

What's it like to live in a care home?

Findings from the Healthwatch network

About us

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Role of local Healthwatch

There is a local Healthwatch in every area of England. They are all able to provide information, advice, and signposting around publicly-funded health and care services. They also go out and speak to local people about local services, gathering feedback to see how well services are doing and where improvements might be made. Local people drive their priorities. They share feedback with Healthwatch England so that we can spot patterns and trends in what people are saying about care, and ensure that people's voices are heard on a national level.

Executive Summary

According to the Care Quality Commission (CQC), 4 out of 5 care homes and home care agencies in England provide good quality care.

Yet it's also clear the social care sector as a whole is in a fragile state, caring for a rapidly growing elderly population whilst the country tackles some big questions about how we pay for it.

Healthwatch exists to help inform such debates, offering providers, commissioners and policy makers insight from those using care to identify what's working well and where things could be improved.

This is the first in a series of briefings from Healthwatch England to help create a benchmark of what it currently feels like for those who are receiving social care support.

Looking specifically at care homes, it draws on what our Healthwatch volunteers have witnessed and heard from thousands of residents, relatives and care staff during almost 200 site visits over the last year.

On the surface what people tell us matches very closely with what the regulators find, that the vast majority of care is good. Staff in particular are often described as dedicated and incredibly caring.

When we dig a little deeper it is clear that care home residents are also picking up on the strain the system is under, describing those same staff as being 'rushed off their feet', unable to deliver the sort of person centred care people should be able to expect.

Amongst the stories people shared with us we have identified three key themes:

- The quality of care varies between homes, but also within the same home, with too few homes getting the basics right every time.
- Good care homes meet all people's health and care needs, in a joined-up way, working well with other services when their residents need additional support.
- The best residential care services are the ones that identify as people's homes, giving residents the same opportunities to live as if they were still in their own home.

Our volunteers have seen some great care, from homes helping residents to go on virtual sightseeing tours, to one dedicated staff member who had her own wedding reception in the care home she worked in so residents could join in with the party.

The key to delivering this sort of person centred care, and ensuring homes always get the basics right, is creating a conversation with service users to gather continuous feedback.

After all, it is through the eyes of the residents that we identify the sort of changes, often small scale and low cost, that are essential to making a care home feel like someone's actual home.

This briefing outlines our view of how feedback is currently being used in care homes, identifying good practice and providing a platform for those working in social care to reflect on the opportunities this approach presents for improving care.

Introduction

Between January 2016 and April 2017¹ the Healthwatch network visited 197 care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with thousands of residents, their families and staff, compiling people's experiences with their own observations to produce 140 reports. These have all been shared with the providers, the public, CQC and Healthwatch England.

With more than 16,273 care homes and nursing homes operating across the country 24/7, our work can only provide a snapshot of what it's like to live in residential care.

However, it does provide a unique picture of how feedback from residents and families is generally being used by staff, managers and those running large groups of homes.

We want this evidence review to help raise standards by promoting good practice and showing how acting on feedback can help homes provide consistently good care.

WHY DO HEALTHWATCH VISIT CARE HOMES?

Local Healthwatch have a legal power to carry out 'Enter and View' visits to health and social care providers, so they can see these services in action.

Local Healthwatch use this power in different ways. For example, they may visit a provider where people have told them about concerns, or visit all the providers of a certain kind in one area to find out about how those services are working overall. With the consent of the care home, a visit gives local Healthwatch an important opportunity to talk directly to families, carers, and staff about their experiences.

Healthwatch is not a regulator and has a different focus to the Care Quality Commission (CQC). We do not usually look at the quality of clinical care, but instead concentrate on the experiences of people using services. Our findings therefore complement those of the CQC, but are not intended to replace them.

Any visit conducted by a local Healthwatch must not affect the care or the privacy and dignity of the people the service cares for. Local Healthwatch only have the right to visit communal areas. The 'Enter and View' power does not apply to places providing social care for people under the age of 18.

Healthwatch staff and volunteers who do 'Enter and Views' have special training, and are known as 'Authorised Representatives'. For simplicity throughout this review we refer to them as 'our visitors' or 'Healthwatch visitors'.

¹ 18 January 2016 to 11 April 2017

Range of homes visited

There are many different kinds of care home, from general residential services for older people to specialist centres for those with mental health conditions or people suffering with dementia. Some often provide more than one kind of service.

Between January 2016 and March 2017 Healthwatch visited 197 residential services. The table below outlines the range of different places visited:

Type of Care Home	Number Visited
Residential Care Homes:	111
For older people	55
Providing specialist dementia care	76
For adults with learning disabilities and/or complex needs	9
With day care centres	4
For adults with mental health needs	3
Providing culturally-specific care for Jewish people	1
Nursing Homes:	61
For older people	28
Providing specialist dementia care	46
For adults with complex needs and/or learning disabilities	4
Homes Providing Nursing and Residential Care	25
For older people	12
Providing specialist dementia care	17
Extra care sheltered housing	1

Key themes

Our analysis of what our visitors found, combined with the views of residents, families, and staff, reveals three clear themes:

1. Quality of care varies between homes, but also within the same home.

Too few homes that local Healthwatch visited were getting every aspect of care right. It is important to provide the basics, keeping homes clean and providing enough trained staff to keep residents safe. But it is also important to meet residents' other needs. This might mean changing the culture of a home rather than spending lots of money. We want to see all care homes provide consistently good care.

2. Good care homes meet all people's health and care needs, in a joined up way.

We saw variation in access to health services, such as GPs and dentists. We heard that when hospitals manage discharge poorly it can have a negative impact on care home residents and staff. In some homes, the décor did not meet the needs of residents with dementia.

3. The best care homes recognise they are people's homes.

Residents in care homes should be supported to live as full a life as possible, with the opportunity to take part in the same activities they might do in their own homes. We saw some great examples of care staff taking the time to provide activities that were tailored to the individual. We want to see everyone in care homes get this kind of care, and suggest that smarter use of information technology could support this.

