

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

Findings from the Healthwatch network



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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 provide information and advice about publicly-funded health and care services. They also go out and speak to local people about what they think of local care, and share what people like and what could be improved with those running services. They share feedback with Healthwatch England so that we can spot patterns in what people are saying about care, and ensure that people's voices are heard on a national level.

Healthwatch Enter and View Visits

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 and advise those in charge about how to improve.

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

People who undertake these visits on behalf of a local Healthwatch have special training and are formally known as 'Authorised Representatives'. For simplicity throughout this document we refer to them as 'our visitors' or 'Healthwatch visitors'.

Foreword

Imelda Redmond, National Director of Healthwatch England

According to the Care Quality Commission (CQC), four out of five care homes and home care agencies in England provide good quality care.¹

Yet it's also clear the care sector as a whole is in a fragile state.

With younger people in need of care often living longer and the elderly population growing rapidly, the country has to tackle some big questions about how we plan and resource the care sector.

Healthwatch exists to inform such debates, sharing with providers, commissioners and policy-makers the views of those using care to identify what's working well and where things could improve.

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

This draws on what our volunteers have witnessed and heard from thousands of residents, relatives and staff during almost 200 site visits over the last year. Importantly we have included the views of both elderly residents and younger people in residential care.

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 by residents and relatives as dedicated and 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', often unable to deliver the sort of person-centred care people should be able to expect.

Amongst the experiences 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, working seamlessly with other services when their residents need additional support.
- The best residential services are the ones that focus on enabling people to continue living as if they were still in their own home.

Our volunteers have seen some great examples of 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 care that not only gets the basics right but also responds to an individual's needs is continually seeking and acting on the views of residents.

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

¹ <http://www.cqc.org.uk/news/releases/most-services-meet-Mum-Test-but-still-too-much-poor-care-finds-CQC>

Overview

Between January 2016 and April 2017² 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 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 and advise those in charge about how to improve.

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 in one area to find out about how those services are working overall. With the consent of a care home, a visit gives local Healthwatch an important additional opportunity to talk directly to families, carers, and staff about their experiences.

Healthwatch is not a regulator and has a different primary focus from the CQC. We do not usually look at the quality or safety of care, we concentrate on the experiences of people using services. Our findings are therefore designed to complement those of the CQC.

From the public's perspective, reports by local Healthwatch provide a useful tool when choosing a home, providing more information about what day-to-day life is like. This is part of the broader role local Healthwatch have in informing their communities about local services and helping direct them to the right places.

Listening to what local Healthwatch have to say and responding publicly is therefore a great way for homes to show that they put residents at the centre, that they're open to feedback and that they're focused on providing the best possible care.

² 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 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

Three clear 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 ensure residents are 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.

People in care homes often need high levels of both health and care support. We saw variation in how homes respond to the differing needs of residents within homes. For example, some homes we visited did not have dementia friendly décor, whilst in other homes residents were provided with insufficient support to access GPs and dentists.

We want to see a greater focus on meeting people's individual health and care needs.

3. The best services 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](#) was 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 moved in to learn more about them and their needs. Many of the additional services, such as accessing the GP, were set up to encourage residents to do as much as possible for themselves, with support on hand if 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 other site visits conducted across the city.³

³ 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 member of staff to a 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 of 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;
- Some local Healthwatch use 'action tables' in their Enter and View reports for the service providers to complete. This involves taking the recommendations from a report and putting them into a table so that service providers can then comment. We have found that this elicits a more thorough provider response.

Understanding the issues

There are 16,354 care homes registered with the CQC in England. As we can only visit a limited number of these every year, it's important 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.

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 and night. Individuals living in nursing care homes can also receive care 24 hours a day from a qualified nurse.⁴ 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 thousands of younger people with disabilities and mental health needs, as well as 16 per cent of people aged 85 and above.⁵

Despite our ageing population, and the fact that younger people with care needs are also living longer than ever before, 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.⁶ People who move into care homes are therefore increasingly likely to have 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 don't simply exist.

