THRIVING IN RESIDENTIAL CARE

THE VOICES OF OLDER PEOPLE, FAMILIES AND CARE TEAMS

My home life England
CITY ST GEORGE'S UNIVERSITY OF LONDON
Hallmark Foundation
Age Well, Every Step of the Way

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This study was conducted by My Home Life England, part of City St George's, University of London. My Home Life England's mission is to improve quality of life in care settings, by empowering confident care leaders and creating sustainable care systems. My Home Life England does this through high-quality professional development, research, and community engagement.

The study was designed and written by Dr Bethany Morgan Brett, under the supervision of Professor Assumpta Ryan and Tom Owen. The library searches were conducted by Oona Ylinen, the fieldwork was conducted by Bethany Morgan Brett, Lydia Davis and Steph Thompson. The transcription and coding process was significantly contributed to by Dr Emma Hewitt, and the proofreading and design of the report were supported by Amy Simpkins and Rebecca McMinn.

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KEYWORDS

RESIDENTIAL CARE; OLDER AGE; THRIVING; SOCIAL CONNECTIONS; ACTIVITY; INCLUSIVITY; DIGNITY; SECURELY; HEALTH.

TERMINOLOGY NOTES

Care Homes

Throughout the report we will use the term "care home" and, whilst we recognise that care homes can also be places of residence for younger adults or children, here we specifically mean a residential care home for an older adult. Some of the care homes included in the study had additional nursing, end of life care, or mental health support, but all had a permanent residential element to their provision.

Culturally Specific Care Homes

The "Asian care homes" mentioned in this report refer to the homes we visited which specifically supported older people from Asian communities, catering for culturally based needs, beliefs, food, and activities.

The "Faith-based care homes" mentioned in the report refer to homes that are dedicated to specific religious identities, including social, cultural or moral dimensions of faith.

Thriving

Our findings showed the ways in which older people have been able to thrive in residential care. Here we are defining "thriving" as doing well, progressing, or improving in an aspect of life, even despite challenges. This might include self-development, personal growth or increased resilience.

FOREWORD

This report represents one of the largest ever qualitative studies of the experiences of older people living in residential care. Historically, the voices of older people living in care homes have not been heard. There's been a sense of 'out of sight, out of mind'. This report opens the door on worlds that many of us are not aware of, providing profound insights into what it is like to be an older person living in a care home and what matters. It acknowledges some of the challenges, but also shines a light on the broad range of benefits that care homes can offer, including for older people who, prior to moving into residential care, were living in a state of isolation, fear and insecurity.

This report will be a vital tool for reflection among practitioners in supporting their work, and for commissioners ensuring that the care market is fit for purpose. Indeed, My Home Life England has already started working with some care providers to help them engage with the research as a tool for quality improvement.

Feeling significant and feeling listened to are vital to wellbeing. There is perhaps a moral obligation upon us to continually repeat this study in care homes and other care services across the country, so that we can be sure our perspectives on good care are constantly updated, in light of what matters to those receiving services.

Recent years have seen a shift towards advocation of community-based care. For many, being at home will indeed be the most positive option, but it is important that we recognise and value the unique and vital role that care homes play, especially in supporting people with increasingly complex needs. The rhetoric of care homes as a last resort is damaging both to the sector, and to those for whom living at home is becoming intolerable.

This report reveals the richness of ways that care homes are enabling many older people to flourish in their last chapter of life. It has shone a light on how the provision of high quality, proactive, relationship-centred care, inclusion in a social environment with meaningful activities and nutritious meals, and fostering a strong sense of safety and security has, in some cases, been truly transformative and has supported many older people to really thrive.

Vic Rayner OBE

CEO, National Care Forum and Honorary Professor, City St George's, University of London

CONTENTS

EXECUTIVE SUMMARY

- This study aimed to explore **the experiences of older people living in residential care homes** in the United Kingdom.
- The project is one of the largest qualitative studies of its kind. We spoke to **125 participants**, including 44 older people, 27 family members, 36 care team members and 18 care home managers, from **16 residential care homes** across England, Scotland and Wales.
- We wanted to find out what the **experiences** were of living in residential care, including what mattered to older people, and what were some of the benefits and challenges of living in a care home.
- The interview questions were based around the following topics: The benefits of living in a care home; challenges/difficulties of living in a care home; what life was like before moving into a care home; what life is like now in care; who/what is important; what good care means; the experience of settling into a care home; and alternative options for care provision.
- **A broad range of residential care homes** were recruited to the study, to reflect diversity in terms of location, inspection ratings, size and type of home. We also actively sought a small number of care homes that offered support to those from different cultures and faiths.
- The older people who took part in this study had **an average age of 85** and had spent **an average of two years living in a care home**. We captured the voices of a diverse range of older people in relation to gender, disability, funding status and religion. We sought to recruit those who identified as LGBTQ+ but this proved challenging, however we did capture stories from older people from this community via care teams and managers. We interviewed some individuals who had some level of dementia but who were able to give consent, and they were supported by a trusted companion when participating. We heard the stories of people with more advanced conditions through the voices of the care teams and family members.
- The study took place between June 2023 and July 2024 and was delivered by researchers within the My Home Life England team at City St George's, University of London.
- A systematic scoping literature review was undertaken to identify previous research evidence relating to the experiences of people living in residential care.
- Across the stories we heard, we identified some challenges, but we heard **proportionally many more benefits** of living in a care home. Together, these stories shone a light on the ways in which people were able to **thrive** in residential care.

THE RESISTANCES TO, AND CHALLENGES OF, LIVING IN RESIDENTIAL CARE

- There is already a known body of research around the resistances and hesitancies to moving into care homes, including the stigma and negative perceptions of care homes; a strong attachment to home and community, the cost of care, emotional barriers, and the perceived loss of autonomy and physical upheaval (Morgan Brett, 2023; O'Neill et al. 2022; O'Neill et al. 2020; O'Neill et al. 2019). Similarly, some of the challenges of moving into and living in a care home have been extensively reported in the literature (see for example, staffing challenges in Cousins et al. 2016, psychosocial challenges for adult-children in Morgan Brett, 2023, cultural factors in adaptations to care in Sun et al. 2021, loneliness in Slettebø, 2008, and struggling for occupational satisfaction in care homes in Atwal et al. 2003).

- The findings from our study showed that the greatest challenges, identified by participants, primarily revolved around the transition into a care home, including the adjustment to communal living, the loss of home and possessions, and adapting to a new social environment. The challenges of living in a care home included; navigating relationships with others, the perceived loss of independence, and having to conform to the expectations and routines of the home. Additionally, there were challenges identified regarding mobility, which were typically about participants' personal challenges rather than the care home itself.

THE BENEFITS OF LIVING IN RESIDENTIALS CARE

- Care homes have not typically been considered places for personal growth or enrichment. However, amongst our sample of 44 older people, other than one individual participant, all other participants interviewed recognised ways in which they had benefitted from living in a care home. Indeed, older people were typically more easily able to identify the benefits of living in a care home compared to the challenges. For many, there was a sense that rather than simply existing, they were now thriving in a care home. We recognise that not every person benefitted in the same way and hence not all the themes are relevant to every older person that we interviewed.
- The study captured stories and insights that clustered around six dominant themes; Thrive Relationally, Thrive Actively, Thrive Inclusively, Thrive Securely, Thrive with Dignity, and Thrive Healthily.

THE SIX DIMENSIONS OF THRIVING

1. Thrive Relationally

Our study recognised that loneliness and social isolation can be a challenge for many older people living in the community. Moving into a care home can provide important opportunities for socialising with new people, building friendships, and restoring or enhancing existing relationships with family members.

> "[The] enjoyment of saying, 'Good morning,' 'good morning,' 'good morning,' 'good morning.' [Imitating different voices] ...I think a feeling of that you are part of a community. And things go wrong, things go right. Rally round."
>
> **Tom**, aged 92

The older people we spoke to described one of the greatest benefits of living in a care home as being around others, building positive connections with care team members, and developing meaningful friendships with other older people. We saw examples of love and safe touch (such as a reassuring hand, or a welcomed hug) that brought huge benefit to some older people. Additionally, families described how the care home had helped them restore their relationship with their older relative, which had previously come under strain when they were living in the community.

We recognised that, for some, a challenge to building relationships related to when they felt they were being disturbed by other older people who displayed behaviours related to stress and distress in dementia. We also recognised that loneliness was a challenge for some older people who struggled to form meaningful relationships with others, perhaps due to a lack of shared interests. However, we saw great efforts from care team members in helping to facilitate connections and to help new people to settle in, as well as schemes such as the ambassador's role to help build friendships in residential care.

2. Thrive Actively

Many older people described the importance of meaningful activity in their care home. When living in the community, some older people had not been able to enjoy the things that mattered to them, but once living in a care home and with the right support, they were able to adapt their previous interests to fit with what they could now manage, given their own physical limitations.

> "Instead of being miserable at home and nothing to do, ...plenty of things to do here...Occupy my mind."
>
> **Wally**, aged 93

We found that well-thought through activities were important for older peoples' self-expression, confidence, building connections with others, and having choice and autonomy. We found that many of the care homes were well-connected to the community, with visiting entertainers, faith leaders, and educators, and in many of the homes they encouraged older people to go out on day trips. It also cannot be underestimated how much the view outside of the window meant to older people, who found that people-watching was an important way of feeling part of the wider community.

The challenges around activities included some people feeling inhibited by their health conditions, especially around incontinence, and feeling like this prevented them from joining in as much as they would have liked. The other significant challenge was around resourcing of the provision of activities, particularly if a home did not have their own transportation.

Some older people made the positive choice not to engage with communal activities that were available in the home, instead pursuing their own interests in their own time, but it was having the choice about what they wanted to do which mattered most. When the conditions are right in a care home, meaningful and person-centred activities can create a sense of purpose, offer opportunities to give back, and help older people to continue to feel valued and respected.

3. Thrive Inclusively

Our study included some care homes which offered specialist provision for specific cultures and faiths, ensuring that there were culturally appropriate activities and international foods, language support for those of whom English was not their first language, and multi-faith chapels.

> "We have made an environment where somebody feels so safe that at age 82... he's been able to come out [as gay]. At age 82! A secret that you've kept for all those years. I thought my job is done... if this environment is safe enough that somebody feels that they can do that, this environment is correct."
>
> **Jay**, care home manager

Inclusivity involves making someone feel welcome, safe, valued, and respected, regardless of characteristic or background. We saw wonderful examples of support that enabled older people to connect with their identity through embracing their faith or culture, or through validating the experience of those living with dementia. We also recognised the importance of fostering an inclusive environment in which older people could express their sexual or gender identity.

4. Thrive Securely

A sense of safety builds the foundations from which someone is able to grow and thrive. Our study found that older people, families, and care teams alike, all expressed that feeling safe and secure was one of the greatest benefits to living in residential care. Many of the older people we spoke to expressed that living in a care home provided them with a strong sense of security, safety and assurance. This was vital for some who had not felt or been safe when previously living in the community, because of their own physical or mental health and sometimes because of the experience of violence in their homes or challenges around safe housing. Older people were most likely to feel unsafe at nights in their local community, and knowing that help was at hand in the care home throughout the night was a strong emerging theme for both older people and their families.

> "I've been here a year now...So, this is my home. [Crying]...When I get into that bed at night, I know I'm safe. And I know if I'm not well someone will come in. It's a lovely feeling...And just contentment, really. And they're so kind."
>
> **Irene**, aged 81

One challenge we recognised was that some care homes may have a tendency to be overly risk averse, in order to create a sense of safety. What we found was most important was care teams finding creative ways to support people to do the things that they enjoyed, whilst helping them to assess and appropriately manage the risks.

5. Thrive with Dignity

We recognise the importance of dignity, which shapes all dimensions of care. However, in this dimension of thriving, we highlighted the aspects of dignity relating to personal hygiene and managing the other aspects of daily living such as household chores. The older people we spoke to told us about the importance of having support with tasks which were becoming increasingly difficult to do themselves. They identified that some of the greatest benefits of living in a care home were having support with personal care and continence. Others emphasised the importance of physical appearance to their self-esteem, for example having access to a hairdresser and having their nails painted. Many older people found that having a 'nice soak' in a bath and access to an ensuite toilet was particularly important to them and helped them maintain their dignity.

> "The carers are a wonderful bunch. And you can see how dependent I am on them...unfortunately, I have to wear pads. So, they're a big part of me wearing pads, which I didn't want to wear. I hoped I would never have to...so I am very, very dependent on the carers, who, here, I must say do a wonderful job."
>
> **Fifi**, aged 84

Support with household chores such as cleaning and laundry was also important to older people and helped support dignity. However, it was important that older people felt in control of their space and their environment. Opportunities to be involved in tasks around the care home seemed to offer older people a sense of purpose and helped them to feel valued.

6. Thrive Healthily

For older people, the move to a long-term care home is often preceded by a sudden health crisis, the deterioration of an existing health condition, and the inability for care to be provided at home any longer. Our study clearly identified that an important benefit of living in residential care was that older people could be supported to maintain or even improve their health status. Care homes were shown to provide proactive and pre-emptive medical care, having easier access to other health professionals (than if living in the community) to manage health issues and review medication.

> "When I was at home, when I was feeling really bad with shortness of breath and feeling weak, I had to get myself something to eat. It used to take me an hour and a half to get a cup of tea and I lived for a fortnight on brown bread, marmite and oranges...I was lacking good food".
>
> **Suzanne**, aged 98

Older people valued having regular and good quality meals and drinks. Care team members and families also recognised the benefits of good nutrition and fluid intake which can be provided in the care home, particularly for those that were previously struggling with this when living in the community.

We heard powerful and transformative stories of how the health of some older people had dramatically improved whilst living in a care home. Our findings acknowledge that feeling well and being reassured about healthcare are fundamental to being able to thrive in a care home.

Finally, we heard examples of the efforts made by care homes to ensure older people can live their best lives, even in the last chapter of life.

Conclusion

Despite being one the largest qualitative studies on the experiences of living in a care home for older people, we recognise that there are approximately 15,000 care homes across the UK and this study focused upon just 16 of them. We did not seek to generalise from our findings, as this is not a feature of qualitative research, but instead we sought to better understand the rich, in-depth, lived experience of what it means to live in a residential care home as an older person.

Our findings do not represent the practices which are happening in all homes, but what we can claim is that we have uncovered, in-depth and on an extraordinary scale, many ways in which older people can benefit from residential care and the conditions under which they can thrive when things are operating well. The study demonstrates that, while care homes may not be right for everyone, when they are delivering to their potential, they can be everything for some.

THRIVING IN RESIDENTIAL CARE: MAIN REPORT

INTRODUCTION

Society is challenged with providing health and social care to its ageing population (Barron and West, 2017). The United Kingdom has a population of 11 million people aged over 65 (Office for National Statistics (ONS) 2022) with that figure set to increase to almost 13 million in the next 10 years (Centre for Ageing Better, 2022). Amongst the older population there are over 600,000 people aged 90+ (ONS, 2021) and there are over 15,000 centenarians (ONS, 2021). As the number of ageing people with complex care needs increases in the UK population, there is focused debate on how older people are to be cared for, and an increased demand for informal and formal long-term care (Gans et al. 2009). However, there have been significant (and 'rapidly deteriorating' (Bath, 2017)) political, societal, and economic changes in recent years, and this includes increased demands upon healthcare systems and cuts to public resources.

There are currently an estimated 400,000 people living in care homes in the UK, with around 70% of those homes being residential care homes and around 29% nursing homes (carehome.co.uk, 2022). Despite the multiple known challenges for older people living in their own home (and challenges for their informal caregivers), moving into long-term residential care is often not considered to be 'the "home" of choice' (Gugliucci, 2014). The most common trajectory into care homes is an acute health crisis and the move can be expedited with little time to plan. Sometimes the older person is not well enough to be able to make informed decisions for themselves or is unable to oversee the process of the move. For the families there too are significant challenges in moving an older relative into a care home, including making difficult decisions about the type of appropriate provision and making time to visit when faced with other competing demands.

Through recent research conducted by team members on this study (Morgan Brett, 2023; O'Neill et al. 2022; O'Neill et al. 2020), it is known that some of the resistances and hesitancies that older people and their families have about moving into a residential care home include:

- Stigma and negative perceptions of care homes
- A strong attachment to home and community, particularly for rural dwelling older people and their families
- The cost of care
- Emotional barriers
- Perceived loss of autonomy
- Physical upheaval

The challenges of care have already been extensively reported in the literature (see for example, staffing challenges in Cousins et al. 2016, psychosocial challenges for adult-children in Morgan Brett, 2023, cultural factors in adaptations to care in Sun et al. 2021, loneliness in Slettebø, 2008, and struggling for occupational satisfaction in care homes in Atwal et al. 2003). Despite these challenges, we recognise that, whilst care homes may not be right for everyone, when they are delivering to their potential, care homes can be everything for some.