What does good care look like?

When visiting Rockfield House, [Healthwatch Liverpool](#) were pleased to see a real emphasis on supporting residents to live independent lives.

They found that staff from the care home met with residents before they come into the home to learn more about them and their needs. Many of the additional services, such as accessing the GP, are set up to encourage residents to do as much as they are able to do for themselves, with support on hand if it is needed.

The activities coordinator planned activities across the home, ensuring residents were able to attend their college courses and other social activities such as going to the theatre, swimming, bowling and board games. However, whilst the Healthwatch volunteers had no recommendations for this home, this is a significant contrast with many of the others site visits conducted across the city.²

² Healthwatch Liverpool Enter and View Report, Rockfield House, 02/02/2016

Moving forward

A care home is still a home

Care homes are not like hospitals or hotels. They are people's homes - whether for a brief respite stay or a much longer period. They have a challenging job to do, supporting people to live their lives whilst balancing a range of needs.

Good care homes don't just give access to the right care support, but provide comfortable accommodation and wholesome food whilst helping residents stay connected to the wider community. Staff help people to take part in the same kind of activities they would in their own home. Local Healthwatch see and hear that good care homes do feel like "home".

However, our evidence suggests that too few homes are able to do all these things well. We want everyone who lives in a care home to have the kind of support and care that we see in the best.

The importance of feedback

Feedback can be both positive and negative, and can range from an informal comment made to a worker to a much more formal complaint. We want to see all care homes provide user-friendly ways to give feedback, including complaints.

We were pleased to see many homes make use of feedback from local Healthwatch to help them understand what they were doing well and where they could improve. However, 51 of the care homes visited did not respond to the Healthwatch reports despite it being a statutory requirement to do so. This is simply not good enough and raises concerns about how these homes are responding to feedback from residents and their families.

We want to see all providers engage productively with their residents, with the express purpose of this briefing to highlight to the care home sector the benefits using feedback.

Next steps

We know that this is a challenging financial time for the sector. Working constructively with local Healthwatch can help care homes make better use of feedback and improve the quality of care they provide without spending a great deal of money.

As part our broader work on social care we have already published a toolkit to help local Healthwatch work with local partners to improve complaints handling and encourage greater system wide learning from incidents of poor care.

Next we plan to:

- Share the findings of this review with national organisations that can help make change happen - including our coalition partners in the Quality Matters programme;
- Ask local Healthwatch to supply care homes in their area with a copy of this review;
- Work with the Local Government and Social Care Ombudsman (LGO) to produce a shared statement on social care complaints to improve understanding and help build a more positive culture around learning from mistakes.

Understanding the issues

The Care Quality Commission (CQC) registers 16,354 care homes in England. As we can only visit a limited number of these every year, it is important that we make the best use of the intelligence our visits give us to find out where care is being delivered well and how it could improve for local people.

Homes range from small sites to much larger facilities - but all of them support people who no longer live in their own home. There are many different kinds of care home. Residential care homes provide people with help and support throughout the day or night. Individuals living in nursing care homes can also receive care 24 hours a day from a qualified nurse.³ Other homes specialise in supporting younger adults with disabilities.

Many of us will either live in a care home at some stage ourselves or support friends or family who live in one. A Laing and Buisson study in 2016 found that 416,000 people were living in care homes. This includes 16 per cent of people aged 85 and above.⁴

Despite our ageing population, the number of people living in care homes seems to have stayed fairly stable, with moves to help people stay in their own home for as long as possible.⁵ Older people who move into care homes are therefore increasingly likely to have a multiple care needs, including conditions like dementia. Whilst there are a significant number of people who will live in care homes for most of their lives, for the majority moving to a care home will come at the end of their lives. It is therefore vital that as a sector we do whatever we can to ensure that those moving in to care continue to live fulfilling lives and not just exist.

Increasing pressure on the care sector

The combination of an ageing population with increasingly restricted funding means that this is a particularly challenging time for people who provide and receive social care. Health and care organisations are debating how best to organise and fund care, with the Government outlining their intention to consult on the future of social care in the 2017 Queen's Speech.

In 2016 the Care Quality Commission (CQC) found that social care was at a 'tipping point'. In July 2017 the CQC followed this up with their end of inspection review which found that whilst the majority of care in England is good, there are still a significant number of homes failing to improve with some even going backwards.

The Competition and Markets Authority (CMA) is currently conducting a market study⁶ on care homes, to see how the market works and whether people are treated fairly. Its initial findings suggest that:

³ <http://www.cqc.org.uk/what-we-do/services-we-regulate/care-homes>

⁴ <http://enrich.nihr.ac.uk/page/understanding-care-homes>

⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/changesintheolderresidentcarehomepopulationbetween2001and2011/2014-08-01>

⁶ <https://www.gov.uk/government/news/cma-outlines-emerging-concerns-in-care-homes-market>

- People are struggling to get the information they need to make decisions about their care, often in stressful and time-pressured circumstances;
- It is not realistic for many residents to move home if they are dissatisfied with care, so it's essential that complaints systems function well. At the moment they do not;
- Some care homes may not be treating residents fairly with regards to consumer law;
- Funding pressures and uncertainty mean that the sector does not have the right incentives to invest in meeting future demand, which is likely to increase substantially.

It is also worth noting that social care has risen to second place in the list of priority areas for the Healthwatch network for 2017. The priorities of each local Healthwatch are driven by the issues raised with them by their communities. This suggests that the increasing pressure on the social care sector's ability to provide safe and high quality care has not gone unnoticed by those receiving support, their families and the public at large.

Employing enough workers with the right skills and values

Skills for Care's latest report on the state of the adult social care sector and workforce in England found that 'some employers are struggling to find and recruit suitable people.' A large proportion of staff turnover is caused by people leaving the sector soon after joining, and there are difficulties keeping younger workers.