Increasing pressure on the care sector

The challenges around social care have been a focus for governments of all political varieties stretching back decades. This has resulted in numerous sector-led reviews, white and green papers and a royal commission, but little lasting change.

However, with the demographic and resource pressures where they are, there is a strong sense that the consultation on the future of social care announced in the 2017 Queen's Speech has to be the start of a more long-term solution.

In October 2016, the CQC found that social care was 'approaching a tipping point'. In July 2017 the CQC followed this up with its end of inspection programme review which found that, whilst the majority of care in England is good and there are improvements, there are still a significant number of homes failing to improve and a small proportion is even getting worse.

The Competition and Markets Authority (CMA) is currently conducting a market study⁷ on care homes, to see how the market works and whether people are treated fairly. Its initial findings suggest that:

⁴ <http://www.cqc.org.uk/what-we-do/services-we-regulate/care-homes>

⁵ <http://enrich.nihr.ac.uk/page/understanding-care-homes>

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/changesintheolderresidentcarehomepopulationbetween2001and2011/2014-08-01>

⁷ <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 report regularly on the state of the adult social care sector and workforce in England. Its [research](#) has 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.⁸

The National Audit Office plans a study for Autumn 2017, looking at 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.⁹ These skills include the ability 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.

All the organisations that contribute to a person's care and support plan should be able to share information, and have access to their health record. Of course, the person to whom the plan

⁸ <https://www.nmds-sc-online.org.uk/Get.aspx?id=980099>

⁹ <https://www.nao.org.uk/work-in-progress/adult-social-care-workforce/>

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 are still finding examples of care homes making limited use of quite basic technology, for example some do not have a Wi-Fi connection.

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.

Local Healthwatch working in partnership

The charity [Independent Age](#) wanted to find out what people know about quality in care homes and how this affects the way they choose one. [Healthwatch Camden](#) worked with them to help find out how they could give people a real sense of what it is like to live in a particular care home.

Working with older people, their families and care experts, Independent Age developed a set of quality indicators which Healthwatch Camden used to gather information about seven local care homes during Enter and View visits. Independent Age refined the indicators following the visits and in light of feedback from focus groups.

These eight new indicators are now being promoted nationally to help improve the information that's available about quality in care homes.¹⁰

Eight quality indicators say a good care home should:

- 1. Have strong, visible management**
The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.
- 2. Have staff with time and skills to do their jobs**
Staff should be well-trained, motivated and feel they have the resources to do their job.
- 3. Have good knowledge of each resident and how their needs may be changing**
Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.
- 4. Offer a varied programme of activities**
Care homes should provide a wide range of activities (and ensure residents can access these) both in the home and outside the home.
- 5. Offer quality, choice and flexibility around food and mealtimes**
Homes should offer a good range of choices and adequate support to help residents who may struggle to eat and drink. The social nature of eating should be reflected in how homes organise their dining rooms, and accommodate different preferences.
- 6. Ensure residents can see health professionals such as GPs and dentists regularly**
Residents should be able to see a health professional promptly, just as they would when living in their own home.
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Care homes should be set up to meet residents' cultural, religious and lifestyle needs, as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently from other residents.
- 8. Be an open environment where feedback is actively sought and used**
There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

¹⁰ http://www.healthwatchcamden.co.uk/sites/default/files/independent_age_healthwatch_evaluation_report_-_published_002.pdf

What our visitors saw

In this section, we look at examples of what local Healthwatch have found during 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".¹¹

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.¹²

They also saw places in the service where there should have been hand rails, and noted that there was no fully accessible toilet. The response from the care home demonstrated how they took Healthwatch Hertfordshire's recommendations and implemented them to improve their home. Healthwatch Hertfordshire will be revisiting in September 2017 to review the impact of their initial report.

[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."¹³

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.

¹¹ CRM record from Healthwatch Rochdale, 06/09/2016

¹² Healthwatch Hertfordshire, Stanborough Lodge Care Home. Enter and View Report, 15/09/2016

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

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 say 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.

