
9. Are you able to go out?	

10. Are you able to do as much for yourself as possible?	
11. What's the best thing about living here?	
12. What could improve?	