The workforce has an experienced 'core.' However, 36 % of care workers have two years or less of experience - the largest proportion of the different occupations that Skills for Care includes in its figures.⁷

The National Audit Office plans a study for Autumn 2017, looking how central government and other national bodies work with local authorities and providers to make sure there are enough paid care workers, with the right skills and qualities, to meet adults' statutory entitlements to publicly funded care.⁸ These skills include the skills to use technology effectively.

The potential for technology to play a greater role in care

The nature of care means that personal relationships and human contact are important. However, use of new technology brings with it opportunities to support people's care needs, and help them to be as independent as possible.

More sophisticated use of technology could address some of the problems people face in finding information about social care that is tailored to their needs. Use of remote technology can increase their ability to manage their health conditions and access care support when they need it.

⁷ <https://www.nmds-sc-online.org.uk/Get.aspx?id=980099>

⁸ <https://www.nao.org.uk/work-in-progress/adult-social-care-workforce/>

Ensuring that all the organisations that contribute to a person's care and support plan can share information, and have access to their health record, could tackle problems with joining-up of health and care services. Of course, the person to whom the plan belongs should have given consent and have access to that information themselves, and safeguards must be in place to protect confidentiality.

At one end of the scale, use of 'big data' by commissioners can help them plan better to meet the needs of their populations. At the other, bar coding technology for medication and medication dispensing in care homes can improve safety and increase efficiency at a time when staff are often stretched.

We are encouraged by all the work going on through the National Information Board to achieve the above, but the reality is that local Healthwatch on the ground are still finding examples of care homes making limited use of quite basic technology such as no having no Wi-Fi network.

Bringing health and care together in new ways

Across health and care, many different initiatives are already happening that aim to integrate health and care, and make the best use of resources. These present opportunities to improve care for people living in care homes, making sure that all their needs are met.

- [Sustainability and Transformation Partnerships](#) (STPs) have brought together NHS and local councils in 44 areas across England. STPs have developed proposals that aim to meet the needs of the local population, rather than making local people's needs fit around those of organisations.
- Fifty 'vanguard' areas have worked to develop more integrated care, in line with the [NHS Five Year Forward View](#). Of these, six are providing enhanced health in care homes. This means that they offer older people better, joined-up health, care and rehabilitation services. NHS England's [framework for enhanced health in care homes](#) describes a number of key elements that other care managers, commissioners and others can adopt.
- In June, NHS England Chief Executive Simon Stevens announced the first eight [Accountable Care Systems](#) (ACS). These will build on learning from the vanguards, bringing together local NHS organisations, often in partnership with social care services and the voluntary sector. Over time, these may become [Accountable Care Organisations](#) (ACOs) - which would bring together the provision and commissioning of services, which is currently split.
- In July the CQC announced plans to conduct 12 local area reviews of how new money from the Government for social care is being spent. These inspections will focus on the links between health and care, in particular looking at discharge processes and any delays to the transfer of people between services.

What our visitors saw

In this section, we look at examples of what local Healthwatch have found from their visits, and heard from their communities, about care homes.

Quality of care varies between homes, but also within the same home

Our visitors saw lots of homes that were doing things well. However, in most homes they suggested at least one improvement, showing that even well-performing homes can learn from feedback.

The importance of getting the basics right

Keeping residents safe and well should be a priority for care home staff. Yet our visitors saw some homes that weren't clean, with 11 reports recommending a deep clean for the care home. One family member who contacted *Healthwatch Rochdale* independently said that their relative's home was "filthy".⁹

Our visitors also saw homes where the décor was in a poor state, or where accommodation did not suit the needs of vulnerable people. *Healthwatch Hertfordshire* reported wallpaper peeling off the wall in one home, with dead plants and rotten window sills.¹⁰ They also saw places in the service where there should have been hand rails, and noted that there was no fully accessible toilet.

Healthwatch Wolverhampton heard from one resident that "my laundry is not always returned and is worn by others; though it does turn up eventually". They had feedback from the same home that "the call bell is always ringing and staff respond eventually but you have to wait some time" and "nobody bothers to change it [the television channel] as staff are too busy and residents aren't mobile."¹¹

Whilst homes are under financial pressure, clearing away dead plants or ensuring that laundry goes back to the right person need not cost a lot of money. Such examples do not suggest a culture where care is taken to make residents feel truly 'at home.'

More care homes need to seek out and respond to feedback

It's important that people give feedback about care homes, so that services can see where they are doing well and how they can improve. It's also important that services respond to this feedback in the right way. When local Healthwatch visit a home, they give management the opportunity to respond to their findings and recommendations. Sometimes homes report back on what they plan to change as a result, or what has already changed. Local Healthwatch also revisit some homes to see what progress they have made.

⁹ CRM record from Healthwatch Rochdale, 06/09/2016

¹⁰ Healthwatch Hertfordshire, Stanborough Lodge Care Home. Enter and View Report, 15/09/2016

¹¹ Healthwatch Wolverhampton, Eversleigh Care Centre - Enter and View, 26/11/2016

We were pleased to see that 43 homes had made tangible improvements after visits from their local Healthwatch. Changes included examples such as:

- Redecoration, refurbishment, and cleaning;
- Provision of more fruit to residents;
- Additional volunteers/befrienders to tackle loneliness;
- More involvement for residents in the home, for example as a residents' committee;
- Review of activities that were available for residents;
- Increasing links with the community.

Healthwatch South Gloucestershire reported that another home had made “*huge improvements since the first visit.*” It had been redecorated, giving a brighter cleaner appearance, and the manager was looking for ways to improve signage within her budgetary constraints. The home appeared well staffed after addressing concerns, and well run, offering what residents considered to be a safe and caring environment.¹²

A further 103 care homes acknowledged the feedback provided by local Healthwatch, in many cases setting out a plan of action to address any concerns raised by residents.

