



healthwatch
in Devon, Plymouth and Torbay

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

Meadowside and St. Francis Care Centre

Lay Representative Report

March 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. 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 Annexe.

About Meadowside and St. Francis Care Centre

Meadowside & St Francis Care Centre provides 24 hour residential and nursing care, 365 days a year, to residents with complex needs in Plymouth. It is divided into Residential (20 rooms) and Nursing (40 rooms).

The Centre is in a quiet area, with large, calming, and well-maintained mature gardens.

On the day of the visit the entrance to the Centre was welcoming and homely, with hardly any waiting time at the door as there are two receptionists stationed nearby.

Executive Summary

On the 7th of February 2025 Meadowside & St Francis Care Centre 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

- The home creates a supportive environment where residents are able to maintain independence and personal identity.
- Management and staff appear to work well as a team, seem open to new ideas and providing meaningful, person-centred care to their residents.
- According to residents, the home consistently goes the extra mile, creating special moments and making life as fulfilling and enriching as possible.
- There is a strong sense of community with residents taking part in daily activities, fundraising events, and social visits, with support from staff and each other.

Summarised Key Recommendations

We recommend that Meadowside & St. Francis Care Centre be used as a benchmark for other Plymouth based nursing homes, exemplifying 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. This also includes feedback from the registered manager via an online survey.

Maintaining Identity

Findings from our visit

In conversations, we learnt that residents are encouraged and supported in maintaining their independence and personal identity. All staff and residents are encouraged to use first names to address each other.

Although rooms appear a little small, they are well appointed with two windows and decorated to the taste of the occupant allowing own pictures and other personal items. Residents can make individual choices regarding choices of toiletries when having daily showers/baths. They can also express preference for waking up and sleeping times. However, one newly arrived resident felt he had to be in his “pjs” too early.

Residents choose their meal preference the previous day or, if they do not like the choices, they can ask for something else within reason. The chef provides a four weekly menu reflecting seasonal produce.

Due to there being no dementia patients, the home has an open-door policy. Thus, residents can walk around as they wish.

Visiting times are very flexible, and residents, family and carers are involved in meetings, and the manager is available to help. The residents have access to phones internet and communication with family and friends as they require. Visitors are welcome to stay for meals, join in activities and spend time in the garden.

Residents can take part in activities as they wish or can stay in their room to watch TV or read. They can also take part in individual pursuits.

Some examples include:

- A knitting activity is led by a resident who is a proficient knitter and guides others.
- A bedridden resident who loves red wine, has his daily glass and has a mini wine collection in his room which he was keen to talk about.
- Another resident who requires 24 hour 1 to 1 care, and is nil by mouth, has been encouraged to make his own gin with the help of his carers and wife, and is able to taste the gin via a foam which is made for him by an appliance donated by a services charity.

Provider's Response to Maintaining Identity:

"The home makes sure the residents are encouraged to express themselves however they see fit, and the home provides weekly visits from Vicars for residents wishing to attend a service.

Residents are free to decorate their surroundings how they wish, bring in personal belongings and make their environment as homely as possible.

There are residents with communication issues and if they are unable to communicate verbally, they are provided ABC charts and use eye gaze as a form of communication.

The residents have access to Wi-Fi and use their own equipment to contact others."

Creating Community

Findings from Our Visit

There seems to be a very strong sense of community within the home, and as the Head Nurse insisted it was the "resident's home". All care is resident focused, and inclusion of the residents is very evident. There are several Activity Co-ordinators, and a list of daily activities for residents is located at the welcome desk.

There is a shared responsibility for creating fund-raising activities to support further events and activities at the home. These events are carried out by many of the residents, and they are allowed to suggest ideas for activities, for example knitting Easter Bunny egg coverings for gifts and for sale.

There has been an alpaca visit to the home that everyone loved and went to the bedrooms of those unable to join them in common areas of the home. A pub evening, and playing roulette are other activities organised for residents.

Provider's Response to Creating Community:

"We have regular meetings, daily activities and conversations with staff/management. We are clear that we are working in their home."

Sharing Decision Making

Findings from Our Visit

There are regular monthly meetings between residents, management and families to share information and suggestions. Although we did not speak to residents' families at the visit, the home has an open policy for family to see a manager.

From observations, it seemed that a person-centred approach was in place at the home.

Provider's Response to Sharing Decision Making:

"The views of the residents is most definitely important. We want residents and their family to feel listened to, and their feedback is essential."