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 through 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.¹⁴

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"**.¹⁵ 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.

Our analysis shows that where local Healthwatch use 'action tables' in their reports for providers to complete they tend to elicit a more positive response. We will therefore encourage others to replicate this model.

¹⁴ Healthwatch South Gloucestershire, Revisit to Little Croft, 16/01/2017

¹⁵ Healthwatch Wolverhampton, Eversleigh Care Centre - Enter and View, 26/11/2016

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. Providers are required by CQC to have effective complaints procedures, 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.¹⁶

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

Good care homes meet all people's needs, with all elements of health and care working together

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 nine 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.

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.¹⁷ When Healthwatch Sandwell followed up in June 2017, they heard from the new manager that the issue has now been resolved.

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."**¹⁸

¹⁶ 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

¹⁷ Healthwatch Sandwell, Poplars Nursing Home enter and view report, 16/04/2016

¹⁸ Healthwatch Kirklees, Ashmeadows Enter and View report, 26/01/2016

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.¹⁹

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.²⁰

Healthwatch St Helens reported on a home that had good links with local health services, including district nurses, physiotherapists, 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.²¹

After *Healthwatch Sheffield* visited, a local home acted to resolve their problems with access to NHS dental services, and an NHS dentist now visits the home when necessary.²²

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 has been well received by residents.²³

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.²⁴

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.²⁵

¹⁹ Healthwatch Cambridgeshire, Fitzwilliam House Enter and View, 04/06/2016

²⁰ Healthwatch South Gloucestershire, Fairview Court Care Home. Enter and View Report, 08/02/2017

²¹ Healthwatch St Helens, Colliers Croft Care Home, 15/02/2017

²² Healthwatch Sheffield, Alpine Lodge Enter and View Report, 30/03/2017 (impact noted in Robyn’s impact spreadsheet)

²³ Healthwatch North Yorkshire, Boroughbridge Manor and Lodge. Enter and View Report, 21/02/2017

²⁴ Healthwatch Richmond upon Thames, Laurel Dene Care Home, Enter and View Report, 13/10/2016

²⁵ Healthwatch Cheshire West and Chester, Oak Grange Enter and View Visit, 14/03/2017

Care homes need enough staff with the right training

Forty three 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).²⁶

Healthwatch Barnet was 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 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 to.²⁷

When *Healthwatch Torbay* visited one home, they recommended that staff spent more time interacting with residents, chatting about their work and family life.²⁸ 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.²⁹ 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*³⁰ emphasise the importance of helping care home residents take part in activities and maintain their identities.

Local Healthwatch have heard from residents that feeling at home is also important, although the meaning of this can change depending on the setting. For example, in a residential home people

²⁶ ‘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/atagance/atagance43.asp>

²⁷ Healthwatch Barnet, 07/03/2017

²⁸ Healthwatch Torbay, Ashbourne Care home enter and view, 15/01/2017

²⁹ Healthwatch Telford & Wrekin, St George’s Park Nursing Home Enter and View Report , 12/10/2016

³⁰ NICE Guidance - Older people in care homes 18/02/2015 - nice.org.uk/guidance/lgb25

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](#)³¹

"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](#)³²

"This is my home and I feel very comfortable here" Resident, [Healthwatch Wirral](#)³³

"If I can't stay at (my) home this is where I want to stay." Resident, [Healthwatch Bucks](#)³⁴

"It has been my {sibling's} home for 23 years. It is a warm, friendly place and welcoming"
Family member, [Healthwatch Sandwell](#)³⁵

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 home³⁶ visited by Healthwatch Cheshire West and Chester, to a choice of "television or television" in another, visited by [Healthwatch North East Lincolnshire](#)³⁷ 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.³⁸ 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 coordinator and the way in which he adapted activities to allow them to take part.