However, care homes don't always agree with every recommendation from local Healthwatch. When **Healthwatch Wolverhampton** recommended a care home introduce clear signage, the response was that staff would not do so as “*it is the resident's home.*”¹³ In cases like these, we would suggest that the care home uses feedback from Healthwatch as a prompt to check with residents and their families whether they would indeed prefer to keep things as they are.

Disappointingly, 51 of the homes visited by local Healthwatch have not yet responded to the report or recommendations made. This raises important questions about how these homes are reacting to feedback from those they are caring for.

Complaints as a source of feedback

All feedback is important, whether positive or negative. But when people have a problem they want to complain about, it's especially important that they are able to do so in a user-friendly way. The Care Quality Commission (CQC) expects that good complaints procedures are in place. Yet eight of the 12 local Healthwatch who specifically reported on complaints found that procedures were not clearly displayed.

After a visit from **Healthwatch Richmond upon Thames**, one care home started displaying their complaints procedure prominently, and installed a comments and suggestions box.¹⁴

Healthwatch England have recently launched a new [toolkit](#) to help local Healthwatch and their partners improve the way complaints are handled and learnt from.

¹² Healthwatch South Gloucestershire, Revisit to Little Croft, 16/01/2017

¹³ Healthwatch Wolverhampton, Eversleigh Care Centre - Enter and View, 26/11/2016

¹⁴ Healthwatch Richmond, Enter and View to Laurel Dene, 17/08/2016

http://www.healthwatchrichmond.co.uk/sites/default/files/laurel_dene_final_enter_view_visit_report_13th_october_2016_0.pdf

Good care homes meet all people's health and care needs, in a joined-up way

Care homes need look after all people's needs, not just their need for care and support.

With many people living in care homes having a number of medical needs, they must have good access to services such as GPs and dentists.

Our 2016 [review of what people have told local Healthwatch about dental services](#) found that access to dentists could be difficult for care home residents, and this finding has been reinforced by what we have seen in our visits.

Variation in access to health services

Some homes ensured that residents had access to a range of health services, but in others arrangements were less straightforward. Seventeen reports mentioned good access to GPs, but 9 found that access to GPs was poor. Eight said it was difficult to get access to a dentist, and only one home told Healthwatch visitors that a dentist came to the home regularly.

Healthwatch East Riding of Yorkshire saw that residents were registered at the local GP practice, with GPs visiting weekly to review medications and medical needs. However, residents could only access dentists and opticians if they went out to the service providers' premises.¹⁵

Healthwatch Cambridgeshire reported that *"GP and dental services were fantastic"* in one home, where residents also had access to district nurse services and eye screening, with a chiropodist visiting every six weeks.¹⁶

Healthwatch South Gloucestershire heard from one home that said they have two local GPs visiting regularly, but arranging for a dentist to visit could be difficult. To help tackle this staff were provided with some training from a dental nurse.¹⁷

Healthwatch St Helens reported on a home that had good links with local health services, including district nurses, physiotherapy, pharmacists, dentists, a chiropody service, and Eldercare (a service which used to be delivered by a local independent company which offered a 'virtual practice' to elderly people in care homes). All therapists came into the home, but if a resident had an outside appointment, staff from the home could accompany them - although there was a charge for this.¹⁸

After **Healthwatch Sheffield** visited, one local home acted to resolve their problems with access to NHS dental services, and an NHS dentist now visits the home when necessary.¹⁹

Staff at one home told **Healthwatch Kirklees** about the problems they had getting dental care for their residents: *"Dentist refuse (sic) to do home visit unless private. Unfair to residents that have to suffer."*²⁰

¹⁵ Healthwatch East Riding of Yorkshire, Lavender House Enter and View visit report, 04/03/2016

¹⁶ Healthwatch Cambridgeshire, Fitzwilliam House Enter and View, 04/06/2016

¹⁷ Healthwatch South Gloucestershire, Fairview Court Care Home. Enter and View Report, 08/02/2017

¹⁸ Healthwatch St Helens, Colliers Croft Care Home, 15/02/2017

¹⁹ Healthwatch Sheffield, Alpine Lodge Enter and View Report, 30/03/2017 (impact noted in Robyn's impact spreadsheet)

Healthwatch North Yorkshire saw that one home was piloting Telemedicine provided by a local hospital, where a medical diagnosis can be obtained immediately via a video link at the resident's bedside. This facility was available 24 hours a day, seven days a week and seems to have been well received by residents.²¹

One of **Healthwatch Sandwell's** recommendations for a home was that it needed to find a GP practice that will respond to residents' requests for medical attention. GPs at the local medical practice refused to attend the home in person and only offered telephone advice. The practice had previously been on a retainer but had recently increased their fee fivefold.²² When Healthwatch Sandwell followed up in June 2017, they heard from the new manager that the issue has now been resolved.

Dementia-friendly décor is important

Décor in general was an issue in a number of care homes, but 21 local Healthwatch reports on homes for older people raised specific concerns that décor was not dementia-friendly.

Healthwatch Richmond upon Thames visited a home that had adapted a floor to help people with dementia move around more easily by painting the hand rails a contrasting colour to the wall. However pictorial signage was not in use, which would benefit residents by helping to signpost the toilets and bathroom in particular.²³

Healthwatch Cheshire West and Chester saw one home that had two units for people with dementia, called 'Memory Lane.' The corridors were bright and wide. The units were themed as cinema, seaside, and gardens. They made use of pictures to stimulate memories.²⁴

Care homes need enough staff with the right training

43 local Healthwatch reports raised concerns about staffing - including staff numbers, turnover, and appropriateness of staff training, as well as worries that use of agency workers was affecting continuity of care. Healthwatch visitors pointed out that staff needed training covering areas like dementia, mental health, and Deprivation of Liberty Safeguards (DoLS).²⁵

Healthwatch Barnet were concerned that much of the training undertaken by staff at one home was e-learning which, it seemed, did not need to be completed on the premises. Healthwatch Barnet mentioned the risk that training could be completed by someone other than the staff member, recommending that understanding of theory and competency in practice be checked after e-learning was complete. They also raised concerns over staffing