This study, commissioned by Hallmark Foundation, is one of the largest qualitative research projects on the experiences of living in residential care homes. The aim of the study was to explore the experiences of residential care for older people and those who care for them, to better understand the challenges of care and to draw out the benefits. Although we identified some of the difficulties faced by older people living in care homes, many of them related to the transition into a care home and health concerns, rather than the experience of living in the home itself. Our findings revealed that older people reported substantially more benefits to living in a care home than challenges, and we found that these benefits are not as frequently reported. We hope that our findings offer a convincing balance to the rhetoric of care homes as being the last resort and undesirable places to live and die.

PART ONE

AIMS AND OBJECTIVES

Through this research our aims were to:

- Identify the wellbeing benefits of living in a care home
- Recognise the challenges of living in a care home and what can be done to foster change
- Highlight best practice in helping older people feel at home in a care home
- Understand what "good care" meant to older people and those who care for them
- Notice and highlight the ways in which older people are best able to find self-expression, autonomy and social connection within their residence at a care home

Through these broader aims, we wanted to answer the question:

What are the experiences of living in residential care from the perspectives of older people and from those who care for them?

The study consisted of:

1. A systematic scoping literature review to identify what research currently exists, the key findings from these studies, and what identifiable gaps there are in the existing research.

2. A qualitative research study conducted in 16 care homes for older people across England, Scotland and Wales, resulting in 125 in-depth interviews.

LITERATURE REVIEW

We began the study by mapping the field of existing research in this area. We wanted to find out what research currently exists, what were the key findings, and what identifiable gaps were in the research.

SCOPING REVIEW DESIGN

Arksey and O'Malley (2005) suggest that scoping reviews are useful for rapidly mapping the key concepts in a research area. For this study we conducted a systematic scoping review to; examine the literature on the experiences of living in residential care and what matters to older people, highlighting the emerging themes; map out range and nature of the existing literature; and identify overarching key concepts emerging from this literature. Scoping reviews are generally used when not a lot is known about a topic and the angle we wanted to explore in this review was around the benefits of residential care.

The research question which guided our literature search was:

What are the experiences of older people living in residential care?

With the support of an experienced librarian, we searched the library databases; CINAHL, Medline, PsycINFO, SPORTDiscus, Scopus, and Google Scholar. All databases were searched for peer-reviewed articles published between 2003 to 2023 and published worldwide but in English.

We searched across a range of methodological designs, and included studies using "qualitative, quantitative, mixed methodologies, case studies, and systematic literature reviews". We searched across peer reviewed and grey literature sources, and other literature reviews.

LITERATURE REVIEW FINDINGS SUMMARY

The review of 30 peer-reviewed studies highlighted five key themes; 1) Transitions to Care, 2) Thriving in Care, 3) Meaningful Engagement, 4) Social Connections, 5) Feeling at Home.

The first theme recognised the complex emotional challenge of transitioning to a care home, the precipitating factors which influence the move, and the adjustment process of settling into the new care environment (Morgan Brett, 2023; O'Neill et al. 2020; Watkins et al. 2017).

The second theme drew out the conditions for thriving in care and considered the defining virtues of 'Quality of Life' and 'Person-Centred Care' (Zoranić et al. 2022; Verloo et al. 2018; Rinnan et al. 2018; Ericson-Lidman et al. 2015; Cooney et al. 2009).

The third theme looked at meaningful engagement in care homes and how this can take the form of scheduled activities as well as integrated engagement in everyday tasks. This theme argued for the importance of personalised and meaningful activity to support the physical and psychological well-being of older people living in care homes, as well as recognising the positive impact on care teams and relatives (Owen et al. 2023; Allison and Smith, 2020; Verloo et al. 2018, Rinnan et al. 2018).

'Social connections' was the fourth theme and considered the relationships that are built in care. There was a dominant theme across the studies on how older people formed, maintained, or disconnected from relationships with other people living in the care home, and with care teams (Owen et al. 2023; Zoranić et al. 2022; Baxter et al. 2021). It was recognised that loneliness was often a leading factor in the decision to move into a care home, but that loneliness can still occur in care spaces, not due to the quantity of social engagement but rather due to the quality of those connections (Paque et al. 2018; Dybvik et al. 2014; Bradshaw et al. 2012). It was also identified that differing levels of cognitive and physical abilities meant that some people living in care homes created social comparisons in order to distinguish between those who were 'like them' and those who were not, determining a sense of identity (Paddock et al. 2018).

The final theme looked at the ways in which people can feel at home in a communal care setting and what the necessary conditions were for this. This included the autonomy for people to be able to shape the environment around them and personalising their private spaces (Björk et al. 2018; Cho et al. 2017; Bradshaw et al. 2012; Cooney et al. 2009; Hjaltadottir & Gustafsdottir, 2007). Feeling safe was a dominant factor in being able to feel at home in a care home. Routines can help with a sense of safety, but it was also recognised that, when routines did not fit with existing patterns and habits, this could lead to feelings of boredom and monotony (Cooney et al. 2009; Lee et al. 2002). Mealtimes were recognised as extremely important in creating a sense of safety, familiarity, and routine, but also provided opportunities for social connections, celebrations, and companionship (Watkins et al. 2017).

There were several identifiable gaps in the reviewed studies. Firstly, none of the reviewed papers sampled across diversity. Only three papers mentioned ethnicity, and this was only in the context of a limitation of their study and no papers sampled across sexuality and other differences. Another gap was a more in-depth psychological understanding of key terms such as 'safety', 'dignity', 'identity' and 'loss', for example we can know that loss is a psychological feature in the transition to a care home, but how does loss really affect an individual on an existential level and what impact does loss have on the way they relate to their material, social and intrapsychic worlds? Across the studies there were identifiable benefits to moving into a care home, but only Baxter et al.'s (2021, p 2686) 'A recipe for thriving in nursing homes' attempts to synthesise the literature in this area. Their review considered the conditions or 'ingredients' necessary for living well in a care home. It recognised that moving from independent living to a communal care environment has its challenges, but that it is also important to recognise that people who move into a care home can fulfil their potential, lead purposeful lives, and can thrive and flourish given the right conditions. They conclude by calling for further research into:

> The various facets of these personal, social, spatial and societal contributors from different ontological and epistemological paradigms, and cultural contexts, to work towards a more comprehensive understanding of thriving which can be operationalised for use in assessing and promoting thriving in nursing homes.

This study acknowledges the gap in understanding thriving from a more ethnically diverse population, and a deeper exploration of the range of dimensions in which people can thrive in a care home. Therefore, this is what we sought to capture in our study.

A further examination of the literature from this review is in the discussion section of this report, and a full version of the literature review and its methodology is available upon request.

METHODOLOGY

We were ambitious in our research design, using a qualitative research design with extensive national reach. Based on our research and discussions with ENRICH1 we believe this to be the largest qualitative study examining the experiences of residential care in care homes across the United Kingdom.

We recruited 16 care homes across England, Scotland and Wales, and across the care homes conducted in-depth semi-structured interviews with:

- 44 Older people
- 36 Members of the care team
- 27 Family members
- 18 Care home managers/Deputy managers

This resulted in 125 interviews which were fully transcribed and thematically analysed. All reported data has been anonymised and participants chose their own pseudonyms.

RESEARCH APPROACH

We conducted in-depth interviews using an interpretive phenomenological approach. Interpretive phenomenology is rooted in the philosophy of Husserl (1954) which seeks to uncover the lived experience of others. Under this approach, we as researchers put aside our preconceptions and prejudices so as not to bias the data collection. This method of data collection involves 'studying things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meaning that people bring to them' (Denzin and Lincoln, 2005, p 3). Through this method, we were able to gain a sense of the lived experience of those experiencing it. Participants were able to speak freely and show the researcher what is of meaningful significance to them. This approach enabled us to capture rich stories from our participants and a unique insight into their experiences of living in a care home.

In-Depth Qualitative Interviewing

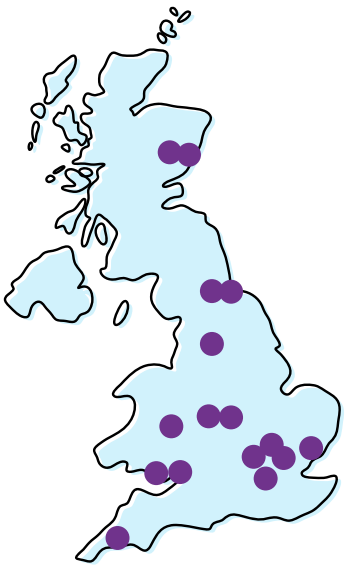
Our primary method was in-depth, semi-structured interviews because of the unique access it offers to rich information about individual experiences, memories, stories, feelings, and interpretations. This method allows the researcher to meet their aims, whilst also offering the interviewee the opportunity to talk about the things that matter to them. A key strength of the in-depth interview is the opportunity it offers the researcher to ask questions relevant to the research, and to follow-up and probe around the answers that the interviewee offers. The flow of this type of interview means that new aspects of the topic can emerge, and the researcher is able to check that they have understood what the participant has told them. This interactive and responsive approach creates useful data that reflects the concerns and priorities of both the researcher and researched.

Through our interviews we used an 'Appreciative Inquiry Approach' (Cooperider et al. 2003). We felt that this approach was particularly important when working in care home environments. Historically care homes have felt under attack and under-appreciated, resulting in defensive attitudes and practices. My Home Life, an international initiative promoting quality of life in care services, recognises the value of promoting an appreciative approach to understanding care provision and supporting care teams (My Home Life England, 2022). We advocate for appreciative inquiry, which is a process of noticing and asking; 'What is working now and what more do we need to do to make it even better?' (My Home Life England, 2022). Asking participants to tell us and show us what is working well, as well as acknowledging challenges, was important in gaining the trust of our respondents.

CARE HOME SAMPLING

We recruited the 16 care homes through a variety of routes; putting out nationwide calls through our My Home Life contacts, advertising through our connections with wider representative bodies for care home providers and enlisting the support from ENRICH Scotland and My Home Life Scotland. Where there were geographical regions which were unrepresented, we cold-called a number of homes which fitted the sampling criteria, based upon their published profile, and this resulted in either a home being recruited or snowballing recruitment to a neighbouring or sister-home.

We employed a purposive, maximum variation sampling strategy which aims to capture a wide range of perspectives and insights. This resulted in a sample of care homes representative of a variety of different characteristics. All homes selected for participation provided residential care for older people, and in addition some care homes included nursing care, mental health care, and end of life care.
We selected homes which represented a wide geographical spread across the UK, including two Scottish homes, two Welsh homes, and 12 care homes in England (approximate locations indicated on the map). We also tried to recruit care homes in Northern Ireland, but unfortunately we recognised early in the process that Northern Ireland's ethical protocols are different to the rest of the UK and required a much more stringent and extensive ethical application which was not possible to achieve within the timeframe of this project.



Across England, Scotland and Wales we identified homes in different types of location including rural, urban, and coastal locations. We looked at the type and size of provider including small family run homes, charity run homes, large providers (>10 homes in the group), and small-medium sized providers (<10 homes in the group). We also included differently funded homes, including for profit, not for profit, and charity run homes. Diversity was an important consideration in our sampling, and we included faith-based homes (one Jewish and two Christian homes) and two Asian care homes. The final consideration for the care home sample was around the Care Quality Commission rating, or equivalent inspectorate ratings in Scotland and Wales. The homes we sampled represented the following ratings:

- 3 rated "Outstanding"
- 2 rated "Very Good/Excellent" (different regulatory framework)
- 9 rated "Good"
- 2 rated "Requires Improvement"

The research team were aware that our contacts in the care home might be biased in their selection of participants who may have had positive experiences to share. We were clear with our gatekeepers that we wanted to get a range of perspectives and we were satisfied that we achieved this, with the stories representing a range of experiences (please see the limitations section of this report). All participants provided fully informed consent to participate in the study.

CHARACTERISTICS OF PARTICIPANTS

Older People Living in Residential Care

In our sample of older people, the average age of the participants was 85 (range of 64 years old to 98). We spoke to 28 females and 16 males. The majority of older people participating in the study identified as White English or White British, including representation from Welsh, Scottish and Cornish identities. We also spoke to some older people with Indian, Pakistani, Indian African and Turkish birth nationalities who made up 11% of the sample population of older people living in the sampled care homes. Where religion was reported, most participants identified as Christian or Catholic, five people said they had no religion,

and there were also Jewish, Muslim, and Hindu participants (exact numbers not reported to maintain confidentialities). We used a diversity and monitoring form to identify if anyone was LGBTQI+, and whilst we were not able to find any participants with these protected characteristics, we were able to hear some of the stories about sexual inclusivity from the stories from care team members.

There were five people whose data regarding their length of time in a care home was either not recorded, or they could not remember, and of the 39 recorded responses, some were their best guesses at how long they had lived there. From the older peoples' estimated reports, the median total length of time an individual had lived in a residential care home was two years, and the median length of time in their current care home (where they were interviewed) was also two years (some participants had spent a short time in another care home before their current placement). An acute health crisis was the most commonly reported reason for the move to residential care, with half of the participants citing a health crisis which included strokes, orthopaedic injuries, head injuries, amputation, and illness and infections. These health crises were often accompanied by family caregivers no longer able to cope with their family member's increased health needs.

For 11 older people there was a more gradual decline in health, including repeated falls, and decisions were made within the family to assist the move to a care home. Five older people had moved into a care home following a mental health crisis and two male participants reported that loneliness was one of the main reasons for the move. Ten older people reported that a bereavement was a contributing factor in their move to a care home. For most this was the death of a spouse, but in some cases it was the death of an adult-child (e.g. son or daughter) who supported them, and in two cases it was the death of a mother who had been caring for their older adult-child due to pre-existing disabilities. Only four older people from the sample of 44 made a conscious, personal and planned decision to move into a care home. Although we did not record the source of funding for their care home, we identified that the sample represented self-funding and local authority funded placements.

We recognise that some older people were unable to take part in the research because they were unable to give informed consent. However, we navigated this dilemma by interviewing some residents with communication and milder cognition limitations alongside a trusted companion, and we heard the stories of people with more advanced conditions through the voices of the care teams and family members. This study necessarily excluded people living with a more advanced diagnosis of dementia who could not consent to the research. These older people represent a large and growing proportion of the population of people living in care homes and that means that this important first-person perspective is missing. However, this highlights the need for further research which accesses the experiences of those unable to participate in research through conventional means, and hearing the voices of all those living in residential care and what is important to them. However, this study provides a good starting point for exploring issues specific to dementia further.

Family Members

Family members were the most difficult group to recruit as we were dependent upon them visiting the home when we were there, and then agreeing to the interview. There were some individuals who we interviewed alongside their older relative who lived in the care home; this was sometimes because they were helping to translate for someone with a language barrier or speech impairment, or to support the remembering and telling of a story, and, for some, to provide emotional support. Of those who provided an exact age (n=16), the average age of the family members was 68 years old. We interviewed six male and 21 female family members, and a small number identified as LGBTQI+ (we are not providing a specific number here to protect confidentiality of those with outlying characteristics). Most family members had a mother or father living in a care home, and the others had either a spouse or an aunt living in care.

Care Team Members (including Managers)

We interviewed 46 female and eight male care team members (including ancillary staff and managers) from 14 different nationalities. 4% of the sample identified at LGBTQI+. Care team members were interviewed during their work shift with permission from their managers, and as a result these interviews were on average shorter than the interviews with older people and family members, due to their time restrictions. The value of interviewing care team members was that they were able to shine a light on the experiences of the more vulnerable people that they cared for. Through these stories we were better able to understand some of the experiences of those with more advanced dementia and other healthcare needs.

ANALYSIS

We coded the data using a reflexive thematic analysis approach (Braun and Clarke, 2006, 2012). Braun and Clarke (2006, p 79) write that 'Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic'.

We had the challenge of being faced with a substantial qualitative data set, a short time frame, as well as ensuring we were giving a voice to all who participated. We wanted to ensure that we attended to the data in front of us and that we were presenting an authenticity of voice in our reporting. To manage this, we prioritised a full thematic, inductive analysis of the data from older people and family members. We used the TeamCloud function on the qualitative data analysis software MAXQDA to embed and track the themes. Alongside this in-depth analysis, we captured the voices of all participants across the whole dataset – which included the voices of care team members and managers - through identifying the questions asked in the interview, auto-coding the response then manually recoding the response into thematic categories. The research team worked collaboratively to regularly define and refine the coding structure and this framework was also discussed in supervision for added validity. Between us we coded almost 5,000 pieces of data (potential quotations). Through this collaborative approach we were confident that we were able to capture the rich depth of the data, as well as the breadth across the sample groups.

