

## Themes and Thoughts:

# An Overview of Meaningful Activity in 13 Care and Nursing Homes for Older People in Worcestershire

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## Executive Summary

- i. Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. HWW carried out Enter and View visits to 13 care and nursing home settings for older people in 2015. This is approximately 10% of care settings for older people in the County.
- ii. The focus for the visits was to look at how **residents in these settings are being provided with meaningful activities that support their health and well-being**. Meaningful activity and strong relationships are a central part of our identity as individuals.
- iii. This Report does not attempt to summarise findings from the visits. We are aware that we saw a snapshot of activity at a particular point in time, which might not therefore be a fully representative portrayal of the experiences of all the service users, carers and staff in these settings. We are also aware that there is a great deal of expertise about meaningful activity across the Sector.
- iv. We followed up the visits with a postal survey in 2016 to all the settings that we visited to understand their experience of our Enter & View process, and to ask about the impact that the visits had on meaningful activity in the home.
- v. The Survey indicates that the majority of managers of the settings that we visited were satisfied with the Enter and View visits and our reporting of them; have implemented our recommendations and are satisfied that the visits made a difference to meaningful activity in the home.
- vi. The aim of this Report is to maximise the impact of our visits and raise awareness of our work on meaningful activity to both commissioners & providers, in order to influence practice and improve resident's experience.
- vii. We have taken an overview of the visits and our reports of them and have identified some main themes and thoughts that we believe are applicable more widely. In the body of the Report we have explained how we came to these conclusions. We also highlighted some of the good ideas that we observed so others can consider these.
- viii. Below are our thoughts for consideration by all settings. These can be used as a checklist to help providers consider what they are doing; not all will be applicable in every case
- ix. We would also request commissioners of services to take account of this report in their ongoing work with Care Homes in Worcestershire, to encourage greater awareness of the importance of meaningful activity in enhancing the experience of people living in these settings.

## MEANINGFUL ACTIVITY - CHECKLIST FOR SETTINGS TO CONSIDER

### Interaction between staff and residents

- How shifts and tasks could be arranged to free up more care staff time to simply spend times with residents?

### Meaningful Activity

- How all staff can be encouraged to see involving residents in meaningful activity and the day to day life of the home as part of their role?
- The extent to which residents are engaged in meaningful activity during evenings and weekends, or at times when the Activity Coordinator is not available?
- How more training opportunities could be made available for all staff on meaningful activities?
- How a network (real or virtual) could be promoted and/or established for Activities Coordinators to share ideas?
- How Activity Coordinators can routinely share their activity records with care staff and management, so that everyone can identify those residents who may require more one to one or different forms of engagement?
- How to ensure that all staff are aware of each resident's preferences in terms of activities?
- How Activity Coordinators / care staff can spend more one to one time with residents who remain in their room, either through choice or circumstance?
- How all staff can be trained to recognise "butterfly moments" (brief moments of connection) and which activities are meaningful to people experiencing different stages of dementia?
- How tactile or sensory resources can be made easily available to residents to provide stimulation or comfort, as appropriate to the person's needs?
- How residents, depending on their ability and choice, can be encouraged to maintain household and other skills in the setting?

### Resources and Environment

- How the resources available to residents can be regularly diversified and changed to create new interest and stimulation, perhaps through using free or low cost resources?
- Ways to encourage residents to help themselves to the resources available?
- Ways to share resources between settings, particularly where these are costly?
- How tablet computers or individual music players could be used to promote individualised meaningful activity?
- Whether seating arrangements could be reviewed to create cosier spaces and more interaction between people?

- Whether there are opportunities to create a more stimulating physical environment for residents both in the home and outdoors?
- Whether there are opportunities to maximise use of the outside space by residents?

### **Involvement of Relatives and the Local Community**

- How relatives are communicated with, both informally and formally?
- How links with the local area, and in particular the use of activities that are available for older people, could be increased?
- Whether there is potential to use volunteers to support residents to pursue their interests both inside and outside the setting?

## 1. About Healthwatch Worcestershire (HWW)

HWW provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

This Overview Report brings together the work undertaken over the last two years on Meaningful Activity in care and nursing homes for older people in Worcestershire. The aim is to maximise the impact of our visits and raise awareness of our work on meaningful activity to both commissioners & providers, in order to influence practice and improve resident's experience.

## 2. What is Enter and View?

The Health and Social Care Act 2012 allows Healthwatch Worcestershire (HWW) authorised representatives to carry out Enter and View visits to publicly funded health and social care services to find out how they are being run and make recommendations where there are areas for improvement. It is important to emphasise that Enter and View is an engagement activity, NOT an inspection. We do not have access to individual care plans, or other confidential information. Enter and View is a way that Healthwatch Worcestershire can find out people's views and see for ourselves how services are provided.