The process for End-of-Life Care is planned for residents who wish to discuss this. Residents have key workers, and the family are aware of who to speak to. We use GPs, St. Luke, patient wishes and wants, JIC medications and district nurses to help in the process. We are very proud of our Six Steps + Accreditation with St. Luke's Hospice, which we have consistently maintained for many years. This accreditation focuses on quality end of life care and evidences our ongoing commitment and passion for palliative care."

Staff are provided with health and well-being meetings, to help them support residents as best they can."

Improving Health and Healthcare

Findings from Our Visit

All residents are registered with a GP, who comes out quickly, and have access to regular prescriptions. The home praised their GP service, Beacon. They nurse any poorly residents at the home, if possible, and are quick to respond, e.g. giving antibiotics. The staff use pagers to enable them to quickly respond to patients calls without loud beeping or ringing. The residents can have individual physiotherapist sessions three times a week although the home is seeking a full-time physiotherapist.

Residents are able to access specialist care for illness, conditions or ongoing complex needs, in particular withing the Nursing section of the care home.

Staff are regularly available to help with daily living and activities. On the visit it was noted there were 15 carers who were helping the residents have showers and baths whilst changing towels and bed linen.

There are walking aids etc. available for any resident. There are lift aids for bathing and special mattresses to relive bedsores. Bedridden residents are comfortable, cheerful and expressed how well looked after they feel.

Provider's Response to Improving Health and Healthcare:

"All of our long-term residents are registered with Beacon Medical Practice; Discharge 2 Assess patients are registered with Fuller and Forbes (Mayflower PCN).

We have regular visits from Beacon which include a GP, pharmacist, and an AP. This is a brilliant service.

Fuller and Forbes are not brilliant at times and have had some issues with supplying medications. The home uses BUPA dental and Specsavers are used.

We also access community TVN, district nurses, respiratory nursing team, Phillipa Knox MDN nurse, St. Lukes family services, community heart failure team, MS nurse, Stroke nurse, pharmacists, AP, GPs, IMCA, Plymouth Highbury trust, DOL, OPMH, physiatry.

To help ongoing health needs we use a visiting chiropodist 6 weekly, referral to podiatry for diabetics and visits where required, OPMH visits, and admiral nurses."

Promoting a Positive Culture

Findings from Our Visit

The home has its own newsletter, and the residents play an active role in the running of everyday life by making suggestions and requests for different types of activities. They are also involved in fund raising for the activities budget so outside entertainment can be paid for.

A full list of activities is on display around the Centre. Outside trips are organised but, as there is no longer a minibus, this must be done by taxi. Some residents have used the bus to go into town and there is a knit and natter group.

Provider's Response to Promoting a Positive Culture:

"We provide group activities, such as bingo, quizzes and music, five days a week. One-to-one support is also in place for five of our residents.

We also arrange for external visitors to run activities and organise trips for residents to local community venues."

Healthwatch Volunteer Visiting Team Observations

We found the entrance to Meadowside & St Francis Care Centre to be welcoming and homely, with hardly any waiting time at the door as there are two receptionists stationed nearby. Throughout the Centre we felt a sense of calm, warmth, friendliness and professionalism – but mostly care and love for the residents. The welcome desk has all the information for residents and visitors which might be of help.

Jenna Richards, the Registered Manager, and her staff were awaiting our arrival, and we were welcomed warmly and enthusiastically, invited into the activities lounge where we sat with five residents and two Activity coordinators discussing their current activity – knitting Easter Bunny egg coverings for gifts and to sell as part of fund raising for the Activities Budget. Management work as a most impressive team. They are idealistic, professional and energetic, open to and excited by new ideas. We were also impressed by their communication with other teams and managers in the group, as well as attending outside meetings such as the Dignity Forum.

We were then taken on a comprehensive guided tour of the Centre, encouraged to communicate with residents in their rooms, with their permission, and staff. We were also shown the nursing office, accounts hub, laundry, kitchen and utility room, as well as cleaning cupboard. All were astoundingly tidy, and well-kept, which contributes to the efficiency of staff in their response and care for residents.

Residents stated that staff were kind and listened. The home felt like the opposite of a clinical setting, with lots of art. It felt like a person's home.

Recommendations

We recommend that Meadowside & St. Francis Care Centre be used as a benchmark for other Plymouth based nursing homes, exemplifying 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 Meadowside and St. Francis Care Centre 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.

Annexe 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?

Annexe 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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