The benefit of using MAXQDA software was that it helped us to work together remotely as a team. It helped us to synthesise and collate themes, helped us to structure the coding framework, enabled us to search for data, and it also has visualisation functions. In particular we used the Code Matrix Browser to identify information such as what each group found was the greatest benefit to care, or what they considered to be a challenge of living in a care home, and we were able to make visual comparisons across these groups. We also used the sets function to create sets for each of the groups of participants and sets for each care home which enabled us to identify patterns across the different care homes, and also helped to ensure that we were presenting a story which represented views across the different types of home.

ETHICS

The study was approved by City St George's, University of London's ethics committee ETH2223-1139. Consent in writing was sought from all our interview participants where possible and some gave verbal recorded consent if they had visual impairments, mild cognitive issues, or limited hand mobility. All participants received an information sheet which informed them of the purpose of the study, the process involved, the potential benefits and harms, how we would collect the data, the expected time commitment, that taking part was voluntary, the right to withdraw without prejudice, an assurance of confidentiality, the researchers' contact details, the university details, and the offer to answer questions. The researchers also followed process consent, completing initial consent forms at the start, monitoring the behaviour and health of the older adults taking part throughout, and then checking that the participants were happy with their contributions at the end of the interview.

Full details of the methodology are available upon request.

PART TWO

In this section, we now turn our attention to the voices and stories which emerged from our research.

REPRESENTING THE VOICES FROM CARE HOMES

In this report we have given primacy to the voices of older people, as these are often under-represented in this kind of research. In this research, we interviewed 44 older people and we have included all their experiences here. However, we mention one participant Joe only very briefly and have not given full weight to his story in the areas of thriving. We thought it would be important to acknowledge his story here to ensure that all voices and perspectives are heard. Joe was someone with a complicated history with mental health and a later diagnosis of dementia. Despite claiming otherwise, it was clear that he struggled with living in the community. He was very resentful of living in a care home and experienced many challenges in living with others. However, his care team were very aware of his needs, and they went above and beyond to try and make him feel settled and happy. His experiences, although extremely valuable to recognise and to hear about, are not representative of all the other older people we spoke to.

It is also important to acknowledge that all the older people, except Joe, identified a benefit of residential care, but not everyone benefitted in every way. As an example, a participant might recognise that they felt safe and cared for but struggled to make friends.

Also due to the word constraints of such a report, we have represented as many care team member and family member voices as we can and, if they were not directly quoted, the spirit of their experiences has been captured. Future publications and practice and policy recommendations will maximise the voices of all the participants.

SUMMARIES AND VISUALISATIONS OF FINDINGS

The Benefits of Residential Care for Older People

This word cloud represents the most common key words in the narratives of older people when telling us what the benefits of living in a care home are. The cloud shows that good food and meals was a dominant theme, as was having support with the activities of daily living such as chores and personal care. People said that they felt safe and could ask for help if they needed it. There were mentions of health support (nurse and hospital for example). 'Love', 'Kind', 'Lovely', 'Ask' all represent the relationships with others in the home and the reassurance they felt there. The word 'Burden' came up in relation to not wanting to burden their families with their care.

The key benefits of living in a care home that were most commonly expressed by older people include:

- Being well looked after and cared for
- Having meals, laundry, and other daily tasks taken care of
- Feeling safe, secure
- Not feeling like a burden on family members
- Having access to medical care and support when needed
- Opportunities for social interaction and engagement with other people living in the care home
- Maintaining a sense of independence and being able to make one's own choices
- Improved quality of life and wellbeing compared to living alone

These benefits highlight how care homes can provide a supportive environment that meets the physical, social, and emotional needs of older people, allowing them to live more comfortably and with greater peace of mind.

The Benefits of Residential Care Homes from the Perspective of Families

For families, the most commonly reported benefits of residential care were:

- Safety and security: Feeling reassured that their relative was now in a safe and secure environment with 24/7 care and supervision.
- Improved physical and mental wellbeing: Feeling that their relative experienced better nutrition, stimulation, and social engagement, which can lead to improved physical health, mood, and overall quality of life.
- Reduced caregiver burden: Feeling that the care home provided respite and relief from caregiving, allowing them to focus on their own needs and regaining the relationship with their relative.
- Increased independence and personalisation: Feeling that their relative was able to maintain or regain a sense of independence and individuality, with the ability to make their own choices and have their personal preferences accommodated for.
- Companionship and social engagement: Noticing how their relative had the opportunity to form new friendships and had more opportunities for social interaction, alleviating loneliness and improving overall wellbeing.
- Access to specialised care and services: Feeling relieved that the care home could provide access to a range of medical and therapeutic services that were not always readily available or feasible in their home setting.

The Challenges of Living in Residential Care for Older People

The greatest challenges of living in a care home for older people revolved around the adjustment to communal living and the loss of independence that comes with moving from one's own home into a care home. The most significant challenges reported were:

- The loss of one's own home and possessions
- Reduced mobility and health issues making daily tasks more difficult
- Adapting to a new social environment
- Navigating relationships with other people living and working in the care home
- Loss of independence and having to conform to the expectations and routines of the home

The challenges represent a multifaceted loss of independence, control, and familiarity that comes with transitioning from one's own home into a care facility, which can be psychologically, emotionally, and practically demanding for older people.

What "Good Care" means to Older People

We asked all participants what "good care" meant to them. The older people's responses included the following:

- Having one's physical, mental, and emotional needs met; feeling looked after, cared for, and supported
- Feeling respected, understood, and treated with kindness by the care team
- Maintaining a sense of independence and autonomy where possible
- Engaging in meaningful activities, enrichment, and going on outings
- Feeling safe, secure, and comfortable in the care environment
- Receiving personalised attention and having individual needs and preferences accommodated for
- Maintaining connections with family, friends, and the wider community
- Having access to necessary medical/healthcare support
- Experiencing a sense of "home" and belonging in the care setting

Together these definitions of good care represent a nurturing, supportive, and empowering environment that enables older people to live with dignity, autonomy, and a sense of purpose, while also addressing their physical, social, and emotional needs. It is a holistic, person-centred approach that recognises the unique circumstances and preferences of each older adult living in a care home.

SIX DIMENSIONS OF THRIVING

Through the analysis of the rich data that we collected, we discovered many benefits and some challenges to living in residential care, but mostly we heard transformational stories of how older people have found ways to thrive. Henceforth when we refer to the term thrive or thriving, we mean the ways in which someone is doing well, progressing, or improving in an aspect of life, even despite challenges. This might include self-development, personal growth or increased resilience.

We found that thriving can occur within six key areas or dimensions; Thrive Relationally, Thrive Actively, Thrive Inclusively, Thrive Securely, Thrive with Dignity, and Thrive Healthily. The following six sections of this report will focus in on each of these areas.

THRIVE RELATIONALLY

1. THRIVE RELATIONALLY

Many older people living in the community face loneliness and isolation. Making the decision to move into a care home can open up opportunities for socialising with others. It offers the opportunity to benefit from being part of a wider community or "family", to build friendships with other people living in the care home, and to develop meaningful connections with care team members.

Whilst moving into a care home can feel daunting; there are many new faces to become familiar with; we found that older people valued having others around when they needed them and recognised the importance of socialising for their overall wellbeing.

1.1 BEING AROUND OTHERS

Being around others is an important benefit of living in residential care. 92-year-old Tom enjoyed seeing different people each day and feeling part of a supportive care home community. In response to the question about what has improved in his life since moving to his care home, he replied, "I suppose [the] enjoyment of saying, 'Good morning,' 'good morning,' 'good morning,' 'good morning.' [Imitating different voices] That. I think a feeling of that you are part of a community. And things go wrong, things go right. Rally round". His use of the phrase "Rally round" is interesting here in that it suggests a coming together, like a community, in a shared (and perhaps difficult) experience. Other older people recognised that a benefit of moving into a care home was having people around when they needed them, but that they also valued opportunities to be on their own should they wish. The choice was what mattered most to them. Maureen said the benefit of care for her was "There are people, but if I want to be alone, I can. I'm not somebody that needs people all the time. I'm happy with my own company."

Almost all of the care team members and managers we interviewed recognised that one of the greatest benefits of living in a care home was having people around and being able to access 24-hour care. Having recently taken up her role as a registered care home manager, Olivia had previously had a long career in domiciliary care. She described how having other people around gave older people a feeling of confidence and security:

> I think seeing it from both sides, I would say, … there's a place for people to remain at home, of course, but in terms of residential care, it's not even for me about having somebody available 24/7 to meet their needs. It's more about the security, the confidence that it can give people that, you know, they're not on their own, they're not isolated."

Other managers and care team members recognised the challenges for older people living at home in the community, particularly around social isolation, and the difference living in a care home can make to their lives. Care home manager Audrey told us that:

> A lot of our elderly population are living at home, alone. So, the social isolation is extremely high…I've witnessed with my own eyes where, for example, just a husband-and-wife couple will be living, the husband or the wife may die, then you leave the person alone. And that person then struggles because maybe one was the more dominant one that dealt with all the bills and made sure the heating was on. Who checks on them, you know? I mean, care homes can be that lifeline for isolation.

Even when family members are able to visit their older relative in the community regularly, or have their relative move into their own home, loneliness can still be an issue when older people are not surrounded by a range of different people who are always available. Family member Mark had considered having his mum move into his own home, but they were both concerned that she would become isolated at his house. Mark said that his mum had told him, "'I'd like to feel there was somebody quite close by…. I would rather go into a care home where I was with people 24 hours a day'".

1.2 BUILDING FRIENDSHIPS WITH OTHER OLDER PEOPLE LIVING IN CARE

Whilst care homes can provide the opportunity to be around different people, making friends can sometimes be challenging. Strategies and support from the care team were important in facilitating good relationships between like-minded older people in the care home. There were some really blossoming and loving relationships described by older people in this study and these were considered a really important benefit of living in a care home. 64-year-old Kathy described a helping and caring friendship with the lady who lives in the room next door. She said, "we pop in and talk to one another at night or in the day. And we help one another out, she comes and calls for me for lunch". A family member, Christine, recognised that making friends was the greatest benefit of moving into care home for her mum. When asked what was going well in the care home, she replied, "She's made friends. She sits in the middle, and she's got two ladies on either side of her". Christine recalled how her parents did not have that many friends in their younger years and those that they did have had died. When Christine's father died, her mother was unable to cope at home and was very socially isolated. She told us, "The sheer fact that she's got a couple of friends here has been one of the major benefits. It's probably the major benefit for her. And the fact that she's got people around her all the time, you know".

79-year-old Jean and her niece Jemima were interviewed together. Jean had limited verbal communication but was able to indicate answers to questions which Jemima then translated and articulated. Jemima told us that Jean had made "loads of friends" and "enjoys life". Jemima helped in describing Jean's friendships and told us about a wonderful friendship she had made with the gentleman in the next room.

In another home, 92-year-old Tom also described a mutually affectionate companionship with May, and how he felt that by holding her hand it was helping her, how it benefitted him to have that companionship and how it was rewarding to see her smile:

> I noticed with {May}, how important it is to be able to hold hands…And getting {May} to smile. Well, it's lovely... getting her to smile and she's got the most beautiful smile…I hold hands with {May}…And you can feel her grip. Oh, it's lovely...It's nice. But it's not helping her dementia. Well, maybe it is?

74-year-old Brian also had a special friendship with Olivia-Rose who he called "mum". When asked what the benefit of living in this care home was, he replied, "Well, being here by having company. The one thing I like is company". He went on to describe at 2pm each day he goes down to see "mum" in the lounge. He described, "Ah, she's my little darling, she is. She's 90 years old, nearly, my little darling is. Ah, she's absolutely beautiful, that's my darling, that is". He describes how Olivia-Rose was in the care home before he arrived, and how she played an important role in helping him to settle in. Whilst visiting this home, we saw evidence of this close friendship between Brian and Olivia-Rose when they were visited by some nursery children. They sat next to one another and sang songs loudly together, encouraging the children to join them.

Loneliness can, however, be a continuing challenge even when the older person has moved into a care home. The care team members we spoke to were really aware of this challenge and how important it was to help the person to settle in and provide companionship and reassurance. Care team member Laila described how a lady had been in her care home for two weeks and how she had recognised the importance of providing emotional support, no matter how fleeting. She said:

> Her husband passed away three months ago. She's blind. And every day she cries on me. Just missing her husband, missing her home, lonely. But my job as a carer is every time I find a little time, whether 5 minutes or 10 minutes, I'm walking there, just to kind of give her that comfort and not let her feel lonely. That's it.

One of the greatest challenges older people found with living in a care home was how to form relationships and meaningful connections with others who did not have the same level of cognitive ability as them and with those who have communication difficulties. Loneliness can continue into care home life for those older people who felt that they did not have any shared interests with the other people in the home, and it was often the responsibility of care teams to notice and create opportunities for connection.

Some older people described negative experiences with others living in the care home such as unwanted visits to their room, confused conversation or distressed behaviour from others, and as a result some older people preferred to stay in their own room. The noise levels and disruption from other people in the home could also be a challenge. 84-year-old Eileen said, "there's a couple of people here that play up all night or scream or something. Or somebody goes, bang, bang, bang, bang, with things". There were some older people who did not associate with others living in the home because they did not see themselves "like them". Social comparisons were made which enabled the older person to establish or maintain a positive identity as "not like them". It was also noted by care team members that some illnesses such as having a stroke can impact on a sense of identity and this can hold people back from developing connections with others, for fear of "not being themselves" or not wanting to feel obligated to form a friendship when they couldn't promise to commit to it if they didn't feel well. Another challenge was that people felt that they didn't have much in common due to generational differences (some were in their 60s living with those in their 90s or older). Finally, another difficulty in relationship-building in care homes was when someone did make friends with another person, this relationship was sometimes lost due to death or health declines in the friend. For example, Tom stated, "Most residents, they just pass as boats in the night. And the snag with getting friendly with them, some of them don't last very long. They seem to die quickly".

It can be overwhelming to move into a care home for the first time and to become familiar with all the new people. Care home manager Louise said that the biggest challenge for older people was "There's a lot of people to get used to. And especially in a care home, you're having to get used to other people that may have dementia, may not have dementia, may have different personalities. There's a lot to take in and a lot of staff as well".

One of the most significant challenges for older people was adjusting to life in a new communal home, particularly if the decision to move was taken out of their hands. Eileen particularly struggled. She moved to a care home after her husband died and her own physical and mental health was declining. Her family recognised that she wasn't coping well and she went to a care home for respite at first, but she did not return home. She was resentful about moving to her care home, saying, "they didn't have to be so brutal in pushing me in here, you know, straight away, and I never got a chance. I never even saw the place. I never knew it existed".

We saw good practice in homes about how to help new people settle in and adjust. In one of the homes we visited, for example, there was a buddying scheme in which a select number of older people chose to become "ambassadors". Indian-born Kash was one of these ambassadors in this Asian care home and he was interviewed alongside his son 'Green'. When we first met Kash (the day before interviewing him) he was sat beside a man who had recently moved into the care home. The man was of Muslim heritage and of a similar age and they sat together in the lobby of the care home, chatting in the Gujrati language. Kash was telling him all about life in a care home and helping him to settle in. When asked about helping the new gentleman, Kash said:

> Whenever someone person come new over here, they used to introduce with me. And if possible, they put me on the same table. So that person get used to it. And so, and it is my duty that if I can help someone, to some extent. So that person will be happy. And they don't feel they are on their own.

This buddying scheme was not only a great benefit to incoming older people, helping them become accustomed to the new care home, but it was a role that Kash took pride in; helping him maintain a strong sense of identity and give back to the care home community, as well as being able to form new friendships.

1.3 RELATIONSHIPS WITH THE CARE TEAM

Relationships with care team members can be meaningful and highly valued. Some older people described a 'love' towards those who cared for them. 75-year-old Pauline told us, "I have had a lot to cope with, but they too are looking after me. But they're all so kind to me. They're lovely. I love them all. I do". Brian, who had initially struggled to settle into his care home had developed great affection for his carers, "I love all the carers. I have a song for each one of the carers. Do you want to hear it? [Singing: I love you, {Ida}. Oh yes, I do. I go on a lot. I love you, {Ida}. Oh, yes, I do. I love you, {Ida}. {Ida}, I love you]".

Emre described positive relationships with the care team; "I speak to all the staff, all of them. They're all lovely. And if I need anything, you ask, it gets done. So, I'm very happy". Stanley said, "The carers are excellent. Some you get to know better than others, but they are very good". Other older people appreciated the work that was being done for them. Enid said, "Well, I say they're angels. You know, they wait on us hand and foot. Nothing's too much trouble, you know. It's a doddle".

