



healthwatch
in Devon, Plymouth and Torbay

**"Something Someone Told Me"
Care Home Lay Visiting Project**

Charlton House

Lay Representative Report

February 2026



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About us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth and Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Background

In July 2024, Healthwatch Plymouth held discussions with the Social Care Quality Assurance & Improvement Team (QAiT) at Plymouth City Council to discuss ways of increasing feedback from residents in Care Homes by re-establishing a programme of care home lay visiting that was curtailed by the Covid-19 pandemic in 2020.

The “Something Someone Told Me” project is a joint initiative delivered by Plymouth City Council and Healthwatch Plymouth. Its purpose is to gather thoughts, views and ideas from residents, relatives and providers of local care homes and is based around the ‘My Home Life Programme’. It allows Healthwatch Plymouth to have conversations with residents and their relatives of local care homes that covers key aspects of the ‘My Home Life Programme’. Healthwatch Plymouth also sought feedback from care home providers and managers to give them a say on the challenges they face in delivering the programme.

Feedback is gathered around five key themes:

- Maintaining identity
- Creating community
- Shared decision making

- Improving health and healthcare
- Promoting a positive culture.

To help in gathering feedback and to provide a consistent process, Healthwatch Plymouth devised a series of points to aid in the discussions with residents, relatives and providers. A list of these points is available in the Annex.

Healthwatch Plymouth volunteer lay representatives undertake the care home visits. They speak to residents and staff, collate the feedback gathered and present it in this report themselves. Any observations made by them, or the findings and quotes included within this report, are not necessarily the view of Healthwatch in Devon, Plymouth and Torbay.

About Charlton House

Charlton House is a residential home situated in the Mannamead area of Plymouth. The home is set within an 1880 Victorian mansion.

The home provides care for residents who are over 65; the majority of residents are affected by some stage of dementia. The home has 44 beds, with 43 in use at the time of our visit. Respite care is also available if there is the capacity. They achieved a 'good' rating on their last CQC inspection.

On the day of our visit, we were shown around the home by the registered manager and a member of staff. Staff were informative and provided details about the home and its residents.

All staff members appeared busy on all floors, caring for residents, cleaning and serving breakfast.

Executive Summary

On the 12th February 2026, Charlton House was visited by two lay representatives of the Healthwatch Plymouth Volunteer Team. This report summarises insights from resident conversations with our lay representatives, focusing on five key themes:

- Maintaining identity
- Creating community
- Shared decision making
- Improving health and healthcare
- Promoting a positive culture.

Despite requests, the registered manager did not submit a provider survey response.

Summarised Key Findings

- The home appeared warm and welcoming, and the residents appeared to be well cared for.
- All residents have a care plan, and residents are supported to participate in developing it.
- The home offers regular events for the residents to participate in, as well as having an activity coordinator who carries out various activities.
- The residents appear happy and content in the home environment.

Summarised Key Recommendations

No specific recommendations have been identified. Based on observations during the visit, the home appeared to be well-managed and provided a warm and friendly environment.

Conversational Findings and Survey Responses

The following is a summary of the conversations held with residents during the visit, around the five key themes outlined previously. This also includes feedback from the registered manager via an online survey.

Maintaining Identity

Findings from our visit

During our visit to Charlton House, we observed residents spending time in the lounge areas or receiving care in their rooms, with the freedom to choose where they relaxed or had their meals.

Residents' rooms were personalised, reflecting their individual preferences. They had access to mobile phones, televisions, a range of cold drinks, and specialised equipment such as adjustable chairs, hoists, and beds.

All meals are freshly prepared on-site, and residents select menu choices in advance. Three residents interviewed expressed satisfaction with the available food options. Alcohol is provided when agreed upon by residents, staff, and, at times, medical professionals.

On the morning of our visit, most residents were dressed in their own clothing. However, some individuals remained in nightwear while in their rooms, which appeared to be due to physical or cognitive needs. We also noted that residents had access to safety features, including room alarms, pendant alarms, and, in some cases, coded doors.

