healthwatch
in Devon, Plymouth and Torbay

"Something Someone Told Me"
Care Home Lay Visiting Project

Hamilton House

Lay Representative Report

May 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 of local care homes that covers 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.

Hamilton House

Hamilton House is located near Mutley Plain and consists of three interconnected houses, creating a rambling layout. Residents are generally able to navigate the premises independently, depending on the progression of their dementia.

The overall atmosphere was positive; interactions with staff indicated a pleasant environment that became increasingly apparent during the visit. The facility serves as both a nursing home and a residential home. At the time of observation, it was operating below its full capacity of 40 residents, with four available vacancies.

Executive Summary

In May 2025 Hamilton 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.

Summarised Key Findings

- Residents feel that this is "their home" and feel safe in their environment.
- Regular events bring residents together. For those unable to attend communal events, activities are brought to their rooms.
- The home follows the St Lukes method for end-of-life care.
- All residents have a care plan, and residents are integral in its formation, as are relatives if in regular contact.

Summarised Key Recommendations

There are no specific recommendations for Hamilton House. Our observation is that this is a well-run care home with 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.

Maintaining Identity

Findings from our visit

During our visit, the team were able to speak to 4 residents, 2 relatives and a senior member of staff. These were all carried out privately.

Residents can choose whether to spend time in communal areas or stay in their rooms, though some are bedbound due to health issues. They have access to Wi-Fi, but some have difficulty using phones. Staff call residents by their first names and are aware of everyone's needs.

Families are welcome to visit at any time but are encouraged to avoid mealtimes. Some family members can join for occasional meals.
Each room displays the occupant's photo and name, except for one resident who prefers not to have this. Staff respected his request.

One resident has communication issues and uses picture cards with help from her daughter, as she speaks Portuguese. Another resident attends church on Sundays but does require an escort. Meals are prepared daily by the chef, who asks residents for their choices each morning. Meals are cooked daily from scratch.

To one resident it was 'home' and he informed us that he never wanted to leave. He felt part of the place and had regular visits from family. He invited the member to look at his room and it looked very comfortable with his things around him. He was happy to stay in his room and had a large collection of DVDs he liked watching. His religion was Greek orthodox, but he wasn't bothered about not seeing anyone in relation to this.

Another interviewee was in the home for assessment having been ill and hospitalised several times and at risk of falling. He was hoping to be able to

go home once the assessment was complete. He and his wife were together in the interview. She stated that she visited every day feeling part of the home and was given lunch each day.

Provider's Response to Maintaining Identity

"As a provider we are able to facilitate any cultural needs here at Hamilton House. We currently have a few residents who are visited by the local church. We also have a lady who prays every morning, and we support her to do that.

We currently do not have any residents that require additional communication needs, however we have before, and we are able to provide the correct equipment and support.

All residents have access to WIFI and online communication methods. We do not have any residents that like to use emails or the internet. Some residents have personal phones. Our landline is free for all residents to use. We have also used our tablets to support video calls in the past.

We have had recent experience of making a safeguarding alert to the Plymouth Safe Guarding Adults Board. They have recently changed the screening process which can be confusing however when you are through to the correct form it is easy to complete."

Creating Community

Findings from Our Visit

We observed staff promoting a sense of community by reinforcing that this is the residents' home.

Two residents mentioned that while they appreciated the staff, one wanted to return to Ireland to be with family, although his memory was unclear. Both felt secure in the home but were unsure about having a sense of purpose.

Regular events bring residents together, such as visits from a therapy dog, reptile exhibitions, and cinema afternoons. For those unable to attend communal events, activities are brought to their rooms.

The home has no transport, but residents are taken out individually as needed/required. The nature of the residents varying conditions means that they do not go out unaccompanied.

Provider's Response to Creating Community

"We have numerous safety measures, such as CCTV in communal areas and key padded areas within the home. We have a fantastic activities co-ordinator who plans and completes a varied set of activities. We also have outside entertainers and services that visit such as Age UK, a music making company, singers and reptiles. We have a weekly Garden club and many of our residents enjoy tending to the garden each week.

We measure the sense of fulfilment a resident has by having conversations and gaining feedback from staff, relatives and residents. Regular observations also allow us to recognise people's fulfilment."

Sharing Decision Making

Findings from Our Visit

Group sessions with relatives had low attendance, but residents could decide their daily routines.

There is close cooperation with health services – GP, community nurses, paramedics and pharmacy. Others are brought in as required.

All residents have a care plan, and they are integral in the making of that, as are relatives if in regular contact. A relative who visited from Blackpool occasionally communicated with the home by phone and was being added to a secure Facebook group for more updates.

One of the interviewees had a walking frame, otherwise nothing else was required.

Help was given with showers and general personal hygiene issues.