Relationships with care team members can however be disrupted by staff members leaving the employment. Care home manager Daniel recognised the significant loss this can create for the older people in his care; "The other bit that doesn't get talked about a lot is that you're in a place where you're seeing turnover of staff. And there's loss there. And you're seeing other people that you've lived with, all of a sudden, maybe one day someone's not there…I don't think it gets spoke about enough. There's that loss".

1.4 FEELING LIKE A FAMILY

Residential care homes can feel like an extended family, and this was an often-used metaphor to describe the relationships people had with one another. Care team members felt that being in a care home facilitated those deeper "family-like" connections which aren't always possible in domiciliary care. Care team member Steph said, "In the community, it seems to just be in and out....there is no like connection with the resident themselves, I feel here we are more family oriented, like more, one of our own".

Care teams in our study prided themselves on creating a sense of family and homeliness in the care home, and being part of a care home family was one of the most important benefits of moving into a care home mentioned by care teams. The metaphor was often extended by all groups to describe each other as different family members, particularly care teams in-directly referring to older people as "like a mum", "dad", "aunt", "uncle" or "grandparents". The relationships worked the other way too, with some older people treating team members as if they were a "son" or "daughter". These metaphors influenced the ways in which respect and love operated in the relationships in care. For instance, care team member Nicole said, "Even now as you're getting older, you think 'how would you like to be treated?'…and the way you would like your mum and dad to be treated?".

Our research found that the culture-based and faith-based homes in the study, and care team members from diverse cultural backgrounds, appeared to place particularly high value on the importance of caring for older people as if they were part of the family. A care team member who chose the pseudonym 'Liverpool' worked in an Asian care home and he said, "we want them to feel that we are like family. And it does, after a little while…because people refer to even the carers 'you're like my son, you're like my daughter'…it's good for us, as well. It's a good feeling". Rani, who has Indian heritage and worked in the same home as Liverpool, described how she had lost her own parents and the older people in her care had become her family:

> My dad is passed, then after my mum's passed…I lost my parents. Then I'm here because I am looking after everybody. Then I say, 'So many mums, so many dads here.' That's why I am this child. So, somebody say, 'You have a dad?' I say, 'So many dads, not only one.'…And I am so happy because I always look after my parents. They're all my parents.

For one small home it was really important to consider themselves as a family, and this was reflected in the home's values. Care home manager Betty said:

> I think for us because our values are family, care and compassion…I think the residents, what they really benefitted from is the idea that it's, we're like a family. You know, I'm not going to shy away from it. We are a family. That's how we operate…I treat all of these residents like they're my aunt or my uncle, you know?

Amongst the other descriptions of care home "family" there was also a recognition that family life is not always harmonious. Care home manager James described, "They are forced together families. You can't always pick your family and it's very much the same in here, but we are a family". Poppy, a care team member, said, "We're like a weird, dysfunctional family" and Victoria said, "treat them as you would treat your family, as long as you love your family. [Laughs]".

In other homes, team members were keen to consider themselves as a family member rather than a carer to the older people, and it is interesting to reflect upon this differentiation. Beatrice, for example, wanted to point out "We are not a family member, but we become like family members. I don't know. We are more than just a worker". She goes on to say that "caring isn't just giving people physical care. It's the talking to people, the being with people, might not be up as important as giving, but it is still as important to the resident to have the person there to talk to". Here Beatrice recognises that good care goes beyond just the physical task and that it requires a deeper level of psychological connection and affection. Considering herself as part of a family helps her to move her relationality to beyond "just a worker". Care team members often work long shifts, with physically and emotionally demanding tasks, so we found that it was important that the care home was a supportive "family" or "home" for those who work there too.

Older people did not always view the care home as a "family", or not quite to the same extent as care teams or their own family members did. Older people valued the carers, but they represented a mix of respected "servants", "workers", "friends", or referred to as "girls". 93-year-old Rosemary said, "in a way, I think they are more like friends than-they're certainly not servants. Do you know what I mean?" She said, "last year I gave every single member of staff a present". When interviewing Rosemary, she was busy preparing Christmas gifts of chocolates for all the staff in the home. Each chocolate included the message "'Just a small token for a big thank you for all your care and kindness and all you do for me each and every day'".

Achieving a sense of family in larger care homes can be more of a challenge than in smaller homes, but we noticed how this was achieved by creating separate households within the same large building. In one particular home, the individual household had an open family style kitchen, communal lounge which looked very homely, breakout spaces, and bedrooms which branched off this area. These households were where the "family" groups would spend the majority of their time. Care home manager James had also created "one-page profiles" of each person living in the care home which includes information like "who are you, where are you from, what do you do?" and another document called "My Life Story" which recognises the "incredibly enriched" lives the older people have lived. He told us that it includes information such as "who was at your wedding?...Do you know who gave you away?...where were your kids christened? And who was born first?" He said that the document is "massive", but it sits with and is owned by the older people, rather than being locked away in an office. He said it helps to facilitate conversations with their family members. He also told us about the "memory books" which are created for each older person:

> Without fail every resident's got a memory book. So, every time there's an event or anything like a photo is taken or crafts that they've done, they always go into their own portfolio of photos. We store them all digitally online as well so that we can then copy that out onto a hard drive, you know, like onto a pen drive to give to the families at the end or anytime that they want them.

These various documents served a number of purposes; to document activities and capture memories, but also for the care teams to get to know the older person better, to facilitate conversations with family members around past or current events, and for the older people to be able to show and talk about the things that mattered to them.

Rosemary told us that when she first arrived in the care home, one of the difficulties she had was "getting to know the staff, who the staff were, the routines of how things worked. How did I get my washing done? How did I recognise the staff?" One thing that helped was receiving a leaflet with pictures of each member of staff which she described as being "very helpful".

1.5 EMBRACING FAMILY MEMBERS INTO THE CARE HOME FAMILY

For the family members we spoke to, it was equally important to feel welcomed into the care home and made to feel like part of the care home "family". Christine said, "It's like an extended family here" and goes on to say how she felt included:

> They not only care for my mum, and they care for my mum very well, but we're included in that, you know. And it's not me, it's with every family, you can see it. And the same, most importantly, it's given me my mum back for how long or short time I've got with her.

Feeling like part of the "family" was often determined by how welcome and cared for they felt when they visited, and all members of the staff team played a role in this. Having a relative living in a care home can be a stressful and worrying time for families. There are great losses involved and it can be emotionally challenging. Supporting families' emotional wellbeing and including them in the care home culture was of enormous benefit to them. One care home customer relations manager, Millie, demonstrated great awareness of these challenges and explained how it was important to care for families, almost as much as the older people. She explained this in detail:

> The residents obviously are paramount importance. But for me, the families are just as, if not more, important because people don't understand where they are. …They've got guilt, they've got upset, they've got feeling of letting them down if they've promised they're going to stay in their home.

She described the multiple concurrent demands often faced by families and said that by supporting them they can "[give] them a bit of their life back". She said, "some people are at breaking point when they come in…they feel like they're letting their families down because they can't do it anymore…it's important to let them know it is alright". We made the noticeable observation that her office was situated just before the access-controlled area of the home, just off the reception lobby. This meant that families were able to come in and speak to her whenever they needed support. Having that consistent point of contact was vital for good relationship building with families, which in turn supported their relatives living in the care home.

1.6 LOVE AND SAFE TOUCH

As part of creating a feeling of "family" in a care home, the majority of care team members we spoke to described a "love" towards those they cared for. Many described "good care" as involving "patience", "love" and "making people smile". Care team member Beatrice said that the most rewarding aspect of her job was "the residents smiling at you. Smiling and saying, 'I love you.'" Care team member Laila said that good care meant "to love some stranger that you don't know. To love that person. Because anyone can be a carer, but you have to have the compassion and the love to care for that person. If you don't have it, don't do it".

The theme of "love" was significant amongst the care team members. Although older people and family members did talk about love, it was not to the same extent. These are the stories of those who did express a "love". 92-year-old Tom said, "Some are too busy. But there's a love". Irene became tearful explaining the overwhelming love (and relief) she felt living in her care home; "Good care means, it's a personal thing,

really. They're caring for you…I get excellent care. I could cry again. [Voice breaking] I love it here. You don't realise when you've been ill, and you get better". She told us how she felt the expression of love through 'safe touch', saying, "I think care to me is lots of love, lots of cuddles and even if they just hold your head or stroke your hair or hold your shoulder, it's a feeling".

Safe touch (which can include acts such as holding hands, a consensual hug, or a reassuring arm around a shoulder) is an integral part of good care, creating a sense of empathy and reassurance. Safe touch can be used as part of communication and for emotional support, as well as physical care, and it can form an important part of caring practices, as long as the recipient is happy and reassured by the action. Family member Lesley described how this has been an important part of her mother's care and is also reassuring for her. She said:

> I notice that he [the manager] comes up and he hugs my mother and kisses her cheek. He hugs me. It's this feeling that you are part of this great big, wonderful family. And I mean, I've been in a position where social services have told me off about being tactile with people. I'm aware it's not encouraged, but when you are elderly and no one touches you, it's horrid. To be greeted by somebody who is really affectionate with you and enjoys that interaction is, I think it's fantastic.

Ellie, a care team member, described good care as "letting them know, even though if they're in this setting, they're still loved" and recognised the importance of holding a hand, or giving an older person a hug, especially if they were upset; "I think it's just the little things are more important than the bigger things". Raj, a maintenance team member, described how safe touch was particularly important in bringing a sense of reality, grounding and reassurance to some older people, particularly if they were experiencing living with a diagnosis of dementia.

Care team members felt that love and safe touch were important elements of good care, but they also felt that they couldn't tell people about this for fear of being accused of being inappropriate. Two managers interviewed together described how they were not always able to say much about the special moments of connection that they had with older people. Laura said, "You can't put it into words. You know when somebody's upset and they need a cuddle, at one point, we weren't allowed…You're not allowed to cuddle people because that's sexual abuse or whatever". Nora replied, "I've got a few that you wouldn't dream of. You know, you go in, you talk to them professionally and you come out. That's how they want it. But most of them love a cuddle, don't they? Because some don't see families".

In one of the homes we visited, we witnessed one of these lovely moments of connection. An older lady became visibly upset whilst walking through the lounge. Ellie, a care team member, witnessed this and swiftly went over, put an arm around her shoulders, and discretely accompanied her to a private room. Ellie later described how this lady was recently bereaved and said, "she was quite upset. I just literally let her talk…We just sat down, and I just sat and listened to what was on her mind, tried to put her at ease, and that, and basically try and remove all her worries. And she just said, 'Thank you for listening to me'". 15 minutes after the lady had left the room, we noticed how she danced her way back into the room and joined in the activity. Later, we saw another member of staff ask the same lady if she would like a "cwtch" (a Welsh word for cuddle) to which the older lady nodded, and the care team member gave her a big hug in the hallway. This ability to notice this lady's quiet tears, to discretely take her somewhere private, to listen to her concerns, reassure her, and to acknowledge her grief, was a really poignant moment to witness and showed great compassion, empathy and love from the care team members, particularly when the atmosphere of the home was full of fun and activity from a music and movement group, where it would have been easy to miss the distress.

1.7 RESTORING RELATIONSHIPS

A dominant theme amongst the families in this study was how they felt that their relationship had improved with their older relative. Often the lead up to moving to a care home had been fraught with difficulties and stress. The decision to move a relative into a care home is often loaded with feelings of guilt, anger, shame, or physical and emotional burnout. Many of the family members we spoke to described how their relationships had now changed for the better. Gladys explained, "I think I'll have happy memories now. Whereas I think before I'd have had grumpy memories of her".

Christine admitted the emotional stress of caring for both her parents had become overwhelming and impacted on their relationship. Her dad moved into a care home and then sadly died a few months later. She told us about the experience of caring for both parents and the period leading up to her mum transitioning into a care home:

> I am her daughter. I am not her carer... It was getting to be like that with my mum, I was part carer, I was part daughter, and I was part secretary, because the amount of people that would phone up to make appointments. You know, you've got to have this person come and see [dad's] feet, and that person to take blood, and this and that, and it was getting like that with mum. And the daughter part was being lost because I was so angry.

However, once her mum had moved into the care home, she said, "I could become her daughter again, and we could have a laugh, and it was nice".

Another family member, Boo, also described how difficult the caring experience was and how she wanted to reject the role:

> I probably sound awful. I didn't enjoy caring for my mum. I don't know why I'm whispering. I didn't enjoy caring. With my dad, it was like—I don't know how it was. It was a very loving feeling, yes, I got from doing it... With my mum, I'm like, I don't want to be going. I don't want to. Like do it yourself. [Laughs]. I don't want to be your carer.

A shift in role identity from son or daughter to 'carer' can be difficult to come to terms with and can challenge the adult-child's self-perception and their relationships with their parents. Being able to restore or reclaim a relationship with an older parent in the final years of life, which was threatened to be lost due to caring duties, was an important benefit to families.

1.8 RELATIONSHIPS WITH THE NON-HUMAN WORLD

Positive and loving relationships in care home spaces were not always just with the care team or visiting family members; sometimes these connections came from animals, toys and dolls. Some care homes allowed pets brought from home and some homes had pets that were part of the care home. Care team member Laura described one older lady bringing her cat with her into the care home, and how this was a really important relationship for her:

> We had a lady, back years ago, she lost her partner…and she had a little black cat. She brought the cat with her. So, we had a little dirt tray at the corner that we had to clean out now and again, but the cat didn't go out of her room. Room was a bit smelly, at times, but we went around with the air freshener and—but that made her happy because she had a little cat with her. And she didn't have much. Don't think she had any family, actually.

In another home we saw a small dog who wandered the building by day and went home with the manager at night. Some other care homes had teddies to replicate pets. Care team member Caitlin told us, "I don't know if you've seen them, but it's like a teddy who's hard, and it's like a cat or a dog and it breathes. They're like the real life. We have quite a few of them with them because they used to have cats or something, and they've got them on their lap. They can feel it". In other homes we noticed that some people held baby dolls or pushed them in prams. Care team member Beatrice described how one particular lady loved her dolly and interacted with her as if she was her own baby.

THRIVE ACTIVELY

2. THRIVE ACTIVELY

Meaningful engagement and structured activity in care homes are integral to supporting the physical, mental and social wellbeing of older people living in care. Well-thought through, person-centred activities can be enriching, stimulating, and enjoyable, as well as opening up opportunities for socialising, making new friends, and active citizenship. The stories we heard highlighted the ways in which older people found meaning and purpose through activity, and how they adapted their interests to their current abilities and environment.

2.1 STIMULATION, ENRICHMENT, AND ENCOURAGEMENT

Across all participant groups, one of the most commonly cited advantages of living in residential care was the company and the variety of activities that were offered. Older people spoke about the benefits of feeling more stimulated and active than they did when living at home. Wally said, "instead of being miserable at home and nothing to do, in here a good, well, that the bingo and things like that and plenty of things to do here…Occupy my mind". Diane was also highly appreciative of the activities in her home:

> I have to say, it sounds trivial, the ladies who organise the activities, I think they play a huge role in everything. Because if they weren't there, we'd be maybe sat in front of the television watching something you don't really want to watch. They come in, we'll have activities every day, they're worth the weight in gold, and I don't think enough people realise that.

Family members often described how their parent lacked stimulation when living in the community, and care teams also recognised that this had been a problem for many older people before coming to live in a care home. Lorraine described how her mum lacked stimulation at home, and due to her dementia she required encouragement to participate in or complete tasks:

> When she was at home… she would sit in her wee sofa, and she would just nod off...She would nod off and she can be a wee bit like that in her room…They encourage her to have that participation… and that's been really beneficial for my mum. Her default setting would be to sneak into her bed and cover herself up… She's got books. She's got her TV. She's got her CD. It doesn't always occur to her to do those things... They do really try and encourage her to do those things and it just keeps her on her feet and keeps her active.

Another family member Lesley described how her mother was thriving in care as a result of having a greater sense of purpose, independence, and empowerment. Lesley's mother had a severe hearing impairment and chronic obstructive pulmonary disease (COPD). She had previously lived alone in an "enormous house" with "17 rooms" and was unable to get upstairs. Lesley described how "she couldn't walk from the kitchen to the sitting room". She recalled, "she couldn't get to the kitchen without getting so out of breath. She had to stop and sit on a chair halfway". She remembered that her mum felt "fear of complete isolation and loneliness". Lesley described how her mother's physical and mental health improved dramatically once she moved into her care home and that she was truly beginning to thrive; "if you did speak to my mother, that would be what she would say, that she's feeling that she's living her best life at this point of time. And she's not just waiting to die and nobody else is just waiting for her to die". Lesley's mum got a "lot of pleasure" from shopping, and she spent several hours a day in the charity shop next door to the care home where they all know her by name. Lesley said, "She's just living. She's living to the max... They encourage her to live independently here, and acknowledge that she is an individual".