One relative shared a concern that her father had been found wearing another resident's clothing. Staff explained that some name labels had come off in the laundry and confirmed that steps had been taken to prevent this from happening again.

We were able to have a meaningful conversation with one resident, who shared that she felt happy living at Charlton House. She spoke positively about the food and appreciated having a choice for her bedtime. Attempts

were made to engage with three other residents, but the conversation was limited.

It was also emphasised that Charlton House is considered the residents' home, with visitors welcomed as guests.

Provider's Response to Maintaining Identity

No response received.

Creating Community

Findings from Our Visit

Charlton House offers 24-hour visiting and provides residents with opportunities for FaceTime calls with family and friends. Family members we spoke with were very positive about the availability of FaceTime, as they did not live locally to Plymouth.

The four residents we spoke with during our visit expressed general happiness with the visiting arrangements, although one noted noise disturbances from visitors when sharing lounge areas with family.

Recently, the home has introduced a weekly podcast, displayed on a large screen in one of the lounge areas, where residents may share their views, although it was noted this was subject to completion of capacity documentation for participation.

There is also a Better Future Entertainment group available for residents, which organises activity days in collaboration with other care homes under the same ownership.

Regular activities are held within the home; however, during our visit, we were unable to explore this in detail during the visit.

The home does not currently have transport; residents are accompanied individually for outings as required, and they do not appear to leave unaccompanied.

The home has a local clergy visit every other week, and individual visits with residents are available on request, with one resident being taken out to church.

Provider's Response to Creating Community

No response received.

Sharing Decision Making

Findings from Our Visit

We did not find evidence of regular meetings between residents and Charlton House management to discuss the daily running of the home. However, relatives are free to contact the home, and staff will contact family members if any issues arise.

Every resident has their own individual care plan, which they participate in developing; relatives are also consulted.

Provider's Response to Sharing Decision Making

No response received.

Improving Health and Healthcare

Findings from Our Visit

Many of the residents at Charlton House are affected by dementia. The home offers various community services, such as community nursing, physiotherapy, occupational therapy, dietetic consultation, access to local dental care, and hearing and vision assessments. Staff members also receive training from the local pharmacy (Boots) and GPs on administering certain medications.

The home offers weekly visits from a GP, with additional visits available when required. Residents who wish to remain registered with their own GPs may do so. Additionally, families are welcome to attend any appointments.

Special dietary needs are catered for, such as adapted food for residents with swallowing or other eating issues and low sugar and/or salt products.

Provider's Response to Improving Health and Healthcare

No response received.

Promoting a Positive Culture

Findings from Our Visit

Charlton House has several small sitting rooms as well as a dedicated dining area where residents can relax and spend time together. These spaces are equipped with televisions, and a range of activities are available for residents.

An Activities Coordinator is on hand to organise a variety of sessions, giving residents the chance to take part in arts and crafts, enjoy visits from pets, and spend time with the Therapy Dog group.

The home also arranges regular entertainment, with visiting performers such as musicians and singers.

Due to some residents' health needs, opportunities for outings can be limited. However, those who are able can use a disability taxi service, which is occasionally arranged for shopping trips or outings with staff support.

The home is well equipped to support accessibility, with facilities including wheelchairs, hoists, bariatric equipment, and lifts between floors.

Accessible bathrooms, showers, and toilets are also available throughout the building.

The residents' laundry is managed on site, and there is also a hairdresser available who attends fortnightly.

Provider's Response to Promoting a Positive Culture

No response received.

Healthwatch Observations

On the day of our visit to Charlton House, we were greeted by the registered manager and another member of staff who gave us a guided tour and provided a discussion of the ethos and running of the home. All staff members were very welcoming and were observed to be supportive of residents.

The manager highlighted that all Care staff undertake Dementia training and continued e-learning. Care assistants have NVQ training. There is also a designated Dementia Champion staff member.

The home internally appeared to be quite difficult to navigate in its design, with multiple stairways and doors leading to varying rooms. There was also a small outside area for residents.