²⁰ Healthwatch Kirklees, Ashmeadows Enter and View report, 26/01/2016

²¹ Healthwatch North Yorkshire, Boroughbridge Manor and Lodge. Enter and View Report, 21/02/2017

²² Healthwatch Sandwell, Poplars Nursing Home enter and view report, 16/04/2016

²³ Healthwatch Richmond upon Thames, Lynde House Care Home, Enter and View Report, 13/10/2016

²⁴ Healthwatch Cheshire West and Chester, Oak Grange Enter and View Visit, 14/03/2017

²⁵ 'The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.' <http://www.scie.org.uk/publications/ataqlance/ataqlance43.asp>

levels. The home responded that they would be taking on more staff and reassured *Healthwatch Barnet* about the other kinds of training staff had access too.²⁶

When *Healthwatch Torbay* visited one home, they recommended that staff spent more time interacting with residents, chatting about their work and family life.²⁷ Residents and family members had acknowledged this could only be achieved with additional staffing, as existing staff were extremely busy and already “do a great job”. Although staff were praised for their attitude and enthusiasm, some people had mentioned that the care home needed more staff, and staffing levels had been low for some time. One person mentioned that agency staff had been used, which had not supported continuity of care, and meant that they did not always have enough information about residents’ needs and requirements. A query was also raised about potentially inadequate staff cover during the night. After the visit management recruited new staff and staffing levels increased.

Staff in one home told *Healthwatch Telford and Wrekin* that they did not spend enough time with residents due to a lack of personnel.²⁸ At the time of the visit, the home manager was not present and there was confusion about who was in charge of the home. All nurses working in the home at the time of the visit were agency and clerical staff were unable to identify a “duty manager.”

The best care homes recognise they are people’s homes

People need care that helps them keep up their interests, stay as active as possible, and maintain the relationships they would have in their own home.

National standards emphasise the importance of helping residents of care homes to take part in activities and maintain their identities.

From what residents have told local Healthwatch having a sense of home is also important, although the meaning of this can change depending on the setting. For example, in a residential home people might find uniforms for staff too formal, yet feedback suggested that uniforms and name badges were helpful in nursing homes.

Feeling at home is deeply individual:

“They were open, cheerful and very relaxed in the way that they communicated together in an environment that seemed to me - a home from home”

Healthwatch visitor, *Healthwatch Warrington*²⁹

It has “been my {siblings} home for 23 years. It is a warm, friendly place and welcoming.”

Family member, *Healthwatch Sandwell*³⁰

²⁶ Healthwatch Barnet, 07/03/2017

²⁷ Healthwatch Torbay, Ashbourne Care home enter and view, 15/01/2017

²⁸ Healthwatch Telford & Wrekin, St George’s Park Nursing Home Enter and View Report , 12/10/2016

²⁹ Healthwatch Warrington, Burton House. Enter and View Report, 15/02/2017

³⁰ Healthwatch Sandwell, Alphonsus House. Enter and View Report, 25/01/2017

"One married couple there said it was just like being at home without having to do the work and cooking and that they loved it there."

Healthwatch visitor, *Healthwatch Staffordshire*³¹

"This is my home and I feel very comfortable here"

Resident, *Healthwatch Wirral*³²

"If I can't stay at (my) home this is where I want to stay."

Resident, *Healthwatch Bucks*³³

Residents should be helped to take part in a range of activities

Opportunities to take part in activities varied across the homes Healthwatch visited - we saw a range from seven days a week of organised activities in one home³⁴ visited by *Healthwatch Cheshire West and Chester* to a choice of "television or television" in another, visited by *Healthwatch North East Lincolnshire*.³⁵ Forty-seven reports made recommendations relating to increasing or improving the activities available for residents.

We heard that residents in some homes would like to go out more but cost could be a barrier. When *Healthwatch South Tyneside* visited one care home, they had just appointed a new activities coordinator, and planned to bring in a '2pm drop' where staff stopped what they were doing and spent 15 minutes just talking to residents.³⁶ The budget for activities was only £50 a month, but the coordinator reassured our visitors that they were quite creative in using these resources and "*nothing goes to waste*". Residents were positive about the new co-ordinator and the way in which he adapted activities to allow them to take part.

An activity coordinator whose home was visited by *Healthwatch Cheshire West and Chester*³⁷ was so committed to the home that she held her own wedding reception there. On the day local Healthwatch conducted its unannounced visit to the home they found that she had organised an entertainer for the residents and one representative found the dining room full of residents joining in enthusiastically with the music and the accompanying exercises.

In contrast, *Healthwatch Lancashire* saw "*no real evidence of meaningful activity*" in one home, with "*no notice boards displaying any activities*" and little interaction between staff and residents, although an activities coordinator was due to start soon.³⁸

Healthwatch Wolverhampton found an out of date activity board. From talking to staff they got the impression that they didn't communicate well with each other and did not look at care plans. Some of the residents said they didn't really have any activities and

³¹ Healthwatch Staffordshire, Hawksyard Priory Nursing Home, 20/03/2017

³² Healthwatch Wirral, Enter and View Hilbre House, 05/07/2016

³³ Healthwatch Buckinghamshire, White Plains Care Home Dignity in Care Enter and View, 23/06/2016

³⁴ Healthwatch Cheshire West and Chester, Oak Grange, 14/03/2017

³⁵ Healthwatch North East Lincolnshire, Sussex House Care Home. Enter and View Report, 26/01/2017

³⁶ Healthwatch South Tyneside, Enter and View - The Meadows Boldon Colliery, 08/02/2017

³⁷ Healthwatch Cheshire West and Chester, Florence Grogan House Enter and View, 31/03/2016

³⁸ Healthwatch Lancashire, Willowbank Rest Home Enter and View Report, 15/01/2016

most of them are left in their rooms. One resident wanted to take part in exercise and sit in the lounge but needed to be hoisted out of bed every time. She stated that she had only been able to take part in exercise once in five weeks. She said *“Staff don't come”* when she pressed the call bell. One family member said *“we know when Dad isn't well but when we ask staff to call a Doctor they say 'it's up to your Dad is he wants the doctor.”*³⁹

Residents need to be treated as individuals

We saw care homes where staff had made a real effort to engage with residents and help them take part in the same kind of activities they would in their own home. In other places interaction between staff and residents seemed much more limited. Some homes made a big effort to incorporate individual preference.

