

# Experiences in Norfolk Residential Care Homes

May 2024

# Contents

Contents.....	2
Who we are and what we do.....	3
Summary.....	4
Why we looked at this.....	5
How we did this.....	6
What we found out.....	7
Next steps.....	15
Appendix.....	16

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# Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

# Summary

As a result of not hearing from people who live in residential care the engagement team visited 19 care homes in Norfolk in March and April 2024 to find out about the experiences of living, working in and visiting the homes.

We wanted to find out what people living in the homes, the staff and the visitors thought worked well and what they felt could be improved.

We spoke to people and asked them to rate their overall experience out of 5, 1 being poor and 5 being outstanding. We asked them to tell us what was good and worked well for them and what could be better or improved.

We gathered feedback from 134 people who lived in the home, 23 members of staff and 12 visitors.

The average rating across 19 care homes was 4.3 out of 5.

We heard about food and how choice was important to people. Some homes cope well with dietary requirements whereas we were told one home struggled to cater for someone who was dairy and gluten free. People in the homes spoke a lot about the different activities available to them. These include trips out, visits from animals and children, arts and crafts, music, singing, games, bingo and gardening. Staff were praised highly by people living in the homes and the Healthwatch Norfolk staff were made to feel welcome. There were some concerns about staff shortages and the impact this had on the level of care and responsiveness of staff. People liked the continuity of staff and did not always like it when new members of staff joined the teams.

We found most of the homes we visited were bright, clean and fresh. Some of the homes were converted houses while others were purpose built as a care home. The converted homes did have more challenges with space but the homes that felt most welcoming were those that had taken the time to personalise and decorate communal and individual rooms. People also enjoyed using outdoor spaces.

# Why we looked at this

## Background

In 2023 Healthwatch Norfolk engagement team collected 1,216 reviews of services in Norfolk. However, the majority of these were for NHS services such as doctors' surgeries, hospitals, and pharmacies. Less than 1% (2) were reviews for experiences in residential care homes. Therefore, this year we were keen to focus on residential care homes to find out more about service user experiences across Norfolk and to allow care home residents to share their views.

Following the successful completion of our My Views Matter project where we visited 21 residential homes and 4 secure in-patient units for people with learning disabilities and autism<sup>1</sup>, we decided that visiting the homes directly to speak with people living in them would be the most effective way to collect views rather than a survey or only speaking to relatives. We also decided to focus this targeted engagement on homes for older adults (65+).

## Aims and objectives

The main objective of this targeted engagement was to find out what was working well in residential care homes for older adults (65+) and what could be improved.

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<sup>1</sup> <https://healthwatchnorfolk.co.uk/reports/my-views-matter/>

# How we did this

## Visits to homes

We wrote a letter to the homes, outlining what we wanted to do and then followed up the letter with a phone call. This was to confirm a date and time and to ask questions about our visit, such as how many people in the home had capacity to speak to us.

We wanted to hear from as many people as possible about the home so we made it clear that visitor and staff feedback was also welcome.

We visited 19 care homes across Norfolk. To see a list of care homes and the date of the visit please see appendix 1.

We approached 25 homes in total, 5 in each area of Norfolk (North, South, East, West and Central) with a mixture of CQC ratings, to make sure we got an overview of different levels of care. One of the homes did not want us to visit and 5 we struggled to get hold of by phone to arrange a visit, but we will try and reach out to these care homes in the future as part of our ongoing engagement.

## Feedback form

To collect experiences for this piece of work we used our general engagement form which asks people to rate their experience out of five stars and has an open box where they can share what is good about their experiences and what could be improved. The form also asks some basic demographic questions of age, gender, and ethnicity. The form used in this piece of work can be found in appendix 2.

## About this report

This report provides an overview of our visits to the homes including identifying some areas of good practice. An individual report with feedback and observations has been made and shared with each individual home; these reports are also shared on our website: [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk).

# What we found out

## Who we heard from

In total we collected 135 experiences from people living in residential care homes (74%, 100), staff members (17%, 23), and friends or family members (9%, 12). The number of comments we collected per home varied from three to 18. The age, gender, and ethnicity of the people we spoke to can be found in appendix 3, please note that these were optional questions and not all people we spoke to shared these with us.

The average rating of the experiences for people living in the home and friends or relatives was 4.3 out of five. This varied by each individual home from a minimum of 3.3 to a maximum of 5.0 out of five, due to the low number of comments for many of these homes, this report will not identify the overall rating of individual homes.