The majority of the residents at the home are experiencing some stage of dementia, which meant there were limited opportunities to engage in any lengthy discussions with them, but we were able to speak with one resident who emphasised they were happy with the care they were receiving. The other residents we spoke with appeared content, but communication was limited

All interactions observed between staff members and residents appeared to be positive. Overall, the impression we received based on our observations during the visit is that Charlton House appeared to be a caring and well-run home.

Recommendations

There are no specific recommendations for Charlton House. Our observation is that it appears to be a well-managed care home with a warm and friendly environment.

Acknowledgements

Healthwatch Plymouth would like to thank staff and residents from Charlton House for their time to answer our questions.

Special thanks go to our lay representative volunteers, whose dedication and support continue to make this project possible.

Annex A – Residents/Relatives points for conversation

Maintaining identity

- Do you feel that you are treated as an individual by management and staff?
- If you have communication needs i.e. language, sign language, hearing loop, braille or large print documents, do you feel that the provider meets those needs?
- Do you have access to a fast Wi-Fi connection, computer access, email and internet, as well as phones/devices to video call with family?
- Do you feel that the provider is open to meeting any spiritual, cultural social and sexual needs that you may have in a sensitive manner?

Creating Community

- Does the management and staff promote a sense of community within the home, and do you feel that you have a sense of belonging, purpose and security?
- Do you have a sense of fulfilment from being a resident in that you are treated as an individual, but also a member of the home's community?

Sharing Decision Making

- Are there regular meetings between residents and management that look at how the home is run? If so, are your views residents and those of your relatives gained and considered to improve practice?
- Do you feel that you are empowered to make decisions about your care and daily living i.e. flexibility when you go to bed or get up, are you able to control the amount of lighting or temperature of your room?

Improving health and healthcare

- Are you registered with and have access to a GP, and do you receive annual health/medication reviews?
- Do you have access, if required, to support from specialist services i.e.: Parkinson's nurse specialist, heart specialist, dentist, optician, etc?
- Do you believe that your health needs are met, and you are taken seriously if you become unwell?
- Are your relatives/carers informed when you become unwell or any changes are made to your treatment?
- If needed, are you provided with specialist equipment i.e., walking aids, specialist chairs, pressure relieving mattress/aids?
- Is assistance readily available to help you with activities of daily living – getting in and out of bed, to the dining room, eating, etc?
- If you have a disability and need easy access shower/bath facilities, are they available for you to use with assistance if required?
- Are you encouraged to have regular showers or baths?

Promoting a Positive Culture

- Do you feel that the staff supports you to play an active role in the running of the home?
- Is an activities programme provided by the Home? If so, are you encouraged to take part in any activities with others?
- Does the Home encourage people from outside to visit i.e. someone playing music, simple exercise, Arts and Crafts?
- Equally are trips out organised for residents i.e. to local community venues?
- Are you able to access all resident's areas of the home, especially if you have a disability?
- Can you choose your meal from a menu and if you need a special diet, is this catered for?
- Can your family and friends bring in food?

Annex B – Provider Survey Questions

Personal details

- Care Home Name:
- Your Name:
- Job Title:
- Number of Residents:
- Patients: tick all that apply
 - Nursing
 - Residential
 - Dementia
 - Learning Disabilities or Autism Spectrum Disorder
 - Mental Health
 - Older People
 -

Maintaining identity

- As a provider are you open to meeting any spiritual, cultural social and sexual needs that residents may have in a sensitive manner? [Yes/No]
 - If 'yes', What are you able to facilitate?
- If a resident has communication needs i.e. language, sign language, hearing loop, braille or large print documents, are you able to meet those needs? [Yes/No]
 - If 'yes', What processes or systems do you have in place?
- Do your residents have access to a fast Wi-Fi connection, computer access, email and internet, as well as phones/devices to video call with family? [Yes/No]
 - If 'yes', What items do they have access to and how often are they used?