Healthwatch Cheshire West reported on a home where they saw a good rapport between staff and residents, where staff tried to organise one to one activities for residents who do not enjoy group sessions.⁴⁰

A home told **Healthwatch South Tyneside** that one resident had enjoyed cleaning all of her life so assisted in small cleaning tasks and washing cups.⁴¹ Another, who liked birds, was moved to a quieter room with larger windows to improve their view of the garden and birds.

We heard about a number of different ways in which care homes worked to personalise care and involve residents and family carers in the life of the home, for example by holding regular relatives' meetings - as well as involving carers in planning meetings and talking to them about their relative's preferences.

Healthwatch Bucks visited a home that involved residents in decision making. Residents and staff met every Wednesday to plan the following week's meals and local outings known as 'home days'. Residents have two 'home days' a week.⁴²

In contrast, one family member spoken to by **Healthwatch Lancashire** said they didn't *“know a thing”* about their relative's care plan.⁴³

Healthwatch Richmond visited one home with a "Resident of the Day" scheme, where one resident has a room deep clean and their care plan updated on that day. They also have their 'hospital passport' updated, including the 'this is me' tool. One of the Team Leaders told Healthwatch Richmond that *“it is their day and we try and get into their shoes and do what they would want”*.⁴⁴

One of the homes **Healthwatch Suffolk** visited told them that from the following week 30 minutes was to be set aside each afternoon when care staff would give priority to just spending time with those more socially isolated residents or those who were harder to engage with.⁴⁵

³⁹ Healthwatch Wolverhampton, Enter and View Bentley Court Care Home, 05/12/2016

⁴⁰ Healthwatch Cheshire West and Chester, Hartford Hey Enter and View report , 10/02/2016

⁴¹ Healthwatch South Tyneside, Stapleton House Care Home - Jarrow. Enter and View Report, 11/01/2017

⁴² Healthwatch Buckinghamshire, Dignity in Care Enter and View visit to Buckingham Road, 25/01/2016

⁴³ Healthwatch Lancashire, Turfcote Care Home with Nursing Enter and View, 11/02/2016

⁴⁴ Healthwatch Richmond upon Thames, Enter and View Visit Report: Homemead, 02/03/2017

⁴⁵ Healthwatch Suffolk, Highfield Care Home Enter and View Report, 03/02/2017

Healthwatch Cambridgeshire saw memento boxes located on the wall next to each resident's room, with doors featuring a plaque with the resident's name. Once a month there was a trip organised and the residents had the choice of whether to go or not. The trips are to local garden centres, wildlife parks and the seaside, destinations being dependent on weather. Musical entertainment was also scheduled for once a month.⁴⁶

Healthwatch Warrington observed that in one home "clearly the needs of the residents come first - where possible they come and go as they please and fill their time with their own choices." The home was laid out "as a home should be" - with the lounge, kitchen, dining and bathroom areas like an ordinary household rather than an "institution."⁴⁷

Residents were regularly consulted as to what they would like in the way of activities and key workers all helped support home activities. Occasionally there were more adventurous activities - with residents going to holiday destinations in the UK and abroad.

Healthwatch did visit some homes where interaction between staff and residents seemed much more limited. We also spoke to some residents who were unhappy with the way that staff responded to their wants and needs:

"The staff talk but they don't talk much, they don't talk to you. It would be nice to have a chat with someone... I was put in the garden, I didn't want to go in the garden, they didn't ask me if I wanted to sit in the garden... My family and friends visit me, I don't know who to report things to, my buzzer wasn't working, I told a staff member but no one got back to me, it's working now...I feel that I have to fit around staff times, rather than they fit around me. They are too busy...I have waited from 30-60 minutes when I have buzzed for help to go to the toilet."

Resident story, **Healthwatch Tower Hamlets**⁴⁸

One resident told **Healthwatch Wiltshire** *"the staff just pull things out of the wardrobe and say "that's nice" and put it on me - they don't ask what I would like to wear."*

Another said *"some of the staff listen to me, but not always. They think they know best. Sometimes I resent being told what to do and I rebel."*⁴⁹

Technology can keep people active and in touch

Technology has the potential to help people in homes feel less isolated, by keeping them in touch with family, friends, and events outside the home. It can also help people be more independent.

Of the 14 reports that looked specifically at use of technology, half found that residents had no access to the internet. Given the drive to integrate technology within the NHS and social care we found this surprising - particularly as technology can offer low-cost activities. When **Healthwatch Worcestershire** visited one home, staff said that they were buying an iPad so that residents would be able to Skype their families.⁵⁰

⁴⁶ Healthwatch Cambridgeshire, Fitzwilliam House Enter and View, 04/06/2016

⁴⁷ Healthwatch Warrington, Best practice EV Heath Lodge, 08/12/2016

⁴⁸ Healthwatch Tower Hamlets, Donny Brook - Enter and View Report, 16/08/2016

⁴⁹ Healthwatch Wiltshire, Bassett House Care Home, 07/07/2016

⁵⁰ Healthwatch Worcestershire, St Martin's Care Home Enter and View, 08/01/2016

Healthwatch Surrey visited one home that had internet access so residents could stay in touch with their families.⁵¹ They also had electronic care plans, and incorporated life history into care plans through asking families about residents' past life experiences, families, likes and their dislikes. Residents had been supported by a volunteer to learn how to use Skype and email on the computer which helps them keep in touch with relatives across the world.