2.2 MEANINGFUL ACTIVITIES IN CARE HOMES

In this study we found an impressive range of activities being offered in the care homes we visited. These included:

- Physical activities such as yoga, curling, exercise classes and walks in nature.
- Mentally stimulating activities such as lectures, short-story reading, discussion groups, knit and natter, film clubs, bridge, scrabble and quizzes.
- Entertaining and fun activities including bingo, musician entertainers, concerts and pantomimes, sing-alongs and drag queen performances.
- Social and food-based activities such as barbeques, birthday parties, cooking parties, garden tea parties and a supper club.
- Cultural activities such as kiddush and candle lighting in the Jewish home, prayers and visits to mosques, temples and churches, Bollywood music, film and dance in one of the Asian homes and festival celebrations throughout the year.
- Creative activities such as painting, crafting and flower arranging.
- Activities involving animals and children, such as trips to the zoo, visiting pat dogs, owls and even alpacas.

Activities team member Charlotte described the best moment in her career was when the alpacas came in. She remembered; "They never had something like that here before. So, when that came in and was going into people's rooms, if they were happy for them to come in… So, it was like just one of those things to tick off. But the team all happy and like, the residents loved it. They just couldn't stop laughing".

Older people described some of the organised group activities that they had enjoyed. Tom told us about helping with baking, "I'm very good at making buttercream mix, picking up butter and sugar. [Makes mixing sound]… {Molly} always has me there to make the buttercream". 90-year-old Maureen lives in a large Jewish care home with a rich activities programme. She described a variety of visitors and volunteers who come to the home, including a poet who read to them, a representative from the British museum who gave a lecture about women who had done great things, singers from a charity, and a volunteer who runs an exercise class. In another care home Lilly told us about an exercise group that she joins in with. She said, "it's not my idea of fun, but I go with anything, join in" but declared that because it was "all sitting down exercises" "I should have very good, strong arms [Laughs] and a very weak bottom!".

Popular solo hobbies amongst the older people we spoke to included watching television, doing puzzles, colouring, crafting, and reading.

2.3 ADAPTING PERSONAL INTERESTS

What was most notable amongst the stories we heard was how older people had been encouraged to adapt their previous hobbies and interests to fit with what they could now manage. For example, there were a number of people who had enjoyed participating in, or betting on, sports. Watching sport on the television was an important way to keep up with these interests. When we asked Betsy what she enjoyed doing now, she replied, "Nothing much. Watching the television", but she told us that she particularly liked watching dancing programmes as they helped her to reminisce about her passion. She told us, "I met my husband dancing. And, I mean, we were married for 70 years… and we danced up until we were, well {Jack} must be about 84, and I was 82". Elizabeth had been extremely sports active before moving to her care home and now likes to watch different types of sports on the television. Emre was passionate about horse racing and shared how he liked to watch the races during the week. His cousin phones him so they can watch the racing simultaneously, enabling him to share the experience with someone else who shares his passion.

Other older people had discovered new ways of enjoying their interests. Rosemary previously had a career as a pharmacist and occupied her time by knitting jackets for premature babies at the hospital. She used to deliver the little jackets to the hospital and became friendly with the pharmacist there. She told us

about an upcoming visit for the following day to go and see the new hospital pharmacy and learn about the new robotic technology they are using. Rosemary was particularly engaged in a range of activities in the home, but also created her own agenda for what she wanted to do and when. This was really important for her sense of independence, finding occupation, and expression of her self-identity.

Pali was of Indian heritage and was interviewed alongside her son Jim, to assist with language translation. Pali was living with dementia which also inhibited her communication. For Pali, cooking had been a significant part of her life. She had enjoyed cooking for her family and specialised in Indian foods. When asked whether she can still do the things that she previously enjoyed, she told us that she no longer wanted to do cooking like she used to. But Jim explained how she had been included in cooking activities, "What they used to do is [use a] rolling pin and do some chapati as an activity. Sometimes she enjoys doing that".

Irene had been a very active person in her younger years and had a long career for a fabric company. Sadly, the company went into administration, and she was made redundant at the age of 78. Textiles had been such a critical part of her self-identity. She had always enjoyed hand-sewing but found it more difficult now "because of my hands" and she did not have the space for her large overlocker sewing machine (although they were actively looking for a communal space where it could be situated). Irene described how she now knits more instead; "I can't do my sewing anymore, which was part of my life working for {textile company} for 27 years. So, I decided to knit…I knit scarves for the staff. I think I've knitted 13 since I've been in here". She also enjoyed going to the local charity shops to look for clothes to alter or new fabrics. Irene demonstrated enormous resilience and the ability to adapt to maintain her skills and interests.

2.4 ACTIVE CITIZENSHIP AND RECIPROCITY

We heard some poignant stories of older people who had found self-expression, purpose, identity, citizenship and opportunities to learn through meaningful activities in their care home. 92-year-old Tom had found himself unable to cope at home any longer, struggling with both his hearing and eyesight. The activities coordinator described how he came "out of his shell" when he helped with setting up an exhibition in the church. She said, "I think he feels so fulfilled that now he wants to take more control of his life". Tom himself told us how he had been commissioned to create a coloured paper stained-glass effect display using photos he had taken of the church. Tom's other hobby was woodcraft and carving. He proudly showed us a chair he had made and told us about a wooden clock and carved goose (which we later saw) that were displayed in the reception lobby of the home. Through being able to display these objects in the care home, others were able to appreciate and admire his work and it created an interesting talking point.

When we visited his care home, 90-year-old Paul was very busy in his room creating a collage of animal pictures. He told us how he used to run the library of a primary school, so used to talk to the children about different animals. In his room he had his own laminator and was cutting up animal pictures to add to the collage. He said:

> If you explain to people, it's cutting things out of the paper or whatever or whatever, it's actually very time-consuming…what you don't realise is that…the sort of thing I was doing would be as challenging for the heart as a physical thing, because it's eye, object, object, eye, eye, brain. So, in fact, you've got to accept that it isn't... Yes, you've got to accept that it isn't a pastime... If you're going to do it properly, it really is a sort of a full-time job.

This was a mentally stimulating and creative outlet, which was not too physically demanding, and this mode of working brought him great joy. He shared that other people living in the care home commission his work; "you often get residents who have seen them say, 'Have you got any scenes of penguins or lions or pandas,' which I do have, and give them, which gives them benefit because it's something they like". This active citizenship and opportunity to give something to others was really important to Paul.

Like Paul, 74-year-old Brian loved art and specifically his colour-by-numbers books. He took his artistic work very seriously and his room was adorned with his masterpieces. When we asked him to tell us about his colouring, he replied, "It's my favourite… Look, let me show you some. Have a look through, look". He proudly talked through his artwork, and which were his favourites. He described how colouring "takes a lot of me stress away" and how he sometimes colours when he can't sleep. He had not done colouring before moving to his care home and it was his daughter who had brought him some books and crayons to get him started; "I took to it like a fish to water". Speaking to the care team in Brian's home, they described how they recognised how important colouring was for him. They had found that, when Brian first arrived in his care home, he was a bit stressed by the new environment and sometimes had conflict with other people living there, but this activity had given him enormous fulfilment and purpose. They had helped him to set up the colouring as a job to go to each day; they helped him set up a special desk in his room so that he could choose to go to "work", completing his colouring in structured time slots through the day. This helped Brian to feel calm, creative, stimulated and gave him pride in his work. It also helped him to manage his time better and had improved his relationships with others in his home.

Being able to help others and give back in some way to the care home family was an important aspect of active citizenship and building relationships. 81-year-old Irene, who we previously mentioned had taken up knitting in her care home, told us how she had also found a sense of purpose in helping with tasks at mealtimes:

> I inspect my table, there's six of us on there, to see if they've all got the right knives, forks and spoons and the right cups. If one of them hasn't got their own cup, they'll say, 'No, go and find it. I want my own cup'… It's like a family. So, I come in and I think to keep the peace, I'll come in every morning and make sure they've got their spoons. Sometimes I'll go in and say, 'We've got a complaint,' [All laughing] 'Oh, what now?' 'Well, there's no spoons in the sugar bowl.' [All laughing] You know, silly little things, and we laugh and joke.

Irene was a perfect example of someone who was thriving in residential care. Prior to coming into her care home, she had suffered a nervous breakdown following the death of her husband and being made redundant. She had found it difficult to walk and started to use a wheelchair. Life had become unbearably difficult for both her and her daughter, who she had moved in with. Since moving into her care home, she had found new purpose, energy and self-worth. Her mental health had significantly improved, and she felt confident and motivated. Her physical health had improved to such an extent that she no longer needed to use her wheelchair. When she had settled into her care home she had asked if she could help in any way. The care team had suggested that she might like to set the tables, and she now wears a special apron made for her which says, "Volunteer Helper".

Irene's room led directly into a communal garden courtyard with a ramp access. This meant that she was able to display a few potted plants outside of the glass-fronted back door to her room. The garden was an important space for her, and she described how she had assisted with filling up a fountain with flowers, and how they were raising money to create an allotment. Daughter Jane described how her mum and the gardener worked together and are "in charge", Irene then joked along, "I'm the manager…And I'll give all the instructions". Irene had worked in a responsible role in a career that she loved into her late 70s, so these new responsibilities in her care home helped her to fulfil this critical part of her identity.

There were many other jobs that were being performed in care, which were often extensions of a previous career. Family member Lesley shared that her mum (who enjoyed visiting the charity shops) had a career as an artist and had been asked to run a jewellery making class. She also had the job of going room-to-room asking what people would like for their supper. 88-year-old Orion found purpose through activism work, which was an extension of his previous work in animal rights and animal rescue. He occupies his time on his laptop, engaging with politics and animal rights groups, contacting his MP and sending the staff emails about animal protection campaigns. Another gentleman living in a care home previously worked as a PE instructor and was now doing "keep fit" with the other older people. Kathy runs a tuck shop as a "proper manager" in her home and is supported by the care team to do this.

She told us, "I think me and {Elenor – another older lady living in the care home} drive the atmosphere and we get a pleasure working in shop and helping people and serving them". This role in the shop gave her enormous satisfaction, helped her develop new skills, gave her a purposeful role and created a wonderful friendship with 'Elenor'.

When he arrived in his care home, 78-year-old Malcolm "looked at everything" and recognised a need for something different. He asked the care team if he could organise a function, such as a concert; "I said, 'All I need is permission from you. And I'll organise and do it myself.'" He went on to explain how, with the help of his daughter, he created a playlist of 20 singalong songs and invited older people and their families to come along to the singalong concert. He told us, "We weren't expecting it to be a great success… Anyway, we did this concert in one afternoon, and it took off more than I could have imagined". Malcolm poignantly described how this had made a positive impact on one of the other people living in the home. He said, "it took off in more ways than one" and remembered how he heard some music being played in the home, only to discover another man who liked to play the piano. He asked the care team if he could meet the man, who was "struggling but he was playing the piano". He recalled how "we sat and listened to him. And at the end, we stood up and clapped. And he had tears in his eyes". The older man playing the piano responded with "'Nobody's ever done that before'". Malcolm invited the gentleman to play at his concert, "I said to him, 'That is absolutely brilliant.' But it's getting into his mind that he's good enough. Now I asked him to do the show. He said, 'I'd rather not…I don't think I have the concentration to do it.'" The man played at the concert and Malcolm had noticed that, in the last few weeks, "he's been getting out there and playing it again". Malcolm recognised for himself that the idea of creating a concert was to create what he called "togetherness" and said that the "crucial thing is the atmosphere and how much we talk". He insightfully told us, "I think music is a great leveller…I find that there's people who very rarely speak or have a little to say, when you start singing, particularly the old songs, bang, they're there".

The care team later invited Malcolm to be on the interviewing panel for the activities coordinator role, but only after they offered the role to Malcolm first. Malcolm showed enormous insight into the needs of those living in the care home, and what was required for building social connections.

2.5 MAINTAINING COMMUNITY CONNECTIONS

The opportunity to go on social outings and make use of outdoor spaces was very important for some older people's mental wellbeing. Where shopping in the community was less accessible, a few of the homes had created their own areas in the building with shops and even cinema rooms. These areas enabled people to feel that they were visiting new spaces, even if within the vicinity of the care home. There were care homes who also benefitted greatly from having a minibus to transport people to local events, day trips, and appointments. Kathy said shopping was the most important thing to her; "It's nice to get out and about". Jeanette liked to go out in the minibus; "it's nice just to have a day out and meet other people", and Peter liked to meet his brother in the park for a walk every other day; "I love walking. [It's] sound". Care home manager Jay described a recent visit to a botanical garden for seven older people to see the Christmas lights. He told us how, when they had returned, one person said it was "the best night of their life".

However, there were some older people who felt inhibited by health conditions, which they felt prevented them from going out or joining in as much as they would like. Stanley described how he had been invited on a trip to another care home to have lunch with some other older people, but said, "I can't go. I can't do it. It's just too much for me. And my problem is my water works. I'm always wanting to go pass water... I can't do it anymore. I just can't take the chance". Marcus also told us he could not join in with the variety of activities in the home because he was having trouble with his stomach.

One of the challenges to acknowledge here is that not all homes have their own transportation, and when a care home had its own minibus (and willing drivers in the care team) this made all the difference to being able to get out and about in the community.

Intergenerational activities were another way of connecting with the local community, which brought great joy to some older people in the care homes we visited. Care home manager Louise, for example, told us:

> There's a lady here who used to look after children as a nanny…and she absolutely loves—like, this morning when the kids come in and things like that, because it relates to what she did all her life. And you just see the smile on her face for those things. It's absolutely fantastic.

For these older people, being able to teach and encourage the children was an important part of the interaction and appeared to help with their sense of self-esteem.

2.6 THE WORLD OUTSIDE THE WINDOW

Having a good view from a care home window was a source of interest and joy for some older people, who watched the comings and goings of the local community. One home had a large lounge window which overlooked a large grassy area which was a popular dog walking spot, with a beach view beyond. 88-year-old Ivy described how she enjoys the views of the local people walking their dogs, and said, "I remember walking by, waving to the old folks there. Now I'm waving out. [Laughs]". She chose not to take a private room with a sea view because she had had a sea view from her home all her life, but instead now overlooks a golf club and a street, where she takes great pleasure in watching the children go to school. In another home, Enid enjoyed the view of the garden from the back of her room, but she also liked being on the ground floor as her door opened near to the care home's reception, "because you see what's going on".

Suzanne had a sea view from her second-floor room. She liked to eat her meals in her room and the care home had set up her table like a bistro restaurant, with a red and white checked cloth over her table, condiments and a bottle of wine. She told us how this had made mealtimes feel special and it felt almost like she was eating with the community outside her window; "I eat my certain meals here rather than the restaurant because I can look out. And in the summer, there's people walking about their dogs and people bring chairs and tables and have their dinner out there".

Brian's view from his window also provided him with great entertainment whilst he coloured in. Arguably less glamorous, he described how squatters had moved into an old derelict office building opposite his care home. He described the action he had seen, which had kept him very entertained:

> I look out that window a hell of a lot when I'm sitting here playing with me crayoning. I often look out the window and see what goes on. Sometimes I'll see an ambulance out here, stand out here sometimes. See the police out here the other day taking a look at these cars that are on double yellow lines.

These window views were interesting ways in which people continued to feel part of a wider community without direct interaction, and this way of being entertained was perhaps underestimated.

2.7 SUPPORTING SELF-MOTIVATED ACTIVITY

There were lots of examples of older people undertaking self-motivated activities. Kash was particularly motivated, working until the age of 90. He demonstrated how he "rides a bike" when sat in a wheelchair, by circling his legs and holding his arms up to invisible bars; "Moving legs, maybe moving arms. Doing this. There's so many types of exercises you can do". He does his chair-based exercises early in the morning, and then for hours in the afternoon, and he enjoyed "laughing yoga" for his mental health. He complained how he didn't have enough time in the day to do everything he wanted to do.

Rosemary was very active in her care home, which was reflective of the active lifestyle she led at home before moving into residential care. She was working and driving until she was almost 80, but she fractured her spine and found herself immobile in a second floor flat with no lift. It was the recognition that she couldn't carry on living there that made her consider a care home as an option. She recognised her increasing isolation and limitations when living in the community, and the opportunity to be around others defined her positive decision-making process to move into a care home. Whilst living in a care home Rosemary occupied her time with a wide variety of group activities, but she also enjoyed the solitude of her room; "This is my haven…in here I can do what I like. So, I have got a lot of independence. But that is also because I'm quite a practical person. I've still got my senses. I'm well occupied".