The four biggest themes in comments were around food, activities, staff attitudes, and the care home environment and facilities. Within all of these themes were comments about choice, involvement, and personalisation. The following sections present these themes and have supplemented the resident comments with staff comments and Healthwatch Norfolk observations.

## Food

Opinions on food in the care homes was mostly positive across the homes; in particular, residents appreciated having *"a lot of choice as you can choose each element of the meal"*, valued when food was *"cooked fresh every day"*, and when their dietary requirements were met: *"I am a vegetarian and the chef is ever so nice"*.



“The food is very good, you always get a choice and they tell you can ask for something different if you don't like it.”



Reasons that people were less happy with the food included not meeting dietary requirements: *“I eat a dairy and gluten free diet and they do not cater for that so I get my own food brought in”*. Other reasons included being unhappy with the portion size such as *“smaller portions would be better”*, finding the food too cold: *“they are not always hot enough”*, and the time of day that meals were served with one resident telling us he *“we have a cheese supper at about 3.30 so it's a long wait until you eat anything again the next morning”*.

Therefore, it is clear that homes should ensure that they are continuously checking in with people about their views on food and meals. We noted in some homes that this feedback was clearly sought, for example in Ashill Lodge we saw in the dining room that there was a facility where people can give their opinions on their enjoyment of their most recent meal by placing balls into containers to show ‘yes’ or ‘no’ to the question ‘did you enjoy your meal?’. We also heard at Briar House that they hold regular residents meeting and at a recent meeting people stated that they missed jam roly-poly and this is now being included on the menu.



## Good Practice: Food at The Gables

The Gables care home is in Gorleston-on-sea located on the seaside promenade. The home provides residential care for up to 43 people some living with dementia.

All of the six residents that we spoke to at The Gables told us that they liked the food that was on offer to them. They told us that “you get lots of choice” and how “If you want anything that’s not on the menu they’ll get it”. One resident told us that “I’ve put on weight since I’ve been here because of the good food”.

## Activities

Most homes that we visited had visible activity noticeboards and people we spoke to told us about a range of activities both inside and outside of the home. Activities included visits from animals and children, arts and crafts, music and singing, games and bingo, and gardening.

People appreciated it when they were given choices with which activities they could be involved with, and when activities varied to make sure that everyone was catered for: “it varies from week to week. We all have different needs and there are different activities for different people”. We also heard from some people that their home accommodated any activity requests “if you have an idea for an activity they would try to do it”.

*“I like all the activities as they suit one section of the community or the other. My favourite is Bananagrams but I also like to help other residents join activities that they like. It was lovely to go to Town Close school for afternoon tea, and their visit to us. They talked about their hopes and aspirations which made me relive my youth! The two activity girls are absolutely superb. They keep us going in body and mind. They shop for us, they do anything! The people here feel like family.”*

Where a few people told us they wanted improvements to activities, these were mostly centred around wanting to go outside of the home more: “I’d like to try and get out a bit more”.



Weekly Activities

MON 18 GARETH 9-7	TUE 19 GARETH 9-7	WED 20 GARETH 9-7
Friend in deed -Downstairs lounge- 10:30 & Hungry Hippos	Coffee morning -Near Reception- 10:30	Hairdresser -Salon- 09:30
Memory games -Upstairs lounge- 15:00	Carpet bowls -Downstairs Lounge- 15:00	Ward games -Upstairs Lounge- 9:30
Residents pick -Cinema Room- 17:45	Residents pick -Cinema Room- 17:45	Residents pick -Cinema Room- 17:45



## Good Practice: Activities at Diamond House

We visited Diamond House Care Home, a care home in West Norfolk. Diamond House is part of Larchwood Care Homes and is situated in the heart of Downham Market. The home provides accommodation support and care for up to 42 people, some living with dementia.

During our visit, we heard about activities every day, including games, visiting singers, crafts, themed mealtimes, bingo and regular spa mornings with music, foot and leg treatments and a relaxing mist diffuser.

Several times during our visit, the Activities Co-Ordinator was praised by people living in the home and staff, having made many changes to the activities schedule over the last few months. For example, one person told us *"we have an activities lady who is fabulous"*; they told us that *"from the day she came in there has been so many choices of activities"* and even noted that *"one activity caused so much laughter I think it could be heard for miles!"*

Many of these activities are shared on social media so that family and friends can see what their loved ones are doing in the home.

