

Enter and View 2024

Summary of main findings

healthwatch
Bracknell Forest

healthwatch
Slough

healthwatch
Windsor, Ascot and
Maidenhead



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Introduction

Enter and View is one of a range of options available to Healthwatch to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives. It is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson’s perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

In 2024 Healthwatch completed six Enter and View visits at the following locations:

Location	Local Authority
Bracknell Care Home	Bracknell Forest
Windmill Care Home	Slough
Dormy House	Windsor, Ascot, and Maidenhead
Heathlands Care Centre	Bracknell Forest
Langley Haven	Slough
Longlea Nursing Home	Windsor, Ascot, and Maidenhead

We interviewed residents, families, staff and managers asking for feedback across a range of subjects but focusing on independence and choice, particularly in relation to food and activities.

This document is a summary of the common themes we came across on our visits.

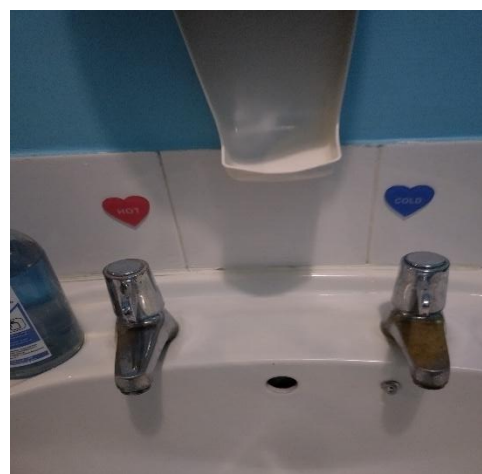
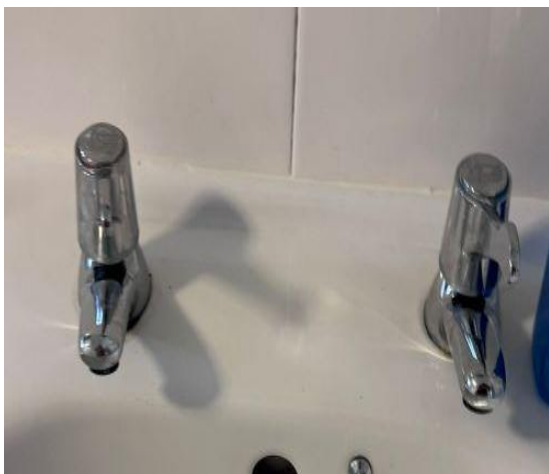
Please note that this report relates to findings observed on the specific dates of our visits. It is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed at the time.

Bathrooms are not dementia-friendly

Using the King's Fund Dementia Friendly Guidance we established that one of the biggest challenges for homes is that taps are not clearly marked 'hot' and 'cold'. This seems to be something that the homes themselves cannot change and most of them have tried to source alternative taps, but were unable to find anything suitable, much to their frustration.

Markings tend to be discreet, but this is a particular challenge for those with dementia or sight issues. Most care homes have ordered stickers to put on the taps but it would be a positive development if tap producers could address this issue directly.

Below are photos showing how a care home has addressed this:



Mirrors were another main dementia challenge, with none of the homes having the ability to cover mirrors in bathrooms easily.

The King's Fund states the following in relation to mirrors in bathrooms for those with dementia:

"Reflections from mirrors can be disorientating and a resident may not recognise their reflection. Have mirrors been placed to avoid disorientation and is it possible to conceal them or cover them if required?"

Again there seems to be a lack of products to enable mirrors to be easily covered. One dementia care home had removed mirrors from some bathrooms to address this issue.

Activities

Activities play an important role in the lives of residents and we were able to witness some excellent interactions between residents, staff and the activity coordinators on our visits. Trips out were a particular favourite and many residents enjoyed visiting garden centres.

Those homes that had dedicated activities coordinators, who were not also carers, were able to provide a wider range of activities than those where staff had a dual role, and this was appreciated by residents.

Several homes had also used technology to good effect to enable those residents who are confined to their rooms, to join in with activities such as Bingo, by giving them access to a Tablet.

Movement: many of the activities tend to be done sitting down and using upper body strength, such as when doing crafts, or baking. Often, residents spend a large part of their day sitting. Any movement that can be done during the day would be beneficial, such as seated Zumba which includes leg movement, and getting up and walking to a dining table to have lunch.

Lower body strength is a major factor in reducing falls. Any activity that can improve this would be beneficial.

Family Contact

With a move to a care home, it is easy to lose contact with family, especially those who do not live locally to the home. One care home showed us the 'Familio Gazette' which is an online newspaper that relatives can contribute to by sending updates and photos.

Each resident receives a copy of the 'newspaper' tailored to them, with a generic newspaper available to those without family connections. We felt that this was a very positive initiative and would encourage homes to consider something similar where appropriate.

The dining experience

We were delighted to see so many of the homes acknowledge the positive benefits of mealtimes for their residents. Sitting with residents and encouraging them to interact, also helped them to eat their food, sometimes with assistance from a carer. For those residents who did not have dementia, eating together was a sociable event and a highlight of their day.