CASE STUDY

Healthwatch Warrington were really impressed by the caring way in which staff at one care home for older women (including those with dementia) had used 'I would if I could ...' statements to find out about the desires and unfulfilled ambitions of their residents.

Using this imaginative approach enabled them to then make many of these things happen, ensuring residents are able to continue to 'live their lives' rather than merely exist.

Examples of the wishes they have helped fulfill include:

- A 99 year old resident wanted to go swimming again. When approached, the local health club was happy to heat their pool an extra few degrees to enable this;
- Another lady, who loves cats, was able to visit the local pet rescue service;
- A resident was helped to attend a wedding some distance away;
- Spending the afternoon at a tea dance brought back happy times for one resident; and
- Another resident was unable to visit London in person, so staff obtained a guide book and took her on a virtual tour using interactive IT"

⁵¹ Healthwatch Surrey, Wey Valley House EV, 01/12/2016

What happens next?

Lessons for care homes

From our review of 140 local Healthwatch reports, there are two areas that we feel care homes can focus on to help improve the experiences of residents.

We recognise that many care homes will all be delivering much of what is outline below but as was clear from our visits to care homes there is always more that could be done to ensure residents are receiving the best possible care.

Treat residents as individuals, ensuring that all their needs are met

Our evidence shows the importance of getting the basics right, however it is clear that many providers are not always aware whether or not they are doing so in their care homes.

Focusing on these sorts of issues, such as giving residents choice over what to wear or what time to have dinner, and making small changes to address any low level concerns is a vital part of letting residents know they do have a say in how life should be in their own home. It also helps prevent minor concerns or problems from escalating in to formal complaints.

Some of the issues raised by residents might not seem a major priority, especially in light of all the other pressures on homes, but it is important that staff and managers are constantly asking themselves how they would like things in their own home. At all times we must avoid an ‘it’ll do’ attitude.

Where residents have the capacity it is also worth staff considering how they can get them involved in helping to address some of the issues. For example, instead of allowing dead plants to litter public spaces because staff don’t have time to water them, get the residents involved in looking after them. Our visitors often picked up from residents that they lack a sense of purpose, so thinking more creatively about involving people in the running of the home can be mutually beneficial.

Homes must also remember that not all residents are the same. In some cases residents will have underlying medical conditions, such as dementia, that mean they require specialist care. However, the rest of the time it is important not to forget that people are just different from one another, with different likes and dislikes. Designing life in a care home around both individual needs and individual preferences is not easy, but a good place to start is by finding out more about people before they move in. We saw this in the best care homes, where consultations are arranged with prospective residents to ask about their preferences and start to familiarise them with the home.

Individualising care is key to creating a true “home from home” for residents. We hope that the good practice examples in this review will give care home managers ideas about how they can make sure this happens.

Seek feedback, act on it, and be open.

Throughout our work we have found examples of homes that actively seek out the views of residents, with a culture that seeks opportunities to learn and make things better, as well as understand where they are getting things right. This is encouraging but we want to see this in every home.

Simple low cost measures highlighted earlier in this review, such as introducing ‘residents days’, the setting up of a residents forum, or even just providing a clearly signposted comments box with paper and pens, can help people provide more regular feedback. However, this is only half the job.

Once feedback has been received, and acted on, it is important that care homes clearly communicate back to all residents and their relatives what sort of changes have taken place. This helps to build a more positive culture and will ultimately help to create a feedback loop where more people are willing to come forward and share their views because they can see it making a visible difference.

In terms of more serious issues and concerns we recognise that no one wants to go through the process of making a formal complaint. It is time consuming for staff and additional stress on residents. However, it is vital that all care homes are clearly signposting their complaints process and deal with things quickly and openly. For care home managers looking to review existing complaints processes it is worth checking out the Healthwatch Social Care Complaints Toolkit for ideas on how to work with your local Healthwatch.

Initiatives such as National Care Home Open Day have the potential to strengthen bonds between residents, staff, their families and the wider public. We think that more of this openness would benefit care homes and their residents.

Finally, for providers that have not yet responded formally to a local Healthwatch ‘Enter and View’ report of their home it is worth stressing that, whilst it may feel like an additional burden, the whole process has been designed to help. With so many other pressures on care homes it would be easy for managers to slip into a mindset of “I’m too busy to think, let alone listen”. Healthwatch provides managers with a way to independently gather feedback from residents and take stock of how they are meeting people’s expectations of care. There may be some uncomfortable challenges at times, but ultimately taking the time to consider the feedback will help homes improve.

Understanding more about people's experiences

NHS Digital and a number of other organisations routinely collect a raft of useful information about health care services.

However, comprehensive information about the social care sector is harder to come by.

There are a number of areas that we would like to see explored further by those responsible for commissioning services and assessing quality of care:

Digital technology

We know that digital technology has great potential to help people with long-term conditions and those in care settings.

We were therefore pleased to see existing practice where care providers are embracing technology to help residents stay in touch with friends and family, and to learn new skills.

We also recognise that the work of bodies like the National Information Board are driving forward a broader improvement agenda in the way care homes use technology.

Yet as mentioned earlier, of the 14 local Healthwatch who looked specifically at use of technology, half found residents didn't have access to the internet.

Given the increasingly important role technology has to play it is vital that the levels of access are tracked more consistently and those lagging behind the times be encouraged to improve. This could be done by directing some of the new money provided for social care to support investment in technology or by providing staff with training on how to help residents get the most out of new technology.

Access to health services

At a national and local level, health and care services are striving to provide care in a more integrated way.

However, our findings suggest that there needs to be more understanding of the barriers that residents face accessing other frontline services.

We plan a future briefing on people's experience of discharge processes, but we are also concerned about an apparent lack of access to essential health services such as general practitioners and dentists.

Collectively the system needs to develop greater understanding about the variation in arrangements for these services across different areas.