## 3. What Is Meaningful Activity?

HWW carried out Enter and View visits to 13 care and nursing home settings for older people in 2015. This is approximately 10% of care settings for older people in the County. We understand that all these settings provide some level of publicly funded care. The focus for the visits was to look at how **residents in these settings are being provided with meaningful activities that support their health and well-being.**

Meaningful Activity is “that in which one is engaged .... that which holds meaning and value for us ..... engages our time, attention and environment”<sup>1</sup>

Having a meaningful life with strong relationships and purposeful activity is a central part of our identity as individuals.

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Whilst it may involve structured activities (e.g. arts and crafts, quizzes, discussion groups, music etc.), as important can be people being involved to the level of their choice and ability in activities of daily living (e.g. helping in the day to day running of the home) and brief moments (butterfly moments) of connection, engagement and activity that are meaningful to the person concerned<sup>2</sup>.

Statistics from the Alzheimer's Society show that 80 per cent of people living in care homes have a form of dementia or severe memory problems. The Worcestershire Residential Dementia

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<sup>1</sup> Perrin, T. May, H. and Anderson, E Wellbeing in Dementia

<sup>2</sup> Adapted from SCIE guide 15, [Choice and Control](#), [Living well through activity in care homes: the toolkit](#) (College of Occupational Therapists) and expert consensus]

Service Standard<sup>3</sup> is used by Worcestershire County Council and the three Clinical Commissioning Groups to promote care that is person-centred. The Standard covers a range of areas, including meaningful occupation and a dementia specific environment. It is not a requirement for providers in Worcestershire to meet the Standard.

#### 4. Summary of Visit Methodology

The settings visited were chosen on the basis of:

- Achieving a geographical spread across the County
- A mixture of large and small homes
- A mixture of large and smaller providers
- Those that provide nursing care and those that do not

The homes were not selected on the basis of past or present performance.

All visits were announced. We contacted the manager prior to each visit to explain about Enter and View, what we intended to do, timescales, and arrange the visits in a way to cause as little disruption in the daily routine as possible. Healthwatch Worcestershire volunteers (authorised representatives) received training on meaningful activity, including for people living with dementia, prior to carrying out the Enter and View visits. The size of the team varied according to the circumstances of each home. All the teams were led by a member of staff or Director. The Enter and View team spoke to residents (many of whom were living with dementia) and (if available) the Activities Coordinator and Manager. We observed a range of activities and daily life taking place within the care home. We used observations sheets to record what we saw. We developed prompts, based on the Residential Dementia Care standard and our training, to help us to interpret our observations about meaningful activities.

The information gathered was used to draft a Report to each setting and make Recommendations. These were sent to the homes to allow them to correct any factual inaccuracies and respond to the recommendations that we made. The provider's response was included in the final Report. All the Enter and View Reports can be found at:

<http://www.healthwatchworcestershire.co.uk/enter-and-view/>

The thirteen Care Homes we visited were:

Brambles Care Home, Redditch	Fern House Care Home, Worcester	Shenstone House, Kidderminster	Summerdyne Nursing Home, Bewdley	St Johns Court Nursing Home, Bromsgrove
St Martins Care Home, Redditch	The Firs Care Home, Kidderminster	The Haven Care Home, Droitwich	The Hawthorns Nursing Home, Evesham	The Mill House Care Home, Pershore
The Old Rectory Care Home, Tenbury Wells	The Willows Care Home, Worcester	Wayside Care Home, Bromsgrove		

See Appendix One for a fuller account of our methodology.

<sup>3</sup> This is based on the 50 Point Checklist authored by David Sheard in 'Inspiring, leadership matters in dementia care' (2008), published by Alzheimer's Society.



## 5. Follow up postal survey of the homes we visited

In 2016 we sent a short postal survey to the managers of all of the homes that we visited to enable us to understand their experience of our E&V process, and to ask about the impact that the visits had on meaningful activity in the home.

We received 8 completed responses to our survey. The survey and results are available at Appendix Two. Key points to note are:

- All 8 managers were either very satisfied (4) or satisfied (4) with the preparation before and conduct of the E&V visits
- 5 managers were very satisfied (2) or satisfied (3) that the reports produced by HWW were a fair and balanced reflection of the E&V visit. 3 managers were neither satisfied or dissatisfied about this
- 7 managers were very satisfied (1) or satisfied (6) that the recommendations made in the Report reflected the information collected during the visit and set out in the Report. 1 manager was neither satisfied or dissatisfied about this
- 7 managers were very satisfied (3) or satisfied (4) that the Report's recommendations had been implemented in their setting. 1 manager was neither satisfied or dissatisfied about this
- 6 of the 8 respondents were very satisfied (1) or satisfied (5) that the Enter and View visit had made a difference to meaningful activity in the home. The other 2 respondents were neither satisfied nor dissatisfied about this

The Survey indicates that the majority of managers of the settings that we visited were satisfied with the Enter and View visits and our reporting of them; have implemented our recommendations and are satisfied that the visits made a difference to meaningful activity in the home.