Having the choice to opt out of activities was important and allowed for a sense of autonomy. Enid didn't feel pressured to engage. She knew the options available, but she didn't always want to join in, saying, "I think there's some activities on there…I mean, you know, there are things to do. [Whispers] It's just I'm a lazy so-and-so!" Suzanne described the activity options that she had but said, "Very nice for them, but it's not for me. I've passed all that. I prefer to sit here with my legs up doing my puzzles", and, although 90-year-old Elizabeth liked to do daily exercises, she also liked to relax, saying, "I think, you know, when you get to my age, you just have to be ready for a relaxed life, aren't you? I mean, I used to be busy all the time".

THRIVE INCLUSIVELY

3. THRIVE INCLUSIVELY

Inclusivity involves making someone feel welcome, safe, valued, and respected, regardless of background, so that they are able to express the fullness of their identity. A truly inclusive environment is one which welcomes multiple perspectives and empowers people to have a voice to express their opinions, insights, and needs. Ensuring inclusivity in care is a critical aspect of maintaining dignity and respect for those living and working in care settings. In this section we explore two dimensions of inclusivity; embracing cultural diversity and enabling people to express their sexuality.

In this study we visited two Asian homes and one Jewish home, each of which had their own religious and cultural foci around their care provision. We also visited two homes based in Wales, two in Scotland, and one Cornish home, where there was less ethnic diversity, but had specific language, dialect, and local cultural factors to be considered. All the care homes had culturally diverse care teams and some of the homes in London and the North of England had older people from different nationalities and cultural backgrounds. With regards to sexuality, none of the older people interviewed in the study identified as part of the LGBTQI+ community, but some family members and care team members did, and they were able to tell us about the importance of sexuality and gender inclusivity in care. In this section we draw out the ways in which older people have been able to thrive when the care home promotes inclusive practices across culture, faith, sexuality, and cognitive disability.

3.1 CHALLENGING COMMUNITY STIGMA

In this study we found that, amongst Asian communities, there is often community and family stigma related to having a parent move into a care home. Indian-born Bruce explained the criticism he received when his mum moved into a care home:

> In our community, care home is not something you do. The feedback I got after we put mum in, 'Well, why did you put her in a care home?' People were like, 'Why isn't she living with you?' Yeah. But you don't understand the [Pauses] mechanics of keeping someone who needs 24-hour care at that time in a home when there's no one there. How does she communicate with people? You know, it just doesn't happen.

Bruce expressed relief at finding a placement in an Asian care home where other people from his community lived or worked, and that they were able to communicate effectively with his mum in her first language and meet her needs.

White British care home manager Yvette managed another Asian care home with predominantly Asian and Eastern European care team members. She recognised the stigma for many of the families she supported, "Culturally, in the Asian culture…. Because the family will look after them, you know. It's probably the very, very last resort". She found that some of the family members of Asian older people had cared for their older relative for as long as possible; the transition into a care home had been a very reluctant choice and the decision had only been made when things had become completely unmanageable.

Activities coordinator Liverpool (chosen pseudonym) explained that it was important to find a home which supported the individual's cultural needs. He said of the Asian home that he worked in, "culture helps. The language helps. So, otherwise what you're going to do? You're going to be sat in your flat or you're on your own. That can't be a good thing". Liverpool also recognised that culture shaped the way in which care was provided in his home. He believed that providing excellent hospitality was a critical part of making people feel welcome and was fundamental to the Asian community, "It's definitely a big thing. Obviously, although we've got different religions, but I think… it's definitely a big thing that you know you're very welcoming to people".

Care homes which have a specific cultural identity and meet the needs of people from that community are crucial in modelling that it is acceptable, and even beneficial, for a relative to live in a care home.

3.2 SUPPORTING LANGUAGE AND CULTURE

Having the appropriate language support is an extremely important aspect of meeting the needs of older people and their families. Multilingualism amongst the care teams was a particular strength in the culturally specific care homes that we visited. Where a language wasn't shared, strategies were developed to support communication.

Maintenance person Raj told us that there were 13 different languages spoken between the different care team members in his care home. Raj himself speaks three different languages and there are other team members who can speak up to seven. Liverpool explained that the care team were expected to communicate with one another in English as a common language, but that they were able to speak to all the older people in their own languages. In another home, care team member Pam said that, "we're quite lucky because, between the staff, we all speak a language for each resident".

Through the research we saw the ways in which the care homes who were not able to pair an older person with a relevant team member for support with language or culture, found ways to adapt their communication and activities to create an inclusive environment. Care home manager Audrey described how they had the challenge of supporting an older person of Chinese heritage who had "reverted back to their original language because of their dementia". Their solution was to ask the gentleman's nephew to "write little simple words that our staff can show him on a paper. And he's still able to read and recognise the words. And the ones that they could verbalise, they do". She also used picture boards for other people who struggled with communication for other reasons, so that they could point to the image that represented their need. Another care home manager Josie described how her care team communicated with an older Punjabi gentleman by using print outs of basic words and phrases, and also recognised the importance of training the care team on other cultural aspects of care, such as head coverings or dietary requirements.

Care team member Millie explained that there were a few Welsh speakers in her home. One gentleman had been a teacher, and he was "teaching all of us who didn't speak it"; "we made it an activity where he was teaching us, because that's just what he loved. He had a massive passion for it…passionately, passionately Welsh". In one of the Scottish care homes, the manager explained that "The residents here are local country folk being looked after by local country folk" and he explained that many older people and care team members shared the Scottish dialect of Doric; "it's that familiarity of them being able to talk like that". "People up here, they say, 'fit like' and you say 'ne bad' and all that means is 'How are you, how are you?' And they just say, 'Nae bad, nae bad, yersel,' and it's like 'Oh, nae bad,' do you know?".

Supporting communication is an important part of creating a sense of belonging, helping to develop and strengthen relationships in care, and ensuring that older people's mental and physical needs are met appropriately.

3.3 CULTURAL AND FAITH-BASED ACTIVITIES

Culturally appropriate activities were very important to some of the older people we spoke to, and they based their care home choice partially on the cultural activities available. In some homes where a person's cultural needs were not being fully met, care teams helped to identify members of an external cultural community group who could visit the home. For example, care team member Charlotte told us about two older people living in her care, one of Jamaican heritage and one who was Polish, who both spoke English, but their cultures were not represented in the home. She explained how they reached out to the local community and found a Jamaican community group and a Polish community group who now visit these individuals; "They can have a bit of their community being brought in. So, we do try our best to make everyone feel at home".

One of the Asian care homes we visited was very keen on celebrating festivals across many religions. They celebrated in a variety of ways, including putting on a particular menu which reflected the types of food linked to the festival. During Ramadan, older people did not fast but many of the care team did, so it was important for them to let the older people know that they were marking the festival through fasting.

Activities Coordinator Liverpool found his greatest challenge was introducing new activities, and encouraging older people to try new things, whilst ensuring it was still meaningful to those participating. He told us how he arranged a lot of "Asian related activities" such as cooking and celebrating festivals. This particular Asian home had its own prayer rooms which were central to helping older people feel connected to their faiths. For Pali, who was living with dementia, being able to sit in the prayer room each morning and listen to the music of Bhajan (Hindu devotional songs and prayers) was her favourite activity. Rainee who lived in the same home described "one temple and one mosque room. And everybody's happy". She told us how she enjoyed dressing in traditional dress for festivals and enjoyed the staff coming to work in traditional dress for Diwali, and how she looked forward to the gift-giving part of this festive celebration.

Faith-based activities were important in the Jewish care home too. 89-year-old Stanley told us that his typical day starts with "I look at the activity sheet" and that religious activities shape his week. On Fridays there are blessings for the candles, and in the evening blessings for the wine and hallah bread. On Saturday mornings, a Rabbi comes into the home to hold a shabbat service like there would be in a community synagogue. Stanley also told us about lectures and discussion groups from representatives from the Jewish faith.

In the Christian homes, church services helped structure the week. In one home, the manager took older people to a community-based Sunday church service. 74-year-old Brian particularly enjoyed attending services on Wednesdays and Sundays because it was an important part of his faith, but it also reminded him of his special memories of the church he used to attend. He remembered with pride, "I used to hold the cross in front of everybody as they walked down the street at Easter time. Look, me, Brian! I'm Jesus with the cross". Attending church now helped him reconnect with these precious memories, retain a sense of self-identity, and to be able to tell his story of his previous involvement with the church and what it meant to him.

3.4 VALUING MULTICULTURAL CARE TEAMS

Having multicultural representation amongst the care team brought great benefit to those living in a care home, particularly in terms of pairing language skills, recognising and celebrating culture, including food, activities and religious practices, and it formed part of a more inclusive culture in care. In one Asian home, there was an older lady of White British heritage who loved to celebrate the Indian culture, enjoying the food and often dressing in traditional clothes. In another home, 76-year-old White British lady Edith had had two strokes which affected each side of her body. Prior to these strokes, she described a rich and active lifestyle, working full time and travelling extensively; "We loved our holidays". She is now confined to her bed but travels the world by watching YouTube videos of holiday destinations on a large television. She said, "Everybody, whenever they come in here, I've got YouTube on. [They say] 'I've been all over the world with you'". Edith really valued the company of the care team members from different ethnic backgrounds and learning about their cultures. She had developed a particularly valuable relationship with an Indian care team member, "I love listening to him, all about India", and when asked if she had ever been there herself, she replied, "I feel like I have, mind… the culture is so interesting". The care team member had previously worked as a Ayurvedic massage and medicine practitioner in India and, outside of his care work hours, he returns to see Edith as a private practitioner doing Ayurvedic massage and yoga, which has helped one of her paralysed legs to move once again.

In terms of challenges, there were some care team members who acknowledged that some of the older people they cared for were not familiar with people from other nationalities and ethnicities, occasionally resulting in racist comments. In one care home, the manager described how one older gentleman had to be moved to another home because he was being extremely racist towards the care team and other older people. In another home, a gentleman moving into the home requested that he brought his Golliwog toy to sit on his bed, as it had done since he was a small child. The manager asked the care team if they were OK with this item being present in the home, which they were, but it was important to be sensitive to the needs of others when living and working in a communal and multicultural setting.

3.5 SEXUAL DIVERSITY AND INCLUSIVITY

Diversity and inclusivity are vital components in the creation of engagement opportunities which enable a full expression of self-identity. Self-identity is something which is bestowed upon us and is able to be enacted when the conditions are right. When the conditions are less conducive, self-identity is something that can be easily stripped from us too. Gender and sexual preference are important ways in which identity can be expressed, and this should be no different when living in a care home.

Opportunities for sexual expression were supported in safe ways in many of the care homes, with varying degrees of engagement with such activities. Many care team members described how they recognised and facilitated the need for privacy and time alone in rooms for some of the older people. A few also recognised that there were some older people who had further sexual requirements that needed to be supported. Care home manager Gemma described how an older gentleman in her care home liked to go to a local massage parlour "to have his needs met, which is great for him". She described how they still assess his safety and said, "you've got to be careful of things like capacity when it comes to sexuality", but went on to say that it is an individual's choice; "if people have got the capacity to consent and that's what they want to do, then it's making sure that it's just safe, really". Manager Yvette also described how a gentleman who was previously in her care had spent nights in a hotel with his girlfriend, which was supported, and they assessed and ensured his safety in these circumstances.

Some of the most powerful findings to emerge from this study were the ways in which care teams fostered inclusive practice through meaningful engagement and the transformative impact this had on some older people. We heard stories of older people who finally felt comfortable to "come out" as gay in later life once they had moved into a care home, particularly when there was an LGBTQI+ inclusive culture amongst the care team.

Care home manager Lucy, who was interviewed alongside her colleague Daniel, recognised that there has been a new, more liberal generation of older people entering into care over the last decade, and that care practices had begun to change in response to this cultural shift. She found that the questions they used to ask incoming older people for their care plans did not include questions about gender and sexuality, and this had been potentially inhibiting. She said:

> We've seen a different sort of generation coming through, it was a bit of a taboo subject back in the 70s when these people were 40. But…what we've learned about is asking questions, don't let anybody go back in the closet…and it was just our questions in the care plans didn't pick up on this. So that's all been changed now. So now we do ask the questions through.

Another care home manager told us a poignant story of a lady – who we will call "Joanie"- who had been in her care. At that time the care home manager was pregnant and Joanie asked her every day "Can I hug my baby?" and gave her pregnant bump a hug. When her son was born, the care home manager brought him in to see those living in the care home and have cuddles. Joanie declared, "'Oh, don't let me hold him because I don't want him to catch my disease'". The care home manager was alarmed as she didn't think the lady had any disease. "What disease?" she asked, to which Joanie replied, "well, being gay'". The care home manager movingly described how she immediately handed over her baby and said, "'here you go'". She said, "she was 96 and had never held a newborn baby in her life. She thought, because all of her family had told her, her condition could be transferred to newborn babies. I was mortified". The care home manager described how Joanie's family never came to see her "because they were disgusted about her being gay". She also told us that Joanie had a life partner who had very advanced dementia who, unbeknownst to them, had been moved into a separate care home. They tried to arrange for her partner to come to the care home to be with Joanie, but they found it would have been too detrimental to the health of her partner, who died not long after. She said, "we would have had her partner here, but because when she opened up to us, eventually, it was too late." The care home manager remembered how Joanie had told her, "But we didn't live as wives, we lived as friends" to which she had replied, "because you had to, but she was your wife" to which Joanie replied sadly, "yes".

In another home, care team member Millie also recognised the importance of employing staff with the same values in order to promote an inclusive culture in a care home. "We hire the right people that have got a completely open mind". She described how a transgender woman had come to live in the home, who liked to talk openly about her gender identity. Millie remembered, "It wasn't a great big drama. It doesn't need to be a great big drama. It's an inclusive home…there's just no fuss needed".

This was particularly evident in one of the care homes we visited, which had a number of openly gay care team members and a clear culture of inclusivity, including files and leaflets on promoting LGBTQI+ rights in care on display in communal areas. The deputy manager of the home, Jay, recalled "one of my proudest moments ever working in care". He told us the story of a man who we will call "Phillip" who had come to live in the care home following the death of his partner. Phillip had "come out" to Jay and to another member of staff who identified as lesbian. Jay said, "because we were all gay, he'd come out to us and said, 'Oh, look, I'm gay too". Jay described how they "always have some LGBTQI+ inclusivity activities" going on in the home. During Gay Pride Week, some older people were painting pride flags together around a table. When Jay asked Phillip if he would like to join the activity, Phillip replied, "'No, I can't.' He said, 'I couldn't do that.'" When asked why, Phillip said, "Because people might think I'm gay", to which Jay replied, "Are you going to think the other nine people that are up doing the flags are gay?" Phillip considered it, "'Oh, I really want to', he said, 'but they might talk'" and then suddenly "plucked up the courage to do it". Whilst Phillip painted flags with other people living in the home, they started to talk about gay culture in the past and one of the women on the table declared that her daughter was gay. Phillip then "decided to just come out to everybody… 'I am gay'". Jay described the emotions he felt in that moment:

> I don't know how to encapsulate that feeling because I was just, like, we have made an environment where somebody feels so safe that at age 82 or whatever he is, he's been able to come out. At age 82. A secret that you've kept for all those years. I thought my job is done… if this environment is safe enough that somebody feels that they can do that, this environment is correct.

Jay went on to describe the response from the other older people sat around the table. He said, "The funny thing was there wasn't really a reaction. Everyone was like, 'Oh, really?' 'Yeah, my friend is gay.' Like, there was no, like, 'Oh, wow. Oh my god!'… Tick, job done".

Our findings highlight the importance of respecting the role of faith and culture in the lives of older adults, as well as promoting an inclusive culture in care homes through values-based caring practices and meaningful engagement. While not identified specifically in this study, there is a sense that, for some, despite all the losses that come with moving into a care home, the move can enable people to rediscover or reframe who they are. Self-identity and inclusion are perhaps harder to realise if your life at home is one of isolation from others, or if you live in a family or community that has previously not been accepting of your identity.

3.6 REINFORCING A SENSE OF SELF AND PLACE WHEN LIVING WITH DEMENTIA

It is estimated that 70% of people living in care homes are living with a diagnosis of dementia (The Alzheimer's Society, 2024). The care homes we sampled were primarily residential care homes. Some of these supported older people living with dementia within the main residential home. Others supported older people living with dementia, but these individuals were residing in separate units within the building, or in a sister home with specialised care, so we did not speak directly to these older people. The remaining care homes we sampled excluded those with a dementia diagnosis.