An activity coordinator visited by Healthwatch Cheshire West and Chester³⁹ was so committed to their care home that she held her own wedding reception there. On the day local Healthwatch conducted their unannounced visit to the home they found that she had organised an entertainer

³¹ Healthwatch Warrington, Burton House. Enter and View Report, 15/02/2017

³² Healthwatch Staffordshire, Hawksyard Priory Nursing Home, 20/03/2017

³³ Healthwatch Wirral, Enter and View Hilbre House, 05/07/2016

³⁴ Healthwatch Buckinghamshire, White Plains Care Home Dignity in Care Enter and View, 23/06/2016

³⁵ Healthwatch Sandwell, Alphonsus House. Enter and View Report, 25/01/2017

³⁶ Healthwatch Cheshire West and Chester, Oak Grange, 14/03/2017

³⁷ Healthwatch North East Lincolnshire, Sussex House Care Home. Enter and View Report, 26/01/2017

³⁸ Healthwatch South Tyneside, Enter and View - The Meadows Boldon Colliery, 08/02/2017

³⁹ Healthwatch Cheshire West and Chester, Florence Grogan House Enter and View, 31/03/2016

for the residents and a 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.⁴⁰

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 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 if he wants the doctor.’”⁴¹

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.⁴²

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.⁴³ 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 relatives' 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.⁴⁴

In contrast, a family member who spoke to Healthwatch Lancashire said they didn't “know a thing” about their relative's care plan.⁴⁵

Healthwatch Richmond upon Thames visited a home with a “Resident of the Day” scheme, where one resident has their room deep cleaned and their care plan updated on that day. They also have

⁴⁰ Healthwatch Lancashire, Willowbank Rest Home Enter and View Report, 15/01/2016

⁴¹ Healthwatch Wolverhampton, Enter and View Bentley Court Care Home, 05/12/2016

⁴² Healthwatch Cheshire West and Chester, Hartford Hey Enter and View report , 10/02/2016

⁴³ Healthwatch South Tyneside, Stapleton House Care Home - Jarrow. Enter and View Report, 11/01/2017

⁴⁴ Healthwatch Buckinghamshire, Dignity in Care Enter and View visit to Buckingham Road, 25/01/2016

⁴⁵ Healthwatch Lancashire, Turfcote Care Home with Nursing Enter and View, 11/02/2016

their 'hospital passport' updated, including the '[this is me](#)' tool. One of the Team Leaders told Healthwatch Richmond upon Thames that **"it is their day and we try and get into their shoes and do what they would want"**.⁴⁶

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.⁴⁷

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 a trip was organised and the residents could choose whether to go. The trips are to local garden centres, wildlife parks and the seaside, depending on weather. Musical entertainment was also scheduled once a month.⁴⁸

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."**⁴⁹

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 residents who were unhappy with the way 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](#)⁵⁰

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."**⁵¹

⁴⁶ Healthwatch Richmond upon Thames, Enter and View Visit Report: Homestead, 02/03/2017

⁴⁷ Healthwatch Suffolk, Highfield Care Home Enter and View Report, 03/02/2017

⁴⁸ Healthwatch Cambridgeshire, Fitzwilliam House Enter and View, 04/06/2016

⁴⁹ Healthwatch Warrington, Best practice EV Heath Lodge, 08/12/2016

⁵⁰ Healthwatch Tower Hamlets, Donny Brook - Enter and View Report, 16/08/2016

⁵¹ Healthwatch Wiltshire, Bassett House Care Home, 07/07/2016

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.⁵²

Healthwatch Surrey visited one home that had internet access so residents could stay in touch with their families.⁵³ 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

Healthwatch Warrington was 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 fulfil 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 a resident;
- Another resident was unable to visit London in person, so staff obtained a guide book and took her on a virtual tour using interactive technology.

⁵² Healthwatch Worcestershire, St Martin's Care Home Enter and View, 08/01/2016

⁵³ Healthwatch Surrey, Wey Valley House EV, 01/12/2016

Case study - Healthwatch Bucks

Healthwatch Bucks was commissioned by its 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 11 month period. They wanted to understand how people were being treated, whether they were given privacy, choice and independence, and if the place felt like a home.