## 6. What did we learn from our Enter and View visits?

This Report does not attempt to summarise findings from the 13 E&V Reports. We are aware that on our visits we saw a snapshot of activity at a particular point in time, which might not therefore be a fully representative portrayal of the experiences of all the service users, carers and staff in these settings.

We recognise though that Enter and View visits are time and resource intensive, both for Healthwatch Worcestershire and the settings being visited. We have taken an overview of the visits and our Reports of them and have identified some main themes and thoughts that we think may be applicable more widely.

We recognise that there is a great deal of expertise about meaningful activity across the sector. We have highlighted some good ideas that we observed.

We hope that this Report will prompt settings to reflect on what they do and consider ways to continuously improve.

- **Settings could consider** - these are questions for all settings to consider, recognising that not all will be relevant to every setting.
- **Good idea** - ideas that we observed on our visits that may be useful for others to think about

## 6.1 Interaction between staff and residents

In all of the settings that we visited we observed lots of positive interaction between staff and residents. We saw respectful relationships, appropriate use of touch and humour and differentiation in the way that staff interacted with residents, according to the persons preferences.

In some settings (7) we saw staff simply spending time being with residents, as opposed to engaging with care tasks. We saw staff and residents sitting and chatting together, reading or engaging on a one to one basis.

**Settings could consider:** How shifts and tasks could be arranged to free up more staff time to simply spend time with residents?

### Good Idea

*In one setting care staff have a “golden hour” where the Activities Coordinator takes over their responsibilities so that they can spend time with a resident for whom they are a key worker. The time can be spent in whatever way the resident and staff member choose.*

## 6.2 Meaningful Activity

### a. Whose responsibility is Meaningful Activity?

In most of the settings (8) that we visited we were told that providing meaningful activity was the responsibility of all staff, whilst in the remainder the responsibility was seen as being primarily that of the Activities Coordinator, with other staff in support.

We observed that the extent of Care Staff and other staff involvement varied from place to place. Sometimes activity (in the widest sense) was clearly seen as part of everyone’s role, in others this appeared to be seen as the Activity Coordinator’s responsibility.

**Settings could consider:** How all staff can be encouraged to see involving residents in meaningful activity and the day to day life of the home as part of their role?

### Good idea

*In 3 of the settings housekeeping and maintenance staff were actively involved in engaging with residents. We saw housekeeping staff chatting and singing with residents as they were busy in their rooms, they clearly knew the residents well and were aware of their personal histories and preferences. We saw maintenance staff discussing tasks they were carrying out and involving residents in them appropriately. In some settings maintenance staff have made resources to support meaningful activity.*

### b. Role of Activity Coordinator

The majority (11) of the settings that we visited had at least one Activities Coordinator. The hours given to the role varied widely, ranging from 6 hrs over 3 weekday afternoons to 74hrs over 7 days per week. In the majority of the settings we visited the Activity Coordinators worked on weekdays, during the day.

The majority of the Activity programmes that we saw covered weekdays during the morning and afternoon. In a few places (3) programmes included evenings and weekends

**Settings could consider:** The extent to which residents are engaged in meaningful activity during evenings and weekends, or at times when the Activity Coordinator is not available?

### c. Support for Activities Coordinators

From our visits we observed that the role of the Activity Coordinator was central to the delivery of activities. The Activities Coordinators that we met with were generally highly committed to their role and really wanted to improve the lives of residents.

We were told in a number of settings (6) that it could be difficult to engage residents in activities.

We heard some examples of training that Activities Coordinators had received, but many told us that they had used their previous experience as care staff or learnt the role “on the job”.

Settings that held, or were working towards, the WCC Dementia Standard had given consideration to meaningful activity and some mentioned that this had been helpful to them.

In a couple of settings Activities Coordinators mentioned that it would be useful to share ideas with others in the role.

#### **Settings could consider:**

- How more training opportunities could be made available for all staff on meaningful activities
- How a network (real or virtual) could be promoted and/or established for Activities Coordinators to share ideas

#### **Good idea**

*HWW has had some initial exploratory conversations with ACT (Association for Care Training) on the potential to promote or to develop a network for Activities Coordinators to enable them to share ideas about meaningful activity, perhaps building on the model established by the Clinical Commissioning Groups for Care Homes (with Nursing). These conversations could be usefully picked up by commissioners and providers to further explore the feasibility of this proposal.*

### d. Recording who is engaging in activity

In most settings records are kept by Activity Coordinators about which residents are engaging in group activities or who has been involved in one to one activities. This information is sometimes, but not always, shared on a regular basis with care staff and managers.