- Have you had recent experience (within the last 12 months) of making a safeguarding alert to the Plymouth Safe Guarding Adults Board? [Yes/No]
 - If 'yes', Is information on how to make a report clear?
 - If 'yes', Did you find the process to make the report easy?

Creating Community

- Do you feel that management and staff promote a sense of community within your home so that residents feel that they have a sense of belonging, purpose and security? [Yes/No]
 - If 'yes', What measures and activities do you have in place?
- How do you measure the sense of fulfilment a resident has, not only by being treated as an individual, but also as a member of the home's community?

Sharing Decision Making

- Are residents and relatives encouraged to have an active role in the running of the home? [Yes/No]
 - If yes, Are there regular meetings between residents and management (group and 1:1) that look at how the home is run? [Yes/No]
 - If yes, How often are these meetings held?
- Are the views of residents and their relatives considered to improve practice?
- Are residents empowered to make decisions about their care and daily living, for example, flexibility when they go to bed and get up, able to control the amount of lighting or temperature of their room? [Yes/No]
 - If 'Yes' what processes are in place to encourage this? [Free text]

- What processes are in place when an individual is approaching end of life?
- Do you initiate conversations to help someone plan their end of life care?
- Do you develop support systems for individuals, staff, friends and relatives as part of compassionate communities?
- Are End of Life patients, if appropriate, able to self-medicate?
- If a resident has a TEP (Treatment Escalation Plan) where are these kept?
- If applicable, do you recognise the challenge, and develop systems, for end of life care in dementia/those with learning disabilities?

Improving health and healthcare

- How are residents registered with a GP and what routine access to a GP do they have?
- Do they receive annual health and medication reviews from their GP [Yes/No]
- How is your relationship with GP practice(s) that support the home?
- If you request a GP visit, is this responded to in a timely manner? [Yes/No]
 - If no, when does the visit occur?
- Do residents have access to dental services and opticians? [Yes/No]
 - If 'yes', Will these services attend the home if the resident's mobility is severely restricted? [Yes/No]
- Is the home affiliated to any dental practice and optician service? [Yes/No]
 - If 'yes', what are the names of these practices
- Can staff and patients access support from specialist services, for example, Heart Failure, Parkinson's nurse specialist, tissue viability nurse specialist? [Yes/No]
 - If 'yes', what specialist services are you currently accessing?
- What processes are in place to meet residents ongoing health needs i.e. podiatry, dementia, mental health?

- Are residents' relatives/carers informed when they become unwell, or any changes are made to their treatment? [Yes/No]
- If needed, are residents able to access or are provided with specialist equipment, for example, walking aids, specialist chairs, pressure relieving mattress/aids? [Yes/No]
- Are residents encouraged to have regular showers or baths? [Yes/No/N/A]
- If residents have a disability and need easy access shower/bath facilities, are they available for use with assistance (if required) when requested by the resident? [Yes/No/N/A]

Promoting a Positive Culture

- Do you provide an activities programme for residents? [Yes/No]
 - If 'Yes', are residents encouraged to take part in the activities with others? [Yes/No]
- Does your care home encourage people from outside to visit i.e. someone playing music, simple exercise, Arts and Crafts? [Yes/No]
 - If 'No', what are the reasons for this?
- Are trips out organised for residents i.e. to local community venues? [Yes/No]
 - If 'No', what are the reasons for this?
- Are residents able to access all common areas of the home, especially if they have a disability? [Yes/No]
 - If 'No' What are the barriers to this?
- Can residents choose a meal from a menu? [Yes/No]
- If they need a special diet, is this catered for? [Yes/No]
 - If 'No', what are the barriers to this?
- Can family and friends bring in food? [Yes/No]
 - If 'Yes' is there a facility available for items to be stored in a fridge/cupboard? [Yes/No]

Additional Comments

- Is there anything you are currently doing in your care home that you are really proud of, has made a significant difference for residents, or that you feel is best practice in the industry? And is something you would be happy to share with other homes?
- Finally, do you have any additional comments you would like to share or any other general feedback?

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