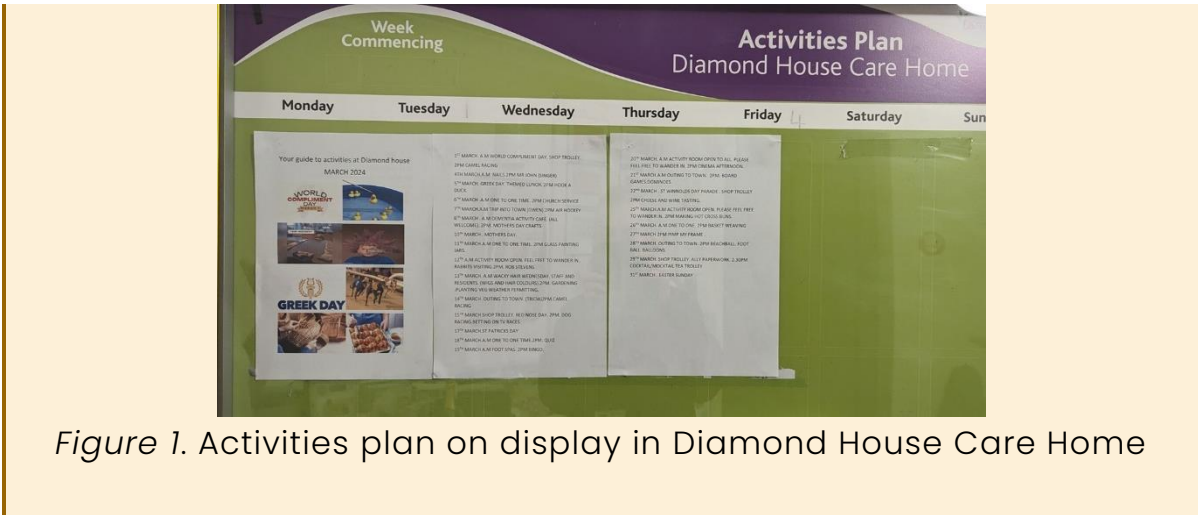


Figure 1. Activities plan on display in Diamond House Care Home

## Relationships with staff

Across all the homes every single one of them had people praise the staff and the care they received from staff. We received no comments from people living in the homes or friends and family where staff were only criticised. This was reflected in our experiences where Healthwatch Norfolk Officers were welcomed by professional and kind staff. Where there were concerns raised about staff this included worries about staff shortages and the impact this had on the level of care and responsiveness of staff and also having to make adjustments and get to know new people when new staff members joined the team.

**Good Practice: Staff at Corton House**

Corton House is a care home in Norwich. The home provides residential care for up to 38 people aged 65 or over.

All seven residents or family members we spoke to at Corton House praised the staff in the home. A relative told us that *“everyone looks at you and smiles and says hello”*.

One person living there told us how there were *“no staff I don’t get on with”*. They told us that *“they check whether I need anything and everyone is lovely”*. In particular they highlighted how the *“manager always has an open door, you can talk to him about anything”* they added that *“he’s really hands-on and comes in early to help the*

*staff if needed". Another person noted how the home was reactive when there were issues with staff sharing that "there was a difficult member of staff but management sorted it out."*

This appreciation of staff was also reflected in the comments made by the two staff members we spoke to, one of them told us how the team has *"a good mix of staff backgrounds, experience and personalities which is good as you get different viewpoints"*. They also noted how *"the team was unsettled and a bit negative previously but management did a huge recruitment drive and now we have new people who are positive and embrace change"*. Alongside this, they told us that *"the bank staff are also regulars so they know the residents, team and building which makes a huge difference"*.

## Environment and facilities

The environment and facilities of each home varied but we found most of them to be bright, clean, and fresh. Where we found homes less spacious or in need of updating were in older buildings and we appreciated the restrictions and difficulties that this would create. In one of these older buildings we did note an unpleasant odour throughout the home.

The homes that felt most welcoming and homely were those where clearly effort had been made to personalise and decorate communal and individual resident's rooms. Several of the homes had nice gardens and these were enjoyed by many of the people we spoke to: *"I used to have an allotment so I'm looking forward to getting into the garden and planting some fruit and veg when the weather's nice."*



Peoples' comments about the environment and facilities in their home were often specific to their own needs and wishes. These will be presented in more depth in the individual reports for the care homes. However, some examples of issues people reported to us about the environment and facilities included:

*"My room is a little bit small."*

*"I wish it was easier to open the windows when you want."*

*"I think the dining chairs are too low for the tables!"*

*"Sometimes the heating doesn't work and I feel the cold."*

*"There's problems with the car park as it's been filled with gravel which means it's difficult to get wheelchairs or beds across."*

## Good Practice: Environment and facilities at Nightingale Lodge

Nightingale Lodge is situated in the West Norfolk town of Hunstanton. The home provides care for up to 29 people, including support for people living with dementia.