Provider's Response to Sharing Decision Making

"We like to do residents meeting every few months, common topics include menu discussions and activity planning. We have planned numerous relative meetings, but we have not had a good turnout. We now

communicate on a 1-1 basis and allow time for this. We always learn from any feedback we receive and implement that into our practice. We allow our residents to tell us when they are ready for bed where safe.

We have lots of stages to how we support someone nearing the end of their live. We have discussions with relatives and the GP. We ensure we have everything in place to ensure they are comfortable and out of pain. Each resident has an end-of-life plan allowing us to fulfil people's wishes. We provide personal centred care tailoring support to the unique needs and preferences. This involves listening and involving them in decision-making about their care and support.

At Hamilton House we have not faced challenges surrounding end of life care and we received an excellence in end-of-life care award. We are proactive when someone becomes unwell. Our GP practice and DN team are responsive."

Improving Health and Healthcare

Findings from Our Visit

Residents have access to a GP and can receive visits from a district nurse. The GP visits weekly but having a good rapport with the surgery they can make contact and get advice etc. as needed. Additional services like dentistry and chiropody are available. Mobility aids and a lift help with accessibility.

Bedridden residents follow a two-hour bed-turning schedule, and each room has a call bell for nighttime assistance. Although no alarms were observed in the dayroom, staff presence was consistent.

The home follows the St Lukes method for end-of-life care. Care plans are accessible on phones or tablets, allowing quick access for staff.

A dedicated staff member focused on activities and exercise, promoting both social and physical wellbeing among residents.

There are lifts between floors. There is access to disability bathrooms, showers and toilets.

Provider's Response to Improving Health and Healthcare

"All residents are registered with a GP, we always ask the preferred GP surgery and if they do not have one, we will register them with Pathfields. We also must take catchment areas into consideration so sometimes people's preferred GP cannot be adhered to as part of GP practice rules. We have a lot of residents under Discharge To Assess, and they are registered with Mayflower DTA GP until their assessment period is over. We have a great repour with our GP surgery. It is rare we will have a face-to-face appointment, but the surgery always makes contact via telephone or video call.

The home is affiliated with Bupa dental & Outside clinic. We currently have the heart failure team supporting one of our residents in the home, we also have a stoke nurse that visits. We have a 6 weekly podiatrist visit the home (Riviera foot care). We work closely with the Dementia pathway team and older people's mental health. Our residents have access to this support if required."

Promoting a Positive Culture

Findings from Our Visit

There is an activities coordinator who arranges events. If residents don't join in with a group, she will visit them in their rooms. Residents we spoke to were aware of what was on offer and joined in when there was an event of interest. Outside visitors provide demonstrations, such as reptile sessions. Residents were able to go where they chose within the house. There is a flat surface garden outside they can access, with table, chairs, gazebo and a raised bed, with herbs and flowers growing which one of the residents looks after. Staff engage residents in activities like ball games and colouring. Others participate in tasks like low-level washing up.

The home maintains a positive atmosphere despite some residents appearing asleep. Despite all residents having dementia, the environment is encouraging.

Provider's Response to Promoting a Positive Culture

"We have both 1-1 and group activities within the home. Trips are organised for residents, and all are able to access all common areas of the home. Residents can choose a meal from a menu and special diets are catered for."

Healthwatch Volunteer Observations

Hamilton House spans three houses, making it a sprawling building, however residents can navigate the space based on their dementia stage. The home is clean with clear hallways and a lift to all floors. The home had a good friendly feel to it. Some areas are dim, but resident spaces are bright, open to a garden, and supervised outdoor access is provided.

Upon arrival we were warmly greeted by the secretary, who took us to the office. She was expecting us and knew the purpose of our visit.
Both the manager and the head of nursing were friendly and courteous. Every staff member we met greeted us cheerfully and genuinely.

The office appeared cluttered due to a recent medicine delivery; however, we were informed that all medicines would be stored later in a locked cabinet. We were firmly told that this was the residents' home.

We were given a tour of the home, including the kitchen area, dining areas, garden, resident areas, and some rooms. Residents can move freely within their areas but need a passcode to enter restricted areas or exit the building.

The place was well signposted using dementia style signs, although some notices looked worn. We were introduced to the chef and other staff members. There is also a night shift for overnight staffing.

We had separate conversations—four with residents, one with a senior staff member, and two with a patient's relative. All conversations took place in quiet areas without nearby staff. As part of the home's policy, a staff member regularly checks on residents. During some conversations with residents, tea and biscuits were served.

There appears to be strong support between staff and management, with an open-door policy from the manager. However, one minor concern was for staff to ensure the security of care plans on phones.

Recommendations

There are no specific recommendations for Hamilton House. Our observation is that this is a well-run care home with a warm and friendly environment.

Acknowledgements

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

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

- 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?

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