**Settings could consider:** How Activities Coordinators can routinely share their activity records with care staff and management, perhaps via daily updating of Care Plans, so that everyone can identify those residents who may require more one to one or different forms of engagement

## Good idea

*In one setting the manager described a way of showing this information visually as a graph, so staff could see at a glance who had been participating in meaningful activity, and identify those residents who may require one to one engagement or different types of activities.*

## e. Personalisation and meaningful activity

Personalisation means putting the individual at the centre of their care. Personalised activity can be as diverse as supporting someone to live a full social life and remain in charge of their own affairs to supporting someone living with dementia to engage with tactile or sensory resources. It is about care being designed around the needs and preferences of the individual rather than the needs of the service.

Most of the settings (10) that we visited used Life Stories or personal histories to help staff to better understand residents and the sorts of activities that the person liked or and disliked.

Some settings (6) used visual aids such as memory boards or boxes as reminders to both the person and staff about significant people/events/memories/likes and dislikes, and also used these to help stimulate conversation and inclusion.

Activities Coordinators were generally very familiar with each person's likes and dislikes in terms of activities. In some settings (9) there was evidence that this knowledge was regularly shared with all staff, whilst in others we were less clear that all staff had this information.

**Settings could consider:** How to ensure that all staff are aware of the person's preferences in terms of activities - perhaps using some of the good ideas highlighted below.

## Good ideas

- *“Getting to know you” form asking for really detailed information about the person's history and preferences before they arrive at the setting*
- *“About Me” - books written from the resident's perspective, which give lots of details as well as photographs of the persons, likes and dislikes, past history and family*
- *Use of memory boxes - with objects that are precious to the person*
- *Boards with objects / photos that can be quickly removed from doors and walls, and used to stimulate engagement with residents*
- *Personalised activity plans which are easily accessible to all staff so that these can be used when the Activities Coordinator is not available.*

## f. Range of Activity

The majority of settings (10) offered both group and individual activities, recognising that there is no “one size fits all” approach to meaningful activity.

The sorts of activities that we saw or were told about included community visits / trips out (e.g. to local attractions or coffee shops); entertainers coming into the setting, exercise sessions (some were led by people who came into the home to do this); reminiscence activities (topic based or using an object or activity to stimulate discussion amongst residents); games and quizzes (e.g. bean bags, indoor bowls, bingo, jigsaws, quizzes, Countdown); arts and crafts;

cooking; group singing, music making & dancing; films & DVDs; books & magazines; massage / aromatherapy; animal therapy (caring for pets or animals visiting the setting) and seasonal or topic based activities (Christmas parties / events, Royal events, summer fayres etc.).

Most settings (8) had an activity programme of some kind which set out what activity would happen and when. However the need to be flexible and change things according to factors such as the weather, resident's preferences and mood, national events (e.g. royal celebrations; sporting fixtures tec.) was emphasised in many of the settings that we visited.

### Good ideas

- *Activity programmes were presented visually in communal areas, with pictures being used to indicate what was happening on that day*
- *Large white boards were used to convey information - some included information about activities, the menu, the weather and what had happened on that day in the past*
- *A daily quiz question was set for people to discuss and consider*
- *Daily information sheets were produced and delivered to each resident's room.*
- *Activities Coordinators went round and spoke with residents about what was taking place that day*
- *Activity cards were used with pictures representing the activity on one side and short instructions on the other - so that anyone could use the resource or carry out the activity*

### g. One to One activity

Activities Coordinators spoke of how they engaged with residents who did not use communal areas and remained mostly in their room, either through choice or circumstance. Most spoke of the need for one to one interaction with residents according to people's needs and preferences.

We heard that co-ordinators would chat, reminisce, read, sing, quiz, provide massage or just keep people company. We also heard that it could be difficult to fit in this one to one interaction, particularly where activities coordinators had fewer working hours.

**Settings could consider:** How Activity Coordinators / care staff can spend more one to one time with residents who remain in their room, either through choice or circumstance.

### Good ideas

*When "sales" were held at one setting the staff took trays of assorted items to the people who were unable to leave their room for them to choose from*

*One resident who was near the end of life had their preferred classical music playing in their bedroom, photos of loved ones were on the ceiling above the bed and many other objects filled the room to make the most of any opportunities to engage with them in a personalised way.*

### h. Differentiation of Activities for people living with dementia

As part of our preparation for the Enter and View visits we received training on ways to achieve meaning through activities for people living with different stages of dementia. This training

included the “Pool Activity Level Instrument”<sup>4</sup> This helpful model describes how activities can change to reflect the person’s experience of dementia.

