healthwatch
in Devon, Plymouth and Torbay

"Something Someone Told Me"
Care Home Lay Visiting Project

Drake Nursing Home

Lay Representative Report

July 2025

Contents

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 in local care homes, covering 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 Drake Nursing Home

Drake Nursing/Care Home, located in a listed Victorian building, accommodates up to 32 residents (31 at time of visit) in single and shared rooms. Ninety percent of residents have advanced dementia, with care provided by trained nursing staff. Specialist community nursing and occupational therapy are arranged as needed.

Executive Summary

In July 2025 Drake Nursing Home was visited by a lay representative of the Healthwatch Plymouth Volunteer Team. This report summarises insights from resident conversations with our lay representative, focusing on five key themes:

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

Summarised Key Findings

- Most residents (90%) have advanced dementia, with nursing needs met by in-house staff; external specialists are brought in as needed.
- Two activities coordinators are employed, offering a range of activities for residents.
- There are no regular family meetings, but staff speak with families by phone or in person as needed.
- Observations suggested that staff appeared to act in residents' best interests
- All meals are freshly prepared on site.

Summarised Key Recommendations

There are no specific recommendations for Drake Nursing Home. Our observation is that this appears to be a busy but well-run care home where staff were observed to be caring and patient.

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.

90% of the residents at the home have dementia with many in an advanced stage. Our lay representative spoke to five of the residents, however, only three were able to converse. Answers were limited and conversational findings are a mixture of resident responses and observations by the Healthwatch volunteer.

Maintaining Identity

Findings from our visit

The three residents interviewed expressed that they were satisfied with their living situation.

Provider's Response to Maintaining Identity

"We have a vicar who comes to the home to take communion when requested. We can take residents to the park, when possible, even have a powered wheelchair to facilitate. Sadly, residents are now a lot more poorly by the time they come to the home than previously, and this is a very big limiting factor in this.

We do not have a hearing loop, but we do have a resident who is profoundly deaf, and some staff have learnt to sign many words. We have used Google translate for residents who do not have English as a first language. We also use pictures to help non-verbal people express themselves. We have many tablets around the home and have used them for Skype/Zoom calls with family when applicable."

Creating Community

Findings from Our Visit

Our volunteer felt that all the residents spoken with appeared generally content, though many were unable to express detailed views. In most cases, it seemed that residents may have found it difficult to contribute or express an opinion. However, it appeared that staff and management acted in residents' best interests.

Provider's Response to Creating Community

"Yes, but [creating a sense of community is] tempered by the cognitive issues experienced by our residents. We listen to all feedback from residents, but again due to the poor health, sometimes this is more down to observation and feedback from family."

Sharing Decision Making

Findings from Our Visit

There are no scheduled meetings between residents and management; families can provide feedback during visits or by phone. Individual routines for residents were not observed in detail, but those seen were appropriately dressed and maintained good hygiene.

All meals are freshly prepared onsite, with choices available, though menus were not displayed and many residents may be unable to choose due to dementia. Breakfast is served from 7 to 10am, followed by lunch

from noon. Special dietary needs, including pureed food, are accommodated.

Provider's Response to Sharing Decision Making

"We have socials organised by the home for relatives. These are to encourage relatives to support each other and feedback about the home. We have cheese and wine evenings, pasties and a pint nights, barbecues etc with this express intention.

We plan for [end of life] beforehand and consult the family about end of life wishes. These are in the care plan. We allow family to stay with the resident 24/7 if requested. We have several staff who have completed the St Lukes 6 steps course, who are also invaluable at this point."

Improving Health and Healthcare

Findings from Our Visit

There is a weekly visit from a GP in a local practice, other health professionals are called in as and when required.

The residents spoken with were unable to comment about their health or health care, other than to say they were well. As stated, before the residents seemed well cared for and looked after.

Provider's Response to Improving Health and Healthcare

"We have close links with Stoke surgery and have a dedicated GP who does a physical ward round every week. The residents receive annual health and medication reviews with extremely well supportive G.P. practice.

Residents can access dental and optician services, with providers visiting the home for those with severe mobility issues.

We have podiatry, who come and deliver foot care on a monthly basis. Sadly, due to the vast majority of our residents having late stage dementia treatment options are more limited for mental health

than previously, but where applicable we work with GP's to manage dementia symptoms with medication."

Promoting a Positive Culture

Findings from Our Visit

There are two activities coordinators, but neither was present during our visit. Activities include exercise sessions, music, and animal visits. The garden is maintained by a gardener, and at least one resident who regularly sits there clearly enjoys the garden space.

The sitting room was bright and cheery, pictures on the walls and other decorative bits. The residents sitting in the lounge area were by and large not communicating with anyone, and were either watching televisions up on the walls or asleep.

Provider's Response to Promoting a Positive Culture

"Residents have an activities programme and are encouraged to take part with others. People from outside are encouraged to visit to entertain residents. Trips out are organised for residents.

Residents can choose a meal from a menu and special diets are catered for. Family and friends may bring in food for residents "

Additional provider comments

"We are constantly trying new initiatives with residents and actively participate in increasing skills in the nursing area. We take student nurses, and our clinical director is recording podcasts for staff around dementia care which we will make available on our website. She has also written an OSCE training program that is helping our overseas nurse get their nmc pins. We are currently investigating the possibility of undertaking research around diet. I have a contact at Salford University, who will hopefully help with this.

The funding from Plymouth local authority is incredibly low in the local and national context and this is stifling innovative dementia care."

Healthwatch Observations

The overall impression is of a very busy care home. This could be because it was at a time when breakfast was still being given out to many of the residents. The staff seemed caring and patient in their interactions with the residents. Some were sitting at the dining table while others had their food on a bedside type of tray in front of them. All witnessed were non-verbal.

Those that are ambulant (only two seen) clearly could walk anywhere they chose on the ground floor and garden.

Upstairs there was a sense of calm. Some rooms were being cleaned, others had residents in, mostly in bed.

The bedrooms seemed clean and well equipped with various aids. There was a lift, but it was unclear how many residents used it unaided or could use it. The stair gate prevented unsafe travel to floors above.

Generally, signage was good, but it was noted there were no dementia clocks. Staff explained there was one that had 'walked'. It was found and we were told would be put back in its usual place.

Recommendations

There are no specific recommendations for Drake Nursing Home. Our observation is that this appears to be a busy but well-run care home where staff were observed to be caring and patient.

Acknowledgements

Healthwatch Plymouth would like to thank staff and residents from Drake Nursing Home 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 meets 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?

healthwatch Devon
c/o Colebrook (SW) Ltd
William Sutton Memorial Hall,
6 Shelley Way, St Budeaux,
Plymouth, PL5 1QF
t: 0800 520 0640
e: info@hwdpt.org
www.hwdpt.org

healthwatch Plymouth
William Sutton Memorial Hall,
6 Shelley Way, St Budeaux,
Plymouth, PL5 1QF
t: 0800 520 0640
e: info@hwdpt.org
www.hwdpt.org

healthwatch Torbay
Paignton Library and Information Centre
Great Western Road,
Paignton, TQ4 5AG
t: 0800 520 0640
e: info@hwdpt.org
www.hwdpt.org

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