This needs to be factored in to the performance evaluation of newly integrated services. This process could be started by looking at whether or not the Vanguard programme has resulted in improve care home residents' access to other services, and build the learning from this evaluation into the development of the Accountable Care Systems.

Next steps for Healthwatch England

This review is the first in a series looking at different aspects of social care.

Later in the summer we will be publishing similar briefings on what local Healthwatch have found out about domiciliary care services and conducting further research looking at what people want from the future of social care.

At a local level we will be asking local Healthwatch to supply local commissioner and care homes managers in their area with a copy of this review, and outlining to them how they can help.

Case study - Healthwatch Bucks

Healthwatch Bucks were commissioned by their local council to find out whether residents in care homes were being treated with dignity. A team of independent volunteers visited 24 care homes and spoke to 275 residents, staff and visitors over an eleven month period. They wanted to understand how people were being treated, whether they were given privacy, choice, independence, and if the place felt like a home.

In most cases there were examples of excellent care; however, Healthwatch Bucks also visited some care homes where the service was poor. For example, in one care home residents felt they had no privacy as staff would knock and enter bedrooms without waiting for a response. People also told Healthwatch Bucks that inconsistencies in care were often linked to low staff numbers, agency staff who didn't get to know residents, and a lack of knowledge or interest in maintaining their independence.

Following the visits, many care homes listened to the feedback and made changes that were inexpensive but had a significant impact on the lives of their residents. For example, many care homes introduced pictorial menus to help those who could not read, others started working with local organisations to offer more activities like Pets as Therapy, and some are hoping to get their residents out and about by buying their own minibus.

Healthwatch Bucks also brought together staff from 18 different care homes for an event. Staff shared their ideas of how small adjustments could improve care, and nine in ten said they would make changes when they returned to work.

Case Study - Healthwatch Derbyshire

At the request of their local council, Healthwatch Derbyshire visited 26 care homes (roughly 15% of the homes located across the county), and spoke to 216 people to independently assess the quality of care provided in the area. Residents and relatives described good facilities and high standards of staff care, but there were some improvements which they wanted to see made.

Using the views people shared, in October 2016 Healthwatch Derbyshire published a report suggesting ways that the council could make changes to improve people's experiences.

The council has since agreed to:

- Invest £4.1m on a new programme entitled ‘Direct Care Homes for Older People’ which includes refurbishment of some homes and others having money to improve bath/shower facilities, health & safety, infection control and improving the dementia friendly environment.
- Install tinted UV protective glass or blinds to protect residents from strong sunlight.
- Restructure their local teams to introduce Senior Care Worker roles which will lead on coordinating social/recreational programmes for residents.
- Review hearing loops systems in care homes and ensure staff know how to use them.
- Order new signs to make it easier for people with dementia to find their way around.
- Regularly maintain care home gardens and outside spaces.
- Increase focus on hand hygiene practices, particularly for residents before meals.
- Implement in full the Accessible Information Standard in all care homes.

Joy Hollister, Derbyshire County Council Strategic Director for Adult Care, said:

“Working with Healthwatch Derbyshire is helping us to develop the services and care that our clients receive.

“It has given us a truly independent view of the services we deliver and has given us valuable feedback to help us improve our services.

“We have received praise for the quality of our care and facilities, and the excellent relationships our staff have with the residents in our homes.

“The Enter and View arrangement with Healthwatch is also helping us to keep our standards high by supporting our audit and quality assurance checks.

“Ultimately, we aim to develop our services and facilities around the requirements of our clients, and Healthwatch’s involvement has helped us to achieve that.”

Thank you

Thank you to the 65 Healthwatch who took part...

Barnet, Birmingham, Bradford and District, Bromley, Buckinghamshire, Cambridgeshire, Central Bedfordshire, Central West London, Cheshire West and Chester, County Durham, Coventry, Croydon, Darlington, Derbyshire, Devon, East Riding of Yorkshire, Gloucestershire, Halton, Havering, Herefordshire, Hertfordshire, Hillingdon, Kent, Kirklees, Lambeth, Lancashire, Leeds, Lewisham, Lincolnshire, Liverpool, Newcastle upon Tyne, North East Lincolnshire, North Somerset, North Yorkshire, Northamptonshire, Nottinghamshire, Portsmouth, Redbridge, Richmond upon Thames, Rochdale, Sandwell, Sheffield, Shropshire, South Gloucestershire, South Tyneside, St Helens, Staffordshire, Stoke on Trent, Suffolk, Surrey, Telford and Wrekin, Thurrock, Torbay, Tower Hamlets, Trafford, Waltham Forest, Wakefield, Warrington, Warwickshire, Wiltshire, Wirral, Wolverhampton, Worcestershire, York.

Where our evidence came from

In general we tend to get less feedback about social care than the NHS. But to put this in context, fewer people use social care services, and the characteristics of many people who live in care homes often makes it harder for them to give feedback.

The unsolicited feedback we do get directly from people tends to come from concerned family members and is largely negative.

Whilst the unsolicited feedback has of course informed this review, we have relied more heavily on the evidence gathered proactively by local Healthwatch to use people's direct experiences to assess what life is like in a care home.

The evidence in this briefing therefore comes from 140 reports, covering visits to 197 care homes, published by 63 local Healthwatch between January 2016 and April 2017.

The homes we visited are lived in, visited and worked in by around 3,500 people. Local Healthwatch also talk to their communities about health and care using a variety of other ways.

Notes

About us

We are the independent consumer champion for health and care. Our job is to make sure that those who run local health and care services understand and act on what really matters to people.

A local Healthwatch exists in every area of England. We support them to find out what people want from health and care services and to advocate for services that work for local communities. Local Healthwatch also act as our eyes and ears on the ground, telling us what people think about local health and social care services. We use the information the network shares with us and our statutory powers to ensure the voice of the public is strengthened and heard by those who design, commission, deliver and regulate health and care services.



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