We also learnt about the importance of responding to “butterfly moments” - brief moments of connection or engagement that are meaningful to the person concerned<sup>5</sup>

In the majority of the settings we visited (7) Activity Coordinators described the various ways that they differentiate activity for people living with dementia. In one setting the Pool model and resources were in use, in others staff had received “dementia awareness” training. Some Activities Co-ordinators spoke of how they had learnt this through their relationship with the resident (knowing what they responded well to) and personal experience.

In some settings residents living with dementia were engaged with comfort objects that were important to them. We saw dolls, cuddly toys and jewellery being used in this way. A variety of other resources were also in use to provide comfort and stimulation (e.g. twiddle muffs, scented wheat sacks and fiddle cushions). We noticed that in most (9) settings these were provided to residents by staff, rather than residents helping themselves to these items.

In some settings we observed that residents behaved in ways that suggested that there was a “butterfly moment” for engagement, or an opportunity to introduce sensory stimulation or a comfort object to a resident. For example residents may have reached out a hand, asked questions, called for staff or talked out loud, stroked a carpet or blanket, fiddled or pulled at clothing or picked up a nearby object. These moments did not always appear to be picked up by staff and a frequent recommendation that we made was for staff to be alert to these potential “butterfly moments” and for resources to be made more easily available for all residents, including those living with dementia, to engage with.

#### Settings could consider:

- How all staff can be trained to recognise “butterfly moments” (brief moments of connection) and which activities are meaningful to people experiencing different stages of dementia
- How tactile or sensory resources (see resource’s section below) can be made easily available to residents to provide stimulation or comfort, as appropriate to the persons needs

#### Good Ideas

*In two settings we saw staff engaging with people in the later stages of dementia through taste - offering the person a piece of chocolate and then talking to them about the taste, whether they were enjoying it, asking questions and holding residents hands where appropriate. The residents we observed seemed to be really enjoying this experience.*

*One setting described how they offered different, pleasant smells to people in the later stages of dementia*

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<sup>4</sup> Jackie Pool, The Pool Activity Level (PAL) Instrument for Occupational Profiling 2008

<sup>5</sup> David Sheard, Inspiring, leadership matters in dementia care, 2008 published by the Alzheimer’s Society

### i. Involving residents in the day to day running of the home

We heard and observed some examples of how residents' were involved in the day to day running of the home to the extent that they were able and chose to do so. Examples included looking after pets; folding and putting away laundry; cleaning - sweeping, clearing tables, dusting / tidying room; mealtimes - folding napkins, laying tables, clearing tables, washing up and in one setting food preparation (e.g. peeling veg); gardening (see resources section below) and post - mailing and distributing.

**Settings could consider:** How residents, depending on their ability and choice, can be encouraged to maintain household and other skills in the setting.

## 6.3 Resources and Environment

### a. Making resources available to residents

Most settings that we visited provided resources to support meaningful activity. In some these were plentiful, in others more limited resources were available.

We recognise that care homes have different budgets available to support meaningful activities and in a few settings we were told that the budget for meaningful activity, resources, trips etc. came predominantly from staff fundraising.

In some settings (7) we saw lots of resources that support meaningful activity available in communal areas that residents could "dip into" (e.g. games, balls, puzzles etc.); displays of clothing (e.g. wedding dresses and suits) and sensory resources such as fiddle boards fixed to walls or baskets of handbags, soft toys or clothing available for residents to use.

In others limited resources were available in communal areas, or resources were placed away from where residents could easily use them / kept in cupboards or out of sight.

We only observed residents helping themselves or engaging with the resources available in four of the settings that we visited.

Some Activities Coordinators mentioned that it would be good to be able to share resources across settings, especially those that were more expensive, so that they could try them out and see if they were enjoyed by residents before an investment was made.

**Settings could consider:**

- How the resources available to residents can be regularly diversified and changed to create new interest and stimulation, perhaps through using free or low cost resources
- Ways to encourage residents to help themselves to the resources available
- Ways to share resources between settings, particularly where these are costly

## Good ideas

*We are aware that in some settings budget can be a constraint. From our training we are aware of a number of free / very low cost resources that can support meaningful activity:*

- *Travel brochures can be used to stimulate conversation and spark reminiscences*
- *Local “free” papers can help keep residents in touch with what is happening*
- *Local sales / charity shops can provide good quality objects that can be used for reminiscence; such as household objects, handbags, jewellery and scarves as well as puzzles or games*
- *Tactile resources such as wool, string, or “pipe cleaners” used for craft activities are available at low cost*
- *Some supermarkets or newspapers produce resources to support sporting events such as fixture posters for Rugby / Football World Cup, these can help to stimulate residents and provide interest*

## b. Use of technology

A few settings (3) mentioned that they provide access to computers for their residents.

