



healthwatch
in Devon, Plymouth and Torbay

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

Laburnum Lodge, Clearview and Inglenook House

Lay Representative Report

September 2025



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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. The 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 Laburnum Lodge, Clearview and Inglenook House

Laburnum Lodge, Clearview and Inglenook House are three neighbouring residential homes in the Lipson area of Plymouth. Although they sit side by side, each operates as its own building. Together, they support adults of different ages with a range of needs, including learning disabilities, physical disabilities and sensory impairments.

Each home accommodates between six and seven residents, all of whom have their own private rooms. While the homes are separate, they share a registered manager. The homes also share a combined outdoor space, which has been adapted into patio areas with seating, greenery and flowers. This shared space gives residents from all three homes the opportunity to spend time together and socialise.

During our visit, we were warmly welcomed by the registered manager, her deputy and other staff members. The manager spoke in detail about the ethos of the homes, the care provided and staffing arrangements. All three homes appeared clean, tidy and well-maintained.

Executive Summary

On the 16th September 2025, Laburnum Lodge, Clearview and Inglenook House were 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

- The homes appeared to be warm and welcoming, with residents appearing generally happy and content.
- Regular events inside and outside the home are facilitated for the residents to participate in, including holidays.
- All residents have an individual care plan, which the residents contribute to its formation, as are relatives if in regular contact.
- Residents and family members we spoke with were happy and content with the care being received.
- From observations, Laburnum Lodge, Clearview and Inglenook House appear to have the residents' best interests at the heart of everything.

Summarised Key Recommendations

No specific recommendations have been identified. Based on observations during the visit, the homes appear to provide an extremely positive and supportive environment for residents. They may provide very useful examples of good practice for other services as they seem to exemplify what 'good' looks like in creating an environment that truly feels like home for residents.

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

On the day of our visit, we were shown around all three homes and several of the residents' rooms with their permission. Residents appeared to enjoy showing off their rooms, which were light and airy with pleasant views. Each resident's room is also personalised to suit their tastes and interests.

During our visit, we were advised that residents go on holidays, especially tailored to their interests. For example, one resident enjoys football and went on a holiday to Manchester, which included watching a Manchester United football match. Another resident went on a holiday, which included a show featuring her celebrity idol.

Each resident is provided with their own coloured laundry basket for their washing and is encouraged to participate in folding their washing as much as they would like. The colour coding of the baskets prevents clothing from being mixed up or misplaced.

Sexual, cultural and religious preferences are also catered for, which we saw evidence of during our visit, and it appeared that residents felt safe and comfortable discussing their sexuality with the management team.

Provider's Response to Maintaining Identity

"We ensure that any spiritual needs, attending church is facilitated if the service user chooses, or if it is within historical information, upholding their spiritual beliefs is important. Culturally we have embedded within our homes the Right Care, Right Culture, Right Support, within our policies and mission statement and above all practices.

We facilitate and direct adult social care prospective placements, to be carefully planned transitions to and from our homes, for both new placements or to and from the hospital or another care home. A new

perspective service user has the choice to trial their chosen place to live, for up to a 4-6 week period. This is paramount in getting to know them and vice versa, to ensure they like the home and that we can facilitate good safe care.

We also involve existing service users within any new service user visiting and ask existing service users if they like them and get on with them by using a questionnaire. They are helped to complete their views. We believe that carefully planned transitions are important in creating a positive culture within our homes. We also use comments cards, for any visitors whether that's family or friends or outside professionals, these help us to improve and are displayed within the main entrance and audited afterwards for positive or negative comments. We also use a weekly house inspection, so that we can capture the ethos and other practices on a weekly basis. There is also a monthly House Managers inspection providing good governance.

Sexuality is openly recognised, right to privacy, human rights, we do have active service users, whom are given their privacy to masturbate. During recruitment we recognise transgender, gay- bisexual, pansexual, etc LGBTQ policies in place. We are careful to address staff of their chosen sexuality. Equality and diversity training is carried out by all staff.

There is an accessible information policy in place, providing pictorial large print and we use Makaton for some service users. We have a Makaton weekly sign linked to all staff on an app to keep learning. We also have a Makaton Champion. We have a few non-verbal service users who communicate in their own way, we know them so there is no communication barriers. Some use simple thumbs up or thumbs down, or pointing to communicate. "

Creating Community

Findings from Our Visit

Laburnum Lodge, Clearview and Inglenook House facilitate many activities in and outside the home for residents to participate in. For example, on the day of our visit, there was a resident heading out to play bowls at Plymouth Life Centre, and some residents were returning from a visit to Tothill. The homes also benefit from having three minibuses to take the residents out to activities.