For those confined to their rooms, interactions with staff during mealtimes is equally important and the one-to-one attention was appreciated.

Additionally, wherever possible, offering food suited to the resident's culture has been appreciated by the resident and their family.

Below are two examples of small table layouts in dining areas:



During mealtimes we would advise that televisions are turned off, enabling residents to focus on eating and interacting. Those with dementia find it difficult to concentrate when there is this type of background noise.

Some homes had music playing in the background and this has been recommended by the King's Fund:

“Are opportunities for socialisation during mealtimes maximised e.g. by using music to enhance the dining experience?”

New Residents and nutrition

Many of the homes were complimented on their food by both residents and their families. Catering for a wide range of needs is important.

An analysis of hospital admissions, due to nutritional deficiencies in diets, has shown a big increase in recent years.

In 2023–24, there were 804,936 courses of NHS treatment involving people who had iron deficiency anaemia, up from 721,650 the year before.

There were also 38,140 courses of treatment involving people with vitamin B12 deficiency anaemia, up from 35,983 the year before, and 227,097 courses of treatment for other B vitamin deficiency, up from 201,320.

There were 486 courses of treatment for people with vitamin C deficiency, up from 338 the previous year, and 773 cases involving a lack of calcium, up from 758.

This may be something to be considered by Care Homes, when new residents arrive as low rates of Vitamin B12 can result in signs of dementia, issues with walking, and vision loss, among other symptoms.

Access to Healthcare

The care homes visited told us about their challenges in accessing dentists, opticians and hearing tests. All of these are vital to slow down the progress of dementia and are essential for the residents to maintain their health.

Residents have told us that they have been supported by care home staff in making appointments and appreciate them taking on this task. Several residents told us that they would find it difficult to persist in making appointments if they were having to make them themselves.

Hospital discharge was another aspect that would benefit from improvement. This is particularly in ensuring that residents arrive back at the care home with the correct medication and full details of what has taken place during their time in hospital, so that care plans can be updated. A number of managers reported that they have had to take measures to ensure that residents only return to the care home once all medication has been issued. We felt that more support could be given to the care homes with regard to the discharge process as this was something that was repeatedly mentioned by the managers.

Outside Space

The outside space for care homes can make a positive difference to the residents. The King's Fund Garden tool emphasises the benefits of a dementia-friendly garden.

Being outside is important for Vitamin D levels. Also it provides the opportunity for fresh air and movement, where possible, and a change of scene for those who may not generally leave the home on a regular basis.

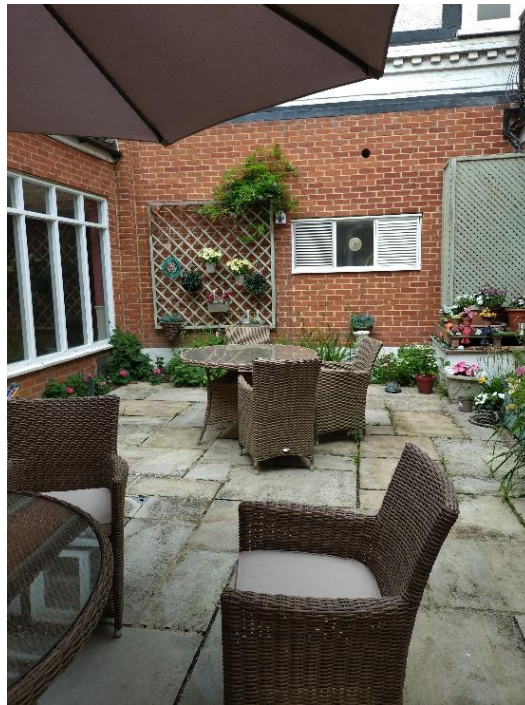
It also gives residents the opportunity to do activities such as gardening and growing fruit and vegetables, which they may have enjoyed in the past.

Families of residents has also remarked on the benefits of being able to use the outside space.

Below are two examples of gardens that have been designed to appeal to residents:



Even small outside areas can be used: the one below is located in the centre of the care home:



A challenge for care homes is having the staffing levels to enable residents to use the garden and that for many months of the year the gardens are not useable due to the weather.

Several of the homes have plans to make their gardens more accessible and user-friendly.

Lifts

Homes which had lifts tended to create a challenge for our Volunteer with sight issues. A number of lifts were quite dark and it was difficult to see the buttons to call the lift and to read the floor options, once inside the lift. This not only applies to the residents but also to their relatives and other visitors.

Again, this is something that Lift companies do not seem to take into account in terms of lift design and the care homes have had to make their own changes to make them more accessible.

One care home we visited had made adjustments to their lift ceilings to improve the lighting, shown below:



Conclusion

The care homes are proactive in addressing any challenges, but a number of them were outside their control and they have had to make their own adaptations/adjustments, following our recommendations.

We believe that one area that would particularly benefit from further discussion is the hospital discharge process and would recommend that this is something that is looked into by the LAs, and hospitals, to give more support to the homes when residents are being discharged. Following publication of the report, Healthwatch will raise this with the ICB.

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