A couple of settings mentioned that they had begun to use resources such as touchscreen / tablet computers to support meaningful activity. These were being used to Skype with relatives, support reminiscence, stimulate conversation and enable residents to look at information and websites relevant to their hobbies and interests.

There are also applications (apps) designed for, or easily used by, people living with dementia.

A number of residents told us that they enjoyed listening to music, but did not always want to listen to the music playing in communal areas. MP3 players offer the opportunity for people to listen to audio books or music which reflects their personal preferences.

**Settings could consider:** how tablet computers or individual music players could be used to promote individualised meaningful activity.

## Good idea

*Google maps had been used with a resident who did not usually speak or engage to show a satellite image of the place where they used to live. This really interested the resident and they started talking animatedly about their past experience.*

## c. Seating arrangements

In some of the settings that we visited seats were arranged around the edges of a room or so that residents could see the television. In some settings there seemed to be “custom and practice” about who sat where, which we appreciate may reflect residents’ choice and wishes.

**Settings could consider:** whether seating arrangements could be reviewed to create cosier spaces and more interaction between people.



#### d. Making the most of the physical environment

Each of the homes that we visited was different. Some were purpose built environments, others were in premises/houses that had been adapted for the purpose. They varied in size from smaller homes with a couple of downstairs communal rooms to larger homes with multiple floors, wide corridors and multiple communal lounge/dining spaces.

We recognise that there may be physical and budgetary constraints on settings and variations in the space available.

In a number of settings (5) we saw that some areas of the home had been “zoned” to create a specific environment. Examples that we saw included library; tea shop; sweet shop; office area with typewriter and telephone; bus stop/transport area; beauty parlour/ hairdresser; pubs, indoor shed complete with DIY tools and a beach area (see below).

Some settings made maximum use of corridor space. Examples that we saw included a mural of old fashioned shop fronts (this was painted by a relative); photographs of residents enjoying outings / activities (in some places these had been enlarged so they caught the eye); pictures and displays of film stars or film posters, of political and historical figures that could stimulate conversation; paintings, pictures or photos of local landscapes or landmarks; fiddle boards or sensory materials that could be touched and engaged with. In one setting there were butterflies on the wall made from coloured paper, one for each of the residents and members of staff describing something that made them happy.

**Settings could consider:** Whether there are opportunities to create a more stimulating physical environment for residents both in the home and outdoors?

#### Good ideas

*In one setting where all the residents are living with dementia there were many sensory resources throughout the communal areas, involving moving lights and colours, projected images and glitter balls. They were positioned to ensure that they could be seen by residents sitting in the lounges. There were many colourful interesting objects hanging from the ceiling throughout the communal areas.*

*There was also a beach area, with lots of objects and pictures relating to the sea side. There was a large sandpit that has been built out of an adjustable bed on wheels. This means that it can be moved around the home and raised or lowered depending on individuals' needs to ensure that the residents are able to engage and interact with the sand and other objects incorporated into the mobile beach.*

#### e. Outdoor Space

As with the physical environment every setting had a different amount of useable outdoor space available. We were frequently told that, over the summer months, residents enjoyed sitting outside and that event such as BBQs took place.

In some settings we observed that there was not always easy access for residents to the outside space, for example a key / code may be required to open the door to the garden area. We appreciate that there may be good reasons for this being the case.

Some settings (9) had adapted their outside space to enable residents to actively participate in their upkeep. Examples included raised flower / vegetable beds (in one setting old tyres had been painted by residents and used to do this) and “sensory” areas with strong smelling plants.

Gardens also contained wind chimes; bird feeders and tables; garden ornaments and games such as a swing ball set.

A couple of settings kept chickens or rabbits.

We also saw a shed with tools, cabin, car, van and a caravan which were all in use by residents at the setting.

**Settings could consider:** whether there are opportunities to maximise use of the outside space by residents

#### **Good Idea**

*In one setting there was a deactivated car, which residents are able to sit in and to open the bonnet to inspect the engine. We observed one resident showing an interest in checking the oil and being assisted to do so.*

## **6.4 Involvement of Relatives and the Local Community**

### **a. Involvement of Relatives, Friends and Visitors**

The settings that we visited described how they involved residents, friends and visitors in the home.

Most described how they had involved residents in care planning, and in finding out about residents’ likes and dislikes.

Most had an “open door” policy for visitors. Some settings welcomed relatives and visitors to eat with residents, whilst a couple preferred relatives to avoid mealtime if possible. Some mentioned that relatives were specifically invited to special occasions and events (e.g. BBQs, fetes, Christmas meals etc.)