In the homes which did include a population of older people living with dementia, it was a challenge to create an inclusive environment suitable for all, particularly as this could create tension between people of different levels of cognitive ability (as discussed previously). In this section, however, we wanted to focus on the positive ways in which care homes were able to create an inclusive environment in which people living with dementia could thrive.

When living with dementia, it can be difficult for an individual to recognise relationships, environments can be disorientating, and self-identity can become diminished or lost. We found that some care homes had adopted positive strategies for supporting people with dementia to be aware of who they were and what things were. We noticed innovative strategies that were employed in the environmental layout of the home, for example an unlocked door from a dementia community's floor led into a walled garden with a circular loop pathway, which facilitated walking with purpose both inside and outside. We saw handrails that were painted different colours to help older people to navigate their way around the building and many of the homes personalised the older people's bedroom doors. We noticed various indicators to help people recognise the different rooms, including their own bedrooms. These included images (personal or generic) chosen by older people themselves, which were laminated to doors and, in one care home, small, glass fronted cabinets which contained a small personal item such as a book, doll or photo in a frame. These items in cabinets helped in multiple ways; creating a talking point, personalising space, and helping to correctly identify the right room.

The nature of dementia is that a person can lose their sense of self and connection with others. We create and validate our sense of self through relationships, and dementia can affect this. Care teams shared their strategies for entering into the world of the older person, to offer reassurance if necessary and reconnect the person with who they are. Examples of this are peppered through all the stories, particularly from family members and care team members.

Care home manager Lynette told us, "A lot of the residents living with dementia don't understand why they're here and they want to go home". She described how this was a challenging part of her role but that it is "a continuous process of just gently reminding them that they stop in with us for a few days. They weren't feeling so well, they were feeling a little poorly, so we're just trying to get them better. And slowly, just gradually, they will come to accept that this is where they now live. It's a very, very gentle process". Lynette recognised the importance that family members played in reassuring the person too.

Care home manager Louise described how it can be more challenging to support people who are living with dementia, but they work together as a care team to figure out the best way to work with an individual, discussing cases in team meetings. She told us:

> When you've got somebody that's quite challenging and then different staff are trying different things, you know, that are not working, 'Come and sit down, do this and this.' When you know that person doesn't want to sit on a chair, it's good for us to pick that up and say, 'This is the best way.'

She said that the techniques they use are to "monitor and watch" and "encourage them" and watch for progress over a period of time.

When someone is living with dementia, managing risk can be particularly challenging. Routines are one strategy for creating a sense of safety, and they can be helpful for people living with dementia to recognise what is happening when and with whom. Conversely, routines can also be overly inhibiting. Some older people welcomed routine, and others found it restrictive or frustrating. Eileen had a diagnosis of dementia and had been moved into a care home by her children for respite, but then did not return home. She described her frustration:

> The only way I could describe it is, like, I'm a bird out there, flying around in the trees, doing what I want, and eating what I want, and everything, and when I want it. I've been caught, put in a cage, put in here, and now I'm not free no more.

Monitoring risk is an important aspect of dementia care, whilst also promoting independence and autonomy as far as possible. Care home manager Victoria described how she supported people who did not have capacity to make autonomous decisions, even when there was a degree of risk involved.

She gave the example of how, if an older person in their care who did not have capacity to make informed decisions wanted to go for a walk, they could go on their own if they wanted, but there would be a care team member who followed "10 steps behind". She said, "we have got residents that don't think that they've got a capacity issue, that feel as though they are being trapped because they can't go out on their own. 'Well, then, off you go.'" She told us that the older person would ask why they were being followed, to which the carer would reply that they are "going home" and "live in this direction". Eventually the older person would tire and "sit on the wall" not far from the home; "we know they only get so far, and they'll be like, 'Oh can't do this anymore.' 'Should we just take you back?' 'Yeah.' They've been realising their limits. They have to realise themselves. But yeah, if they want to do it, they can". What is striking about this story is how independence and choice is promoted, even with a potentially "risky" activity.

Being able to enter the world of the person living with dementia is a skilful technique of relational care. It provides reassurance in the moment and helps validate experiences. Care team member Laura gave a nice example of this. She described an older lady who is living with dementia, who we will call "Mabel". Laura told us how the doctor rings up once a week to ask about four particular older people, including Mabel. The doctor called and asked, "'Well, how is she today?' I said, 'Well, she's fine. She's on a cruise.' And the GP started laughing. 'Oh, really? Whereabouts, is she?' I said, 'I think she's going around Barbados at the moment, actually.'" Laura described how in Mabel's mind she was always on a cruise with her husband taking care of her; "she's happily confused".

THRIVE SECURELY

4. THRIVE SECURELY

Feeling safe and secure in a home environment is essential for psychological wellbeing. A sense of safety builds the foundations from which someone is able to grow and thrive. Many older people are living in the community in unsuitable housing, and some are in unhealthy relationships. As an individual advances in age, and has increasing health and mobility needs, many personal home environments become increasingly less suitable and less safe. In this section we explore how older people have benefitted from feeling safer when living in a care home, how some older people have moved into a care home from less-than-adequate living conditions, and how care homes can help support older people to manage risk whilst still helping them to enjoy the things that matter to them.

4.1 FEELING SAFE AND SECURE

Older people living in care homes, families and care teams alike all expressed that feeling safe and secure was one of the greatest benefits to living in residential care. Older people sometimes expressed a sense of great relief to finally be in a situation where they could be cared for, and they no longer needed to worry about anything. Prior to moving to her care home, Irene had experienced a nervous breakdown making her frightened of everything, to the point where it had stopped her being able to do anything alone. She had moved across the country to live with her daughter, but it hadn't worked out. They had a really turbulent and difficult time leading up to Irene moving into her care home. Irene told us that it only took one day to settle into the care home and described her first evening; "I came here, and I got in that bed, and I thought, 'Oh, I'm safe. I'll get better.' And I have improved". Irene's room opened near to the care home lobby so she could see people coming and going. She said, "I've got the best room. It's the noisiest". Her daughter Jane explained that they particularly liked that room because it was the "safest, because they're there…so if something happens in the middle of the night, she don't have to panic now, do you? Press your buzzer and they're there". Irene became emotional as she recalled how relieved and safe she felt now:

> They were so kind to me. I mean, I could cry now. [Voice breaking] Sorry… I've been here a year now. Exactly now a year. So, this is my home. [Crying]... When I get into that bed at night, I know I'm safe. And I know if I'm not well someone will come in. It's a lovely feeling...And just contentment, really. And they're so kind'.

Other older people described how their health conditions had made them worry about their safety when living in their own home. 94-year-old Harriet had become increasingly unwell, frail and had fallen over on a number of occasions. She now "felt really safe" after moving to her care home, whereas before she was "getting scared all the time".

88-year-old Pam had been living at home and coping well. Prior to moving into her care home, she had had a procedure on her heart and been sent home to recuperate. Two days after discharge, she fell and broke her hip. She described the moment; "The kettle was boiling. I turned around to get milk out the fridge and I fell…I waited four hours for paramedics to come here on the kitchen floor." Thankfully someone came to read her electric meter. Pam was able to shout to him for help and he got her the help she needed. Pam remembered, "I had to lay there till the paramedics come to make sure, because it was a certain angle, they couldn't move it. And they couldn't get me through the front door". From there she was then in hospital for a couple of months, followed by respite care, and then another care home, before finally moving to her current care home where she had been for three months so far. Pam confessed that she felt a bit down about having moved into a care home so unexpectedly, but that she was starting to settle in. She described that, for her, the biggest benefit to living in a care home was "you're looked after, you know, you're in safe hands, and there's always somebody, you know, if you're not well, where you wouldn't get that if you were at home".

Other older people we spoke to had worried about their health when living at home, particularly about falling. Moving into residential care helped to alleviate some of those concerns; knowing that someone was always around should they need it was reassuring.

4.2 SUPPORTIVE NIGHT-TIME CARE

Older people described feeling most afraid at night-time when living in the community. Having carers on call 24 hours a day, should they need them, was vital in helping people to feel safe and secure in care homes. Many of those we spoke to had had carers when living at home, but they had transitioned into a care home when they found that their care needs increased and when they realised that they needed support overnight too. May told us, "I didn't like being on my own at night… if I woke up and I thought, 'Oh, there's nobody here', you know. That was the main reason…[It's] the next best thing to living at home" and Delith said, "when I go to bed at night, I don't have told worry about whether anybody breaks in now. If there's any fire or anything… I feel safe at night". 84-year-old Marcus described how he was a "bit nervous" living alone after his wife died and how he used to keep a knife under his pillow. Now living in a care home, he said, "I don't feel nervous at all, now. As long as they close the door tight".

Many of the older people were previously in receipt of 'home care' but found that, as their needs increased, they required more round-the-clock care. Kathy told us that she had previously had a "machine" at home which alerted her family if there was a problem, as well as a carer who visited for her for 30 minutes a day. She said, "I found it really difficult…I didn't like the nights…I don't think I was given enough support… [now] I'm a lot more relaxed".

Some care team members had experience of working in domiciliary care and recognised the challenges that older people faced in the community, and what a difference it made to their lives to live in a care home. For example, care home manager Josie said:

> If you're in the community, you're allowed a maximum of four calls a day. That's breakfast, lunch, teatime and bedtime… if they're lonely and sat at home and they're vulnerable and they can't quite make a cup of tea and they're sitting, waiting, watching the clock for their next visit, they're probably long days and that person is quite vulnerable. Where here, they've got company 24/7. They're not spending a long night in a house on their own, vulnerable, in the dark, or maybe have been incontinent, but they can't get out of bed, so they have to wait all morning for that call. Where obviously we offer 24-hour care.

Family members were often exhausted by night-time care, having to stay over, receiving calls in the middle of the night, or worrying about what might happen in their absence. For some this created problems in their own home lives, in relationships, in jobs, and for their mental wellbeing. It was particularly difficult for those family members who had a relative living with dementia who displayed behaviour that could be challenging. When 80-year-old Gloria's husband Jeffrey was living at home he went missing three times, sometimes overnight. She described how one time she was getting ready for bed when she realised he wasn't there. She recalled:

> I phoned the police, and they couldn't find him…he was walking all night. Because when they did find him, it was the following morning and they said most likely he might have gotten on a bus, fell asleep, but that wasn't so. And when they brought him back, the pair of shoes that he was wearing, I just had to throw them in the rubbish, because they were worn out.

Adrienne's mother started to go missing at night which was raising alarms for her family; "She started wandering at night, in her night clothes in the pouring rain. She lived on {street}, and across the road, there was cliffs right down. She could have gone over any one of these".

Care team members recognised the difference good support at night-time made to older people. Care home manager Lucy felt that the anxiety of being at home alone at night-time could affect people's blood pressure:

> The anxieties of being at home, on their own, on a night in the dark [slows] their blood pressure. Then when we come here, we find that people's blood pressures are really low but they're on a boatload of heart medications to control that. They don't need all that medication anymore.

Other care team members discussed the increased risk of falls at night, the various alarm mats and sensors that can be provided, and the quick response from care team members if there is a fall or someone walks around at night. Care home manager Victoria recognised that some older people, when living in the community, were deliberately restricting their fluids for fear of needing the toilet at night, whereas in a care home they could have toilet support, or their toilet was ensuite to their bedroom. Care team member Heather also recognised the need for psychological support if someone is unsettled at night; "If they just want to during the night with the carers, they could have a chat. If they want a coffee during the night, they can have a coffee during the night".

Two older people described the greatest challenge of living in a care home was having other people coming into their room at night-time and, for them, although now more reassured, this experience had temporarily made them feel unsafe. Suzanne described how a "dear lady" came into her room at 3am and sat on her cabinet. She said, "certain residents who have lived opposite me have walked into my room. And I won't have that…I don't want strangers walking in".

4.3 ESCAPING VIOLENCE AND VULNERABILITY AT HOME

Our research uncovered stories of people who were previously living in poor housing conditions, with the recognition that moving into a care home had been of enormous benefit to their quality of life. Gladys's mother was living in a large rural property and had broken each of her hips in separate incidents. Gladys admitted, "It was getting harder. It was really getting harder". She explained how they had put a bed downstairs for her, but said:

> It was so cold. There was no heating. [Sighs] And she was just getting a struggle to keep on top of everything. And in the end, she was virtually living in the one room. And I thought, 'This can't go on.' It's going to break in a minute. One of us is going to break—her or me or something.

Gladys had tried living with her mum for about eight weeks but "the house was so cold" and there was "no proper bathroom" and she had to sleep on the floor because there was no other bed. She considered her mum moving in with family, but didn't think it would work out. She described how her mum's health deteriorated after her second fall; "she just couldn't seem to remember how to do anything. Washing was getting difficult. Just everything, walking around. She just lost her confidence. Everything was just going". When asked what the greatest benefit of her mum moving to a care home was, Gladys replied, "just the security that mum is now safe. I think, that was my huge worry that every day was going to be a challenge and I didn't know where we were going to end up. And now I know that she's being looked after and she's safe".

93-year-old Ian had struggled with unsuitable housing before moving into a care home. For most of his life, he had lived in tied accommodation from his workplace as a gamekeeper in a rural area. When he retired, he had been offered new accommodation on the estate. However, the property was really damp, and it had affected his breathing, eventually resulting in pneumonia. He said, "I really caught some funny stuff off the walls...Very, very damp". He then described one dramatic night when there was a "big accident" when "all the trees blew down all around my house and I never got back into the house". His adult children rescued him from his home during the storm and he moved in with his daughter, before going to hospital with respiratory problems and then moving into his care home. He described a range of benefits to living in a care home, including having good food, good relationships with the care team, and

being with his wife who had moved in during the COVID-19 pandemic. He said, "there ain't nothing wrong with the place" and "It's all good".

Care home manager Lynette remembered an older lady who had been living in "horrendous" conditions. She said, "the rats had eaten through the mattress. They had no hot water. They had no heating. …there was rat faeces found in the home. The home was cluttered…the stench was unbearable. It was a terrible, terrible, terrible situation". She told us how the lady – who we will call "Rose" - had been admitted to a care home following a stroke and described the difference this had made to Rose:

> Within a few weeks, we had her sitting in the dining room, having a tea party with her daughter... you can see the joy on her face. And when she came in, she was also, she wouldn't look at anybody. She would close her eyes if you tried to speak with her. And so, she wouldn't communicate with anybody at all. And she wouldn't look at you. She wouldn't do anything. And to have her now, where we have the team, having amazing conversations with her. … But I think she was just…traumatised by what her living conditions were. That, you know, coming in here, she's cared for. She's taken care of. She is involved in activities, every single thing. Her life has completely 'done a 360'.

Lynette told us that Rose's husband also comes to the home now to join in the activities and celebrations so that he isn't on his own, and that his living conditions had improved according to the social worker. She said:

> You see the condition that people are living in. It's just heartbreaking. And then you think, like a week, two weeks later, she was clean. She had had a bath. She had electricity. She had heating. She was having tea with her daughter. Those things are, seeing the residents, the difference that we make.

There were stories from some older people and families about violence at home, and how the care home had helped with managing these difficult relationships. 75-year-old Pauline had lived in her care home for two years. We asked her what life was like before she moved in. She replied, "Horrible, horrible". She described how her daughter lived with her, but was married with children. Her son-in-law "was a drinker". She said, "I didn't get on with him. I didn't like him. He used to throw bottles and all that…so I was glad that I come out of there and that I'm in here now. Very glad". She felt much safer living in the care home and was now being treated with respect and kindness; "Everything's got better for me."

92-year-old Enid told us, "I've got a schizophrenic son, and he pushed me down the stairs, which was why I'm here". She said that he had never previously been violent but "that's what schizophrenia does to you". Her son had moved into a permanent care home now too which was an enormous relief for Enid, saying that despite that incident "good's come out of it".

79-year-old Meg's husband of 60 years was diagnosed with Alzheimer's in 2011. She told us how they managed OK for the first couple of years at home, but then said that the "next three or four years became very difficult because he became more agitated and suicidal, aggressive, and very difficult to manage". She described an incident whereby, "he got very violent one night and he wanted to kill, he was trying to kill me, and his hands were around my throat. And that was the turning point". She also described how he had threatened to kill himself on the motorway, or by lying in the stream behind their house; "He would say, 'I can lie down in that stream, and I'll die'". Meg then said, "one day he went out in the garden, and he just lay on the flower bed, and he wouldn't get up. I couldn't get him up". Meg was clearly very sad about the situation and described how she grieved for him when he first moved into a care home:

> I thought, 'He's never coming home again.' That was a grieving part for me. It took me about five months because I think, physically, by that time, and mentally, I was exhausted, anyway. It took me five months till I thought, 'Right, I'm feeling better to get on with things'.