Nightingale Lodge had a homely feel, and we were made to feel very welcome. The living areas downstairs included a large lounge/conservatory area with residents seated together, a smaller quiet lounge area and a separate dining room.

There was also a garden area outside with seating for residents. Staff told us they are in the process of arranging for some raised beds to be made for residents to use. A person who lived there told us how *"there is a small garden which I enjoy sitting in when the weather is nice"*.

We met one of the resident cats in the garden and we were told that the cats had their own care plans.



Figure 2. Part of the garden at Nightingale Lodge

The manager showed us a large folder which contained 'Quality Statements' These were filled in by staff to record things that had happened because of a persons wish, desire or request. We also heard from some people that they had had a choice of rooms or they had been able to move rooms: *"I have just moved rooms so it is bigger than the one I had before and very nice"*.

# Next steps

This report will be shared with the individual homes we visited, Norfolk County Council, and will be shared on our website.

The next steps for all residential care homes is for them to establish or build on their continuous and proactive engagement with the people who live in the homes as well as their friends or family. This work has highlighted how this is key to ensuring that experiences are as good as possible for the people living there. Homes should continue to promote choice and personalisation as far as possible across all aspects of their care and home environments.

Healthwatch Norfolk will continue to prioritise supporting residential care homes in this engagement and will ensure regular visits to residential care homes so engagement is embedded in our work across the year.

# Appendix

## Appendix 1: List of care homes visited

Care home	Location	Date of visit
Olive House	Newton Flotman, NR15 1PF	26th February
Ashill Lodge Care Home	Ashill, IP25 7AQ	27th February
The Beeches	East Harling, NR16 2NP	29th February
The Maltings Care Home	Fakenham, NR21 8HH	3rd March
The Old Vicarage	Ludham, NR29 5QA	4th March
Rose Meadow	North Walsham, NR28 9AU	5th March
Kevlin House	North Walsham, NR28 0DX	5th March
Chiswick House	Norwich, NR2 2AD	13th March
Corton House	Norwich, NR1 3AP	13th March
The Elms Residential Care Home	Norwich, NR1 3AP	19th March
Lydia Eva Court	Gorleston, NR31 7PZ	20th March
The Gables	Gorleston, NR31 6DU	21st March
Marine Court Residential Home	Great Yarmouth, NR30 4EW	21st March
Diamond House	Downham Market, PE38 9EJ	26th March
Iceni House	Swaffham, PE37 7HJ	26th March
Nightingale Lodge	Hunstanton, PE36 6AL	28th March
Heath Lodge Care Home	Holt, NR25 6GA	2nd April
Briar House	King's Lynn, PE30 2DQ	10th April
Docking House	Docking, PE31 8LS	11th April
Iceni House	Swaffham, PE37 7HJ	23rd April



## Appendix 2: Feedback Form



Name of Home\*

Date

Rate your overall experience:



Tell us more about your experience. (What was good and what could be improved?)

## Diversity Data (optional)

Age:

Ethnicity:

Gender:

## About you (optional)

Name:

Email:

Postcode:

Would you like your feedback to be posted anonymously? \*

Yes  No

I consent to being contacted by HWN, regarding my feedback \*

Yes  No

I would like to receive a Healthwatch Norfolk newsletter \*

Yes  No

I confirm that I am over the age of 16 years old \*

Yes  No

If I'm not over the age of 16, I confirm I have parental consent \*

Yes  No

\* Questions marked with an asterisk are mandatory.

For more information on which organisations we may share feedback with, please visit

[www.healthwatchnorfolk.co.uk/privacy-policy](http://www.healthwatchnorfolk.co.uk/privacy-policy). To find out more about your privacy rights and how we make use of your information, please visit [www.healthwatchnorfolk.co.uk/privacy-policy](http://www.healthwatchnorfolk.co.uk/privacy-policy) or call 01953 856029.

## Appendix 3: Demographics

		Number of respondents	Percentage of respondents
<b>Age</b> (31 respondents)	65 or under	2	6%
	66 to 75	6	19%
	76 to 85	7	23%
	86 to 95	12	39%
	96 or over	4	13%
<b>Gender</b> (58 respondents)	Woman	38	66%
	Man	20	34%
<b>Ethnicity</b> (39 respondents)	White British / English / Northern Irish / Scottish / Welsh	39	100%



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