Some settings had a formal residents group (7), whilst others kept in touch in different ways (e.g. newsletter, posters at the setting).

We heard from relatives and visitors in 5 of the settings that we visited. Overall they reported that they were happy with the extent of meaningful activity. In one setting two relatives told us they would welcome a relatives group and in another (via our survey) that more one to one time in the person’s rooms would be welcome, but staffing difficulties were recognised.

**Settings could consider:** how relatives are communicated with, both informally and formally.

### **b. Local Links**

Many of the settings that we visited reported that they had links with local schools/colleges (8) or churches (6).

In some settings (5) links had been made with local activity groups. In a couple of cases residents maintained their existing links with groups that they had belonged to prior to living in the setting.

We appreciate that the location of the setting, the availability of transport and staff time can be a constraint, however, we wonder if there is potential for settings to make links with community transport providers and local volunteers to support these local links. (See below).

**Settings could consider:** how links with the local area, and in particular the use of activities that are available for older people, could be increased

### c. Use of Volunteers

Three of the settings that we visited had one volunteer involved with them, a further three had two volunteers involved with them and one setting had three volunteers involved with them at the time of our visit.

We recognise that volunteers are not a free resource, and for instance they will require DBS checks, interviews, induction, support and training. This can be time intensive.

Volunteers can however bring a wide range of skills and expertise that can support the delivery of meaningful activity.

They offer a potential resource to befriend residents and help them pursue their interests, enable them to go out more frequently or to support planned activities and trips.

**Settings could consider:** whether there is potential to use volunteers to support residents to pursue their interests both inside and outside the setting.

### Good ideas

*In one setting a resident had expressed an interest in tracing their family history. Staff did not have the capacity to support this so they contacted the local Volunteer Bureau. This resulted in a volunteer supporting the resident in this interest. They continue to meet and the volunteer takes the resident out on a social basis.*

*In one setting the Princes Trust was due to provide an “activities week” with 8 young people scheduled to come into the setting to engage with residents.*

## 7. Feedback about this Report from Regulators and Commissioners

As an independent voice for people who use health and social care services the HWW role is to look at things from a user perspective - in this case from the point of view of residents living in care and nursing homes across the County.

This Report highlights some of the common themes that we observed across our Enter and View visits on meaningful activity. It highlights some of the good ideas that we saw, as these may be useful to others. We have also set out our thoughts and posed some questions about those issues that we think may have a wider application.

We would also request commissioners of services to take account of this report in their ongoing work with Care Homes in Worcestershire, to encourage greater awareness of the importance of meaningful activity in enhancing the experience of people living in these settings.

We asked the Care Quality Commissioners who regulate and inspect care homes, Worcestershire County Council and the three Clinical Commissioning Groups in the County who are responsible for paying for care for eligible individuals and looking at the quality of the services to give us their thoughts on this Report. Their responses are set out below.

### a. Care Quality Commission

‘It was good to read the findings from the enter and view visits conducted by Worcestershire Healthwatch. Whilst this report has identified areas of good practice that can be shared with providers, there is still much work to do in some services to ensure that people are supported to maintain or develop hobbies and get involved in activities as we know that this does enhance people’s well-being. This report has been shared with our inspectors in Worcestershire and they will be using the information contained within this report and any individual enter and view visit reports when planning their inspections’.

### b. Worcestershire County Council

"The Interim Strategic Commissioner for Adult Services, Elaine Carolan, said the Council recognises the importance of meaningful activities being available to improve the quality of life for all residents in care homes and works with partners such as Healthwatch Worcestershire to promote this."

### c. Clinical Commissioning Groups

“Worcestershire CCG’s welcome the opportunity to work in partnership with Healthwatch and value their contribution in highlighting the importance of meaningful activity in nursing and care home settings and the impact this has on the health and well-being of residents.

The focused ‘Enter and View’ visits undertaken by Healthwatch align and support a current CCG Quality and Engagement work stream that aims to enhance meaningful activity for nursing home residents across Worcestershire. The CCGs have been undertaking an extensive engagement project focussing on support for activity co-ordinators to share best practice via an Activity Coordinators Network, provide a focus on Activity Coordinator training and develop quality standards for activities within Care Homes (with Nursing) in Worcestershire.

The CCGs fully support the recommendations made by Healthwatch and are committed to continue to support the development of the project ‘Enhancing Meaningful Activities across Worcestershire Nursing Homes’, the objectives of which reinforce many of the points raised in the Healthwatch enter and view report.

Worcestershire CCG’s will continue to measure improvement over the coming year via resident and patient experience feedback and qualitative interviews with Activity Coordinators. We commend Healthwatch for taking the proactive approach to focus on this area of need for Care Home residents and look forward to continuing to work together to raise the profile of this important aspect of health and wellbeing.”