Meg had found support in the care home, and this had benefitted her wellbeing, and she was able to list multiple benefits for her husband to live in a care home, but "mainly stimulation, companionship, and tender loving care."

4.4 MANAGING FIRE AND GAS RISK

There were some older people living in care homes whose behaviour whilst living in the community had presented a risk to themselves. These stories were usually told by their family members. Sue's mum had "severe Alzheimer's" and had started to forget how to do basic chores such as doing the recycling, making a sandwich, changing her clothes, and she was unaware of her incontinence problems. Sue remembered how this eventually culminated in a kitchen fire; "she microwaved a sausage roll for eight minutes". Sue said that her mum had called and said that there was a "'noise going on in the house'" and when they arrived, they found the house full of smoke and "she was sitting in the house with smoke, not even aware of it". She described that incident as "a defining thing" and "that's how mum ended up in a home".

Christine described how her mum had a gas leak at three o'clock in the morning, which then resulted in her having no heating. Jim described how his mum Pali was caring for their dad at home, but they also had a carer coming in to support them both. Jim recalled how Pali would make breakfast, but she would frequently leave the gas on; "that really worried us. It wasn't safe for her".

Walter had moved into a care home following multiple incidents at home. His wife Faye made the decision that he needed to move into a care home after he set fire to his DVD player. She remembered how she had tried to put the fire out herself whilst waiting for the fire brigade to arrive, by which time it had melted his 'lifeline box'. She also recalled the fire that happened a few weeks prior too; "it weren't a bad fire. It was on the carpet. Just stamped, put it out, make sure it's out properly. I chucked water on it, see if it'll do it". Faye felt more secure knowing that her husband is now "being looked after better".

4.5 ASSESSING AND MANAGING ACTIVITIES INVOLVING RISK

Care homes are important for helping older people to feel safe, and for ensuring safety through increased noticing, being able to respond quickly, and helping to assess and manage risk. However, there can be a difficult balance to achieve between managing risk and helping the person to feel empowered and independent. Some older people struggled with feelings of increased dependency, and care teams recognised that this was a significant challenge for people when moving to a care home. However, we heard stories of how care teams had gone above and beyond to help older people to do the things that they enjoyed, even if there was an element of risk involved.

Care home manager Audrey described how a Jamaican lady in her care home used to love making fried dumplings and how everyone was saying, "No, no, no, no, we can't allow it to fry these, you know, she could burn herself!" So, she found a way for her to engage in the activity safely, by first doing the kneading of the dough, with a bowl of water beside her to wash her hands, and then by using a small portable hot plate to bring to her so that she could watch the carer fry the dumplings.

Care team member Charlotte described how they have a darts club in the care home. She said, "There shouldn't be any reason why residents should come here and stop what they were doing. You know, why should they?" We also saw in a few of the care homes that there were 'tipple trolleys' and even pubs in the care home which were open to the people who lived there. 93-year-old Ernie described how he used to like to go to the pub with his friends. He now has his own drinks cabinet in his room:

> I'm allowed that, that is official. That's mine, but you still don't go over the top. But you don't have access to bottles. You have access to a small amount, two glasses. And, on a night, I mean 8 o'clock, 9 o'clock, we'll have a nice Bacardi and Coke…And I'll sit there with me supper, and I'll have a nice gin and tonic or something like that.

This was a critical way in which Ernie was supported to maintain his previous lifestyle but in a safe way.

Care team member Sarah described how, in the care home she worked, there was a gentleman who still regularly went out to the local pub. He had some memory problems and would just walk out of the building and go to the local pub for some drinks with his friends, but wouldn't tell the care team he was going. As the care home was in a very small community and everyone knew one another, the pub would call and let the care home know he was there. Instead of preventing the gentleman from going to the pub, care staff communicated with the pub's owners, so then they would let the care home know if the gentleman was there and when he was heading back, so that one of the carers could "accidentally" meet him halfway to walk him home.

Care team member Heather described a range of activities in her care home which could have been considered risky, including: a sports day featuring Zimmer frame sack races, going ice-skating with the local ice-skating club coming to "judge them on the ice", taking older people on holiday, mountain climbing, and going on boat trips. She said, "they can do anything. You've just got to look at it and say, 'Well, we can still do it, but we just need to make it a bit more easy.'"

In another home, care home manager Yvette described how, in a previous care home that she worked in, she had asked the care team to find out from each older person "if there was one thing they could choose to do before they die, what would it be?" One care team member said that Hilda would "love to go and watch the ice skating" because she had been watching Dancing on Ice. Hilda had capacity and could make her own decisions. When Yvette approached Hilda, she said, "I hear you want to go and watch the ice skating"' only for Hilda to reply, "I never said that. No. What I said was, I want to try ice skating, myself". Hilda was 90-years old and quite small and frail, but Yvette was delighted by her request. However, Yvette recalls how she was a bit cross with the care team member, "I said, 'If she says that to you, you've got a responsibility to try and do that…she didn't say she wanted to watch it. She said she wanted to try it'. There's a difference. Isn't there? So that was a lesson to learn". She remembered with pride the day they took Hilda ice skating:

> We put her in a wheelchair. We did a risk assessment…and we took her out on the ice. We put some skates on her and about four of us helped her to stand up on the ice with skates on. You know, and she, I mean, she was absolutely hysterical. And it was just such a, yeah, it was just such a wonderful experience. Not just for her, but for us. I went home that night feeling so accomplished. I think that's the best thing I've ever done…you know, encouraging, supporting them to live their life. Who are we to say that some things shouldn't happen?

THRIVE WITH DIGNITY

5. THRIVE WITH DIGNITY

It is important to acknowledge here that dignity is an important virtue which shapes all dimensions of care. Throughout this report we have shown that communicating with others, social inclusion, supporting health choices, and having choice and autonomy over what happens in one's daily life are critical for the wellbeing and dignity of older people living in care homes. However, in this section we will only focus on aspects of dignity relating to personal hygiene and managing the other aspects of daily living, such as household chores. Here we emphasise how discrete and sensitive approaches are important in helping people to feel comfortable and safe with these forms of care, and highlight the need to promote independence and to ensure that support is appropriate for the individual. Older people told us how they benefitted from these forms of support in care homes, and how this helped them to thrive with dignity.

5.1 SUPPORTING PERSONAL CARE

Some of the older people we spoke to admitted to struggling with their self-care prior to their move into a care home. Families and care teams also told us powerful stories of how some older people had been transformed through receiving the right support with personal care. Care home manager Lynette recognised that some of the older people who came into her care had previously lived alone and that there had been "some degree of self-neglect". She said, "People maybe don't eat as well as they should, or they don't take care of their personal hygiene as well as they should, or their skin integrity suffers".

In another care home, team member Chase remembered a particular example of a lady - who we will call Felicity - who came to live in the home. Felicity had been supported by her mother all her life, but when her mother died, she was no longer able to care for herself alone. Chase recalled that some friends had invited Felicity to live with them but "there were all sorts of strange goings on. They had locked her room". When she arrived at the care home, Felicity wouldn't communicate with anyone, just sat in her room, ate in her room and had symptoms of obsessive-compulsive disorder (OCD), and she didn't want to be touched or put her feet on the floor. Chase described how she gently encouraged her to wash; "she wouldn't let anybody see her. And I think there's a lot that went on that we didn't know". Eventually Felicity began to accept help with her personal care. Chase remembered how, from that point on, she started to come down for meals and spent Christmas with others for the first time in her life. Chase said, "she wasn't here for that much longer. In my eyes, even if in six months, we gave her something, that she's gone to another place and carried those special moments with her". Chase's story was of gentle encouragement, supporting the needs of this very vulnerable older lady, promoting dignified care, and the transformative impact this had on her.

5.2 THE MANAGEMENT OF INCONTINENCE AND PROMOTION OF CONTINENCE

Incontinence is a prevalent condition amongst older people living in care homes, and having support to manage this condition was an important benefit of care. When living at home in the community, bathrooms may have been situated upstairs and getting to the toilet took time, so one of the most significant factors in promoting independence in managing in/continence was having easy access to an accessible toilet. Most care home rooms have ensuite bathrooms and this was really important to some of the older people we spoke to. 84-year-old Rainee told us that being able to go to the bathroom by herself helped her keep her independence. 88-year-old Pam was on heart medication which meant she kept "dashing to the toilet" and needed a raised seat. She chose a room with an ensuite and told us that she couldn't have coped without it, as she needs to use the toilet every half an hour. She also benefits from nighttime support with using the toilet, saying, "I manage alright during the day but just at night". When 94-year-old Angela was asked about her first impressions of the home and her room, she said, "I loved it… I just couldn't believe it. I went in the toilet. So that's my best friend - the toilet! [Laughs]".

Some older people used pads to help manage incontinence. Amina told us about how well she was cared for in her care home. She said, "they're kind for me…Today, they wipe me. Look, look my body now. They wipe me here." She (unexpectedly) lifted her top slightly, to show where she had been wiped under a fold of skin and the top edge of her pad. She appreciated how carers helped her stay clean and dry, and how they put her pad on for her. Whilst describing this, she said that the care team "talk properly and the staff is good". Having good, respectful communication whilst administering personal care is really important for maintaining dignity. 84-year-old Fifi also recognised the level of dependence she had on others to help manage her incontinence. We asked her what good care meant to her, and she replied:

> The carers are a wonderful bunch. And you can see how dependent I am on them...unfortunately, I have to wear pads. So, they're a big part of me wearing pads, which I didn't want to wear. I hoped I would never have to…so I am very, very dependent on the carers, who, here, I must say do a wonderful job.

5.3 BATHING

When living at home in the community, as with the access to toilets, baths are also often inaccessible to older people. Many older people adapt their bathrooms to accessible shower rooms, but some people missed the experience of bathing. Stanley told us that his bathroom was up two flights of stairs and, when he started to have falls, he couldn't access it anymore. Rainee had considered moving in with her son Bruce, but there was no accessible bathroom in the house. Family member Jim had tried to have his mother's bathroom adapted, but the work was halted due to the COVID-19 pandemic lockdown. 86-year-old Margaret told us how she had had her bath replaced by an accessible shower at home, because she could no longer get out of the bath. Now that she lives in a care home she enjoys a bath twice a week. She said, "I didn't think I missed it, but I found it was lovely." And family member Carol also told us that bathing was important to supporting her mother's dignity:

> The one thing she's really enjoyed since she's been here, is having a bath. Because their bungalow had a walk-in shower and I think probably where they lived before with a bath, she probably couldn't get in and out. So, she loves her baths here, nice bubble bath. And apparently, it's got jets, so she loves a bath. That is something she wasn't getting at home. So, sort of bath, hair, not to smell, because she's incontinent now and she doesn't smell at all.

Alan was particularly impressed by the shower room, which was part of his ensuite, and he told us that the main things that had improved in his life since living in a care home were that "they give me a shower every day" and "a change of clothes".

Families also appreciated the support that their relative received with personal hygiene and bathing. One of the most challenging, and often unanticipated, aspects of providing care for an older parent at home is having to attend to a parent's personal care needs, and how intimate care can change the relationship between family members. Daughter Jan described how she had reached "crisis point" in caring for her mum. She was finding it increasingly difficult to lift her mum and to dress her. She described the experience of trying to assist her mum with showering:

> We got the bath taken out and a shower room put in and wet room. So, the only way I could shower her was when I got her on the toilet. I couldn't shower her in any other way. She wouldn't stand in the shower; she wouldn't sit in the shower. She didn't like the shower…it was quite a lot really and it was getting worse and worse and worse…I just sobbed my heart out and I just thought, 'I'm letting her down.'

Care home manager Nora recalled a gentleman who came into their care, whose son had previously been providing his personal care. She told us how the father-son relationship had changed once the father had come to live in a care home:

> When {the gentleman} was poorly, his son used to have to go around and help his dad to go in the bath. And it got to the point where he thought it wasn't his dad anymore. It was somebody he was looking after. From him coming in here, he came in and he got his dad back, was his words. He sat and watched football with his dad.

However, with the right support from the care team, some family members found a role in providing intimate, personal care for their parent living in a care home, and that this could be a bonding experience as it created new levels of trust, safe-touch, and connection. Family member Gladys described how she was made to feel "part of their team" with the care home; "we're all doing it together". She said that this was a "reassuring feeling especially when they know what they're doing, and I don't". She told us about how she assists her mum with meals and brushes her hair, which helped her feel part of her mum's care but without having sole responsibility. She told us how she had feared that her mum might have been upset by having to have personal care by the care team, but that she never complains. She attributed this to the care team being "pretty good and discreet and quick".

Bathing also appeared to offer an opportunity for creating caring bonds between older people and care team members. Bathing created opportunities for meaningful engagement, having a chat, feeling loved, attended to, and cared for. Care team member Laila described how she liked to make bath time enjoyable. She said, "I cry with my residents, I laugh with them, I hold hands. When I'm having a bath with them, I'm laughing. I'm making the bath time, you know, enjoyable". Care team member Nicole also prided herself on her bathing care and had the nickname "bath queenie". She told us, "I just like to make sure, like, they're bathed, they're comfortable, they're clean". When asked what good care meant to her, she replied that:

> You're really getting to know that person, making sure their personal care [is done well] is massive for myself. I like to make sure everybody always feels that little bit better when they've had a warm bath and put on the ladies smellies and their creams and making sure just the way they would have probably done beforehand. I like making sure their hair is all pretty and it's still that nice feeling.

Most of the care homes we visited had an onsite hairdresser or a mobile hairdresser who visited those who lived in the care home. Some of the older people shared that they liked to have their nails regularly painted too. Family member Lorraine said that, for her mum, "the hairdresser comes in and does her hair and she's got the chiropodist comes in, she gets her nails painted and I'm like, 'Get you!'" Older people told us about the importance of having the opportunity to have their hair and nails done in their care home. Support with physical appearance is an often-underappreciated aspect of care, yet it seemed to play a critical role in supporting self-expression and self-identity, and this in turn impacts on how likely someone is to engage socially with others.

Although all the care homes in the study strived to promote person-centred care, in practice personal care routines also had to fit with the routines of the home and with staffing levels. Some older people spoke about there not always being enough care team members to manage their routine how they would like it, for example having to get up earlier than they would like, or not being helped to shower at the time they would want. Care team member Elsie admitted, "I think, with the best will in the world, we try to fit around what everybody wants and needs and things that they're used to and little quirks. But at the end of the day, we've got a lot of people to look after". And care home manager Lucy recognised that it was a matter of "compromise", and said it was a source of frustration that, when older people were shown around the home, social workers would say, "'You can do whatever you want whenever you want to do it'" but that in reality it might not be possible to fulfil a particular request, such as showering, if it was at a busy time or handover time.

5.4 SUPPORT WITH CHORES

Older people frequently moved into a care home after finding that they could no longer manage their everyday household duties. Many older people said that one of the most important benefits of living in a care home was assistance with household chores, in particular cooking, laundry or managing bills. Maureen said, "I don't have to worry about my washing, whether I've got heat or anything". Emre said that the cleaners come every day; "clean the toilet, clean in here, mop. And the care staff, we have a laundry is done in the basement and the covers all go downstairs, a new sheets put down... I'm glad I'm here". Belinda said that the benefit of residential care for her was "having help with the housework and generally looking after yourself. It's very, very beneficial". And Orion said, "they're looking after me, feeding me, looking after my beds and laundry and all that".

It was Ivy's own choice not to bring many possessions into her care home and her room was deliberately quite bare and very neat. She explained that she liked to keep her room simple as it helped her maintain her independence; "just as soon as you made the bed, you don't have nothing else to do". She explained that at home she could have paid people to help her with cleaning, DIY, or gardening, but she didn't want the worry of having people coming and going. She said, "I just didn't want to have to worry about anything. And I haven't here. There's nothing to worry about." She described a sense of relief at leaving her own home to move into a care home.

Other older people also described a sense of relief at feeling like they were looked after and at not having to worry about anything. 74-year-old Peter described how "everything is looked after"; "I don't have to do anything. Make the bed. That's it. It's just easy. It's a proper retirement, to be fair". Diane decided life would be easier in a care home, saying, "I'd rather just retire. [Laughs] and I'm lazy as well, you know. I like to be waited on". Margaret described living in a care home as "like a holiday", clarifying, "I don't want you to think that I'm lazy, but it is easier for us when we're like this". And Enid described the care team as "angels" who "wait on us hand and foot. Nothing's too much trouble. It's a doddle". Having big chores taken care of by someone else was a big weight off the mind for many older people.

Laundry was an important part of this aspect of care, particularly for maintaining dignity. When older people had been living at home and there had been incontinence issues, laundry had become a difficult and endless chore for many. Making and re-making a bed was also a particularly difficult task. 88-year-old Sidney told us, "Everything's done for you. I'll