In most cases there were examples of excellent care, but Healthwatch Bucks also visited 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, a number of 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 they also wanted a number of improvements to be made.

Over the year, Healthwatch Derbyshire published three summary reports which generated recommendations that underpinned subsequent improvements. Following the reports, the Council confirmed that they would carry out the following:

- 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 and shower facilities, health and safety, infection control and the dementia friendliness of the 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 co-ordination of 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.”

What happens next?

Lessons for care homes

We have identified two lessons that care homes can focus on to help improve residents' experiences.

We recognise that many care homes will already be delivering much of what is outlined below. However, 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 and ensure all their needs are met

Focusing on seemingly small things, such as giving residents a choice of what to wear or what time to have dinner is a vital part of helping residents maintain their independence. It also helps prevent minor concerns from escalating into formal complaints.

Some of the issues raised by residents might not seem important, particularly in light of the other pressures homes face, but staff and managers still need to remember that for each resident, this is their home. An 'it'll do' attitude can never be acceptable.

The Healthwatch network has seen how effective it can be when care home staff get residents involved with addressing their concerns themselves. For example, instead of allowing dead plants to litter public spaces because staff don't have time to water them, empower residents to look after them. Our visitors found that residents often 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, which mean they require specialist care. Aside from their care needs, people also differ in terms of their likes and dislikes. Designing life in a care home around both individual needs and individual preferences is not easy, but taking the time to find out about people when they move in will definitely help. 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 central 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

We have found great examples of homes that actively seek out the views of residents, to make they know what's working and what could be better. 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', residents' forums, or even just providing a clearly labelled 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's important that care homes tell residents and their relatives about the changes they've made. This helps to build a more positive culture and encourage more people to come forward in the future.

When it comes to more serious issues, it's important that people know how they can raise formal complaints and that they're dealt with quickly and openly. Care home managers looking to review existing complaints processes can see the [Healthwatch Social Care Complaints Toolkit](#) for ideas about how working with local Healthwatch can help.

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.

Any providers that have not yet responded formally to a local Healthwatch 'Enter and View' report of their home should do so, as the process is designed to be helpful. We appreciate that when working under pressure it can feel like there simply isn't enough time to listen to feedback. But by working with Healthwatch, homes can identify how to gather people's views in the most useful way, and use it to deliver a better service. There may be some uncomfortable challenges at times, but ultimately taking the time to consider feedback can only help homes improve.

Understanding more about people's experiences

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

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 bodies like the National Information Board are driving improvements to 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 access is tracked more consistently and that those lagging behind the times are encouraged to improve.

Both commissioners and providers need to think about how they can get the most value out of limited resources by making better use of technology. This should include thinking about investment in technological solutions, as well as training for staff 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, such as GPs 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 into the performance evaluation of newly integrated services. This process could start by looking at whether or not the vanguards programme has improved care home residents' access to other services, and build the learning from this 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 improve quality by making better use of residents' feedback.

We will work specifically with local Healthwatch where providers are not currently responding to reports and recommendations, to make it as easy as possible for these providers to outline what action they have taken or plan to take. However, where providers continue to show disregard for what their residents have to say, we will support local Healthwatch to take a robust stance in reporting such behaviour to any relevant commissioners and regulators.

More broadly, and as part of our commitment to Quality Matters, we will be working with the Local Government and Social Care Ombudsman (LGO) to help build a positive attitude to learning from feedback across the social care sector as whole. This will include producing a shared statement on social care complaints to improve understanding and help build a more positive culture around learning from mistakes.

Thank you

Thank you to the 63 Healthwatch whose evidence has contributed towards this briefing. These include local Healthwatch from the following areas: Barnet, Birmingham, Bradford and District, Bromley, Bucks, 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. This is in part because fewer people use social care services, and the characteristics of many people who live in care homes often make 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 assess what life is like in a care home.

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

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

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