On behalf of NHS Redditch and Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group, NHS Wyre Forest Clinical Commissioning Group.

# APPENDICES

## Appendix One - Enter and View Visit Methodology

HWW volunteers (authorised representatives) received, prior to the visits taking place, introductory training in meaningful activity (some of the content was based on the Worcestershire Residential Dementia Service Standard), and also on understanding people living with dementia. This included content on meaningful activity for people living with dementia.

The settings visited were chosen on the basis of:

- Achieving a geographical spread across the County
- A mixture of large and small homes
- A mixture of large and smaller providers
- Those that provide nursing care and those that do not

The homes were not selected on the basis of past or present performance.

All visits were announced. We contacted the manager prior to the visit to explain about Enter and View, what we intended to do, timescales, and arrange the visits in a way to cause as little disruption in the daily routine as possible. The size of the visit team varied according to the circumstances of each home. All the teams were led by a member of staff or Director.

We provided posters about the visits and asked the homes to let people know in advance that we were coming.

A short questionnaire was also provided for residents or visitors to return if they were unable to meet with us on the day.

Standard questions were asked of:

- Residents
- Relatives and friends
- Managers
- Activities Coordinators
- Care Staff (where possible)

The Enter and View team spoke informally to residents, many of whom were living with dementia, and observed a range of activities taking place within the care home. We explained to people who we were and what we were doing as appropriate. The majority of the information we gathered came from observing what was going on and discussion with residents.

We used observation sheets to record what we saw. We developed prompts, based on the Residential Dementia Care standard and our training, to help us to interpret our observations about meaningful activities.

The information gathered was used to draft a Report and make Recommendations. These were sent to the homes to allow them to correct any factual inaccuracies and respond to the recommendations that we made. The provider's response was included in the final Report.

The Reports were then distributed to residents and providers; Worcestershire County Council; Clinical Commissioning Group (for Nursing Home providers); the Care Quality Commission and Healthwatch England. All the Enter and View Reports can be found at:

<http://www.healthwatchworcestershire.co.uk/enter-and-view/>

## Appendix Two - Postal Survey

HWW sent the Survey below to the manager of all the settings we visited. We received 8 completed responses. 2 settings had a change of manager / manager on leave so no reply was received. 3 settings did not reply.

QUESTION	VERY SATISFIED	SATISFIED	NEITHER SATISFIED OR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
<b>BEFORE THE VISIT</b>					
How satisfied are you with the explanation of the purpose of HWW's Enter & View (E&V) visit to you?	4	4			
How satisfied are you with the communication about and the arrangements made for the visit?	4	4			
<b>DURING THE VISIT</b>					
How satisfied are you with the timing of HWW E&V visit to you?	3	5			
How satisfied are you with the way that the team conducted themselves during the visit?	3	5			
<b>THE REPORT OF THE VISIT</b>					
How satisfied are you that the report produced by HWW was a fair and balanced reflection of the E&V visit?	2	3	3		
How satisfied are you that the recommendations made in the Report reflect the information collected during the visit and set out in the Report?	1	6	1		
How satisfied are you that that you had the opportunity to comment on the Report and provide a response to the recommendations?	3	3	2		
How satisfied are you that the Report has been made available to residents and visitors who wish to see it?	3	5			
<b>AFTER THE VISIT</b>					
How satisfied are you that the recommendations made in the Report by HWW have been implemented in your setting?	3	4	1		PTO ...

QUESTION	VERY SATISFIED	SATISFIED	NEITHER SATISFIED OR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
How satisfied are you that the Enter and View visit by HWW has made a difference to meaningful activity in the home?	1	5	2		
How satisfied are you that the home owner / group have been made aware of the recommendations in the HWW E&V Report?	4	4			
How satisfied are you that the home owner / group have checked that the recommendations in the HWW E&V Report have been implemented in the home?	3	5			
How satisfied are you that regulators (e.g. CQC, WCC or CCG) have been made aware of HWW E&V Report of the visit to the home?	3	5			
How satisfied are you that regulators (e.g. CQC, WCC or CCG) have checked that the recommendations in the HWW E&V Report have been implemented in the home?	1	5	2		

**Do you have any other comments or suggestions about ways in which our Enter and View visits could be improved?**

- Thought the visit was very well carried out
- Brilliant visit everyone was treated with respect and dignity. Healthwatch visitors very professional and asked some pertinent questions
- As far as possible recommendations have been implemented. The visit was conducted very professionally, however some of the recommendations were unrealistic i.e. moving the seats in the lounges residents indicate where they wish to sit and can become distressed
- Maybe a longer time spent at the home would have given you more insight into how our residents spend their day
- Feedback session and Report to reflect the same findings