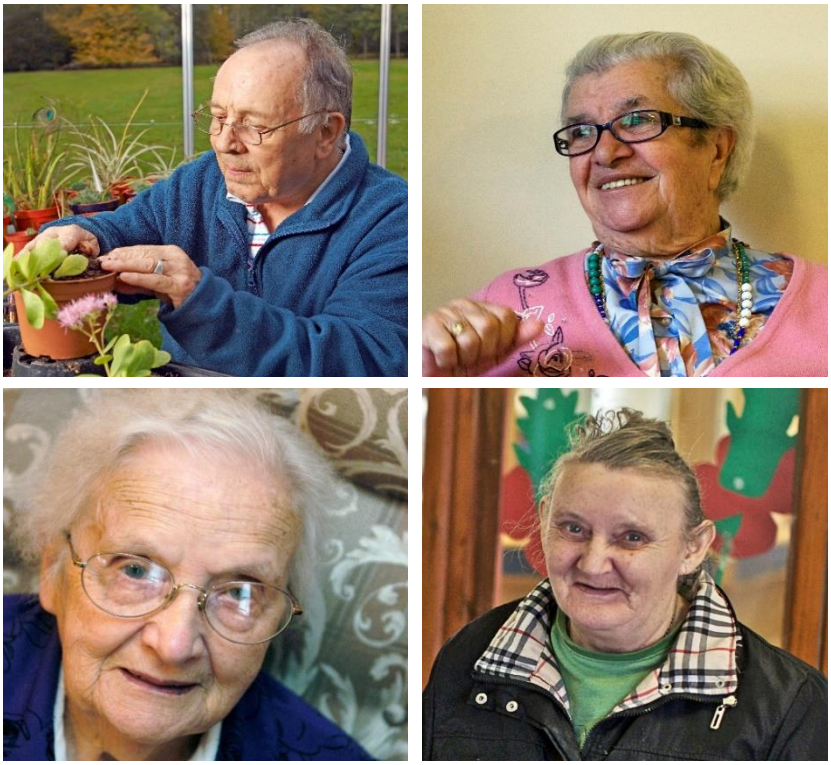
healthwatch North Tyneside

‘Living life to the full’

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



Summary report

Healthwatch North Tyneside, April 2016

Living life to the full - How do activities facilitated by care homes for older people in North Tyneside promote wellbeing?

This is a summary of our full report which is available on our website www.healthwatchnorthtyneside.co.uk or by calling the Healthwatch team on 0191 263 5321.

Acknowledgements and thanks

Enter and View team: Jill Arkell-Wilson, Tina Fry, Nicola Garrity, Joyce Greely, Dianne Greenwood, Joan Hancock, Molly Herridge, Helen Johns, Mary Laver, Denys Organ, Hannah Prescott, Judy Scott, Neil Tapster and Colin Thomson.

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North Tyneside Council monitoring team

Healthwatch North Tyneside staff and board

Healthwatch North Tyneside

Healthwatch is the independent consumer champion for health and care.

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

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

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

Summary report

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

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

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

Specifically we hoped to;

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

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

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

How do homes plan the activities they provide?

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

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

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

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

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

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

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

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

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

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

- **Enabling participation in decision making**

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

- **Encouraging participation in planned activities**

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

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

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

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

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

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

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

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

- **One to one activities**

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

- **Social activity**

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

- **Community activity**

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

- **Physical activity**

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

- **Daily living tasks**

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

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

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

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

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

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

Recommendations

Recommendations for residential care home providers

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

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

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

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

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

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

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

Recommendations for commissioners

Standards

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

Recommendations for North Tyneside Council (commissioners)

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

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

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

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

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

Recommendations for the Care Quality Commission

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

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

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

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

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