All residents appear to be very engaged in all activities in and outside of the homes. This was evidenced with the use of photo albums, which contain photos from a range of events

On the day of our visit, preparations were being made for future crafting events to accommodate upcoming national holidays, and some residents were participating in crafting floating lanterns for Halloween.

During our visit, some of the residents' family members arrived to meet and speak with us. We spoke at great length with one visitor. She made it very clear that she was happy with the care her son was receiving and highlighted that her other son, who has additional needs, appeared happy and relaxed visiting his brother with her. Another visitor also highlighted that she is always welcomed warmly into the home, and they have helped her a lot as well.

Provider's Response to Creating Community

"Each service user has a weekly planner, kept within their own bedroom with pictures of places to go, that are predominately linked to their own individual interest. Service users are supported by support staff to choose how they spend their day or week and of course we are flexible, because they can change their mind at any given time or have a health issue etc. We support chosen annual holidays, staff go away on holidays for one week each year Group activities and one to one activities are in place. We have yearly passes to the aquarium, or attend the theatre in wet weather.. We accommodate chosen preferences and facilitate all year round. Winter holidays are popular, especially with sensory needs and autism, during dark nights in the winter- a holiday helps. We also provide swimming weekly, bowling, trips to scenic areas, arts and crafts, interactive table and therapeutic activities, nail painting, sensory activities coloured water pouring, bead art to name a few.

We do not wear uniform, this is so that the service users feel inclusive both in the home and outside, our homes are inconspicuous on purpose creating a positive culture always. This is embedded and promoted within our mission statement."

Sharing Decision Making

Findings from Our Visit

During our visit to Laburnum Lodge, Clearview and Inglenook House, we spoke with one of the residents, who shared that she feels comfortable raising any concerns with staff and is confident they would listen. She explained that she needs support with some personal matters, which has been provided, and she is happy with the support she receives. Her sister also confirmed that this is the case.

While we did not find evidence of regular meetings between relatives and the management team, family members are welcome to get in touch whenever they feel it is necessary. In addition, all relatives are contacted every eight weeks (as reported).

All meals are freshly prepared on site each day. Residents are actively involved in choosing the menu, and alternative options are always available on request

Provider's Response to Sharing Decision Making

"I phone families every 8-weeks, for a person centred catch up call, I enquire if they have any concerns or recommendations for their input. We also send a couple of relatives regular questionnaires

Free autonomy is embedded, having their own choice, voice and being in control on their daily lives. I was on the very first cohort with PCC and a My Home Life champion. So, my leadership has always promoted the My Home Life values and practices."

What processes are in place when an individual is approaching end of life?

"I hold Leadership and Management L5 for St Luke's EOLC. as well as Six steps champion with St Luke's. Now all three of our homes have St Luke's six steps champions since July 2025. At Inglenook House we have verification for St Luke's and we aim for our other two homes to obtain this award next year. We look at advance planning, using the preferred priorities document when indicators show the need for getting a person's house in order, funeral plans, choices, wishes, spiritual beliefs and include IMCA's or RPR's when they have no LPA and lack capacity. Above all ensuring their passing is comfortable and pain free with JIC bags from the doctor accessible to the community nurse at the stages of EOL pathway. Families are supported throughout where applicable. We always have staff offering to remain, they are very

passionate and caring, we always ensure a service user at EOL is never alone.

Our EOLC Champions, include families, where applicable. They have given positive feedback and thanked us, because they had avoided this topic and one family, has said it has opened up the immediate family to get their own wishes and funeral plans in order."

Do you develop support systems for individuals, staff, friends and relatives as part of compassionate communities?

"Yes, we invite family or friends to summer barbecues, Christmas party, we have a disco and hired a church hall for all to join, including PCC. One family member in LL is very much involved with PCC visiting other homes allowing our home to share ideas and allowing service users to have their voice heard and inclusivity the home, she is our valuable volunteer, who supports with crafts, stories handwriting various projects.

If a resident has a TEP (Treatment Escalation Plan), where are these kept?_

"All service users who have TEP forms are stored within a readily available red bag file, and only the originals are in there. All of the individual 'hospital packs' are stored near the entrance of the home so that they can be 'grabbed' quickly in the event of an emergency."

Do you recognise the challenge, and develop systems, for end of life care in dementia/those with learning disabilities?_

"We recognise the challenge with learning disabilities and the secondary diagnosis of dementia. This is more prominent in those with Downs Syndrome. All of our service users are treated equally, but in particular when they reach end of life care, we focus on keeping them comfortable and managing their pain and symptoms."

Improving Health and Healthcare

Findings from Our Visit

Laburnum Lodge, Clearview, and Inglenook House have established positive working relationships with Beaumont Villas and Pathfields. The GP practice contacts the homes on a monthly basis, and they also make use of services provided by Livewell.

The home is able to provide end-of-life care when needed and works closely with St Luke's to support residents during this time. There is also

access to a dedicated hotline for additional support if required. Other professionals visit the home as needed, although many residents are also supported by staff to attend external services, such as hairdressers.

Each resident has an individual care plan, which they are actively involved in developing. Relatives who maintain regular contact with the home are also encouraged to contribute.

One resident's room has been thoughtfully adapted to meet their needs, including adjustments to support wheelchair use while still allowing access to the ensuite. A stair lift has also been installed so they can continue using their preferred upstairs bedroom.

Provider's Response to Improving Health and Healthcare

"On transfer to our Homes, if the service user already has a GP then we request that they stay with that GP unless due to catchment area it is not possible. In this eventuality we offer a choice of local GPs or we register the service user with a local GP practice, known to our Homes. If a service user is in need of a GP, we will contact the GP and complete a questionnaire. The GP will then get back to us and complete a first review.

We have a chiropodist that visits the home every six weeks. We also have access to Westbourne Learning Disabilities services, where there are various professionals to support each person's specific ongoing needs."

Promoting a Positive Culture

Findings from Our Visit

The home offers a wide range of activities for residents to enjoy, both indoors and outdoors, and even organises holidays tailored to their interests.

Residents are free to move around the home as they wish, and each house has access to an outdoor flat area with tables, chairs, and gazebos. These spaces are well used, especially in the summer for BBQs. The home also hosts regular celebrations and parties to mark national events, as well as making sure every resident's birthday is celebrated.

The home benefits from a full-time maintenance worker, helping to ensure the environment is well-maintained and adapted to meet residents' needs where required.

During our visit, we spoke with several members of staff, all of whom appeared relaxed and part of a supportive, friendly team. One staff member even came in on their day off to speak with us, stating that they "love the job" and feel very happy working at the home.

Provider's Response to Promoting a Positive Culture

"We offer group activities but we do recognise that some people prefer to take part on their own. We promote and encourage they interact with one another if they so choose".

Additional comments from the provider:

"Yes, and in particular in relation to STOMP. We understand STOMP and all staff have training on Oliver McGowan and his infamous case. We support STOMP however, when a service user has been on an antipsychotic for 30+ years, we cannot sit back and support a reduction to their dose by a consultant, when that consultant has not lived and assessed the service user in their day-to-day lives. On the one hand we support STOMP but on the other hand, we do not deem that a change to the medication, which impacts their lives in a negative way – should be implemented. We have several service users who have been affected by a change to their medication, but after somewhat of a battle, and a lengthy one at that, the consultant has agreed that best interests meetings can now be held every time there is a change or a proposed change to antipsychotic medication. This will involve the Registered Manager and relatives together with the Consultant, before any changes are made".

Healthwatch Volunteer Observations

Laburnum Lodge, Clearview and Inglenook House are three separate residential homes that work together in providing their provisions of care, with all residents having access to each building and sharing the same outside area.

On the day of our visit, we were welcomed by the registered manager and some members of staff who provided us with a tour and introduced us to some of the residents. They appeared delighted at the opportunity to have us view their rooms. Both the exterior and interior of the homes are clean, tidy and well-maintained.

We observed during our visit that the staff and residents' relationship appeared to be very positive, and the environment was calm and relaxed.

During our visit, we had the opportunity to speak with several residents, some of their relatives and many members of staff who all described the home as a positive and caring home, which we also observed.

The provider outlined how they support residents' rights to privacy, relationships and personal identity, including appropriate support for sexual wellbeing, in line with equality and human rights principles

From observations, Laburnum Lodge, Clearview and Inglenook House appear to have the residents' best interests at the heart of everything. With a very calm and friendly atmosphere, the residents appear to be happy and content, based on observations during the visit.

Recommendations

No specific recommendations have been identified. Based on observations during the visit, the homes appear to provide an extremely positive and supportive environment for residents. They may provide very useful examples of good practice for other services as they seem to exemplify what 'good' looks like in creating an environment that truly feels like home for residents.

Acknowledgements

Healthwatch Plymouth would like to thank staff and residents from Laburnum Lodge, Clearview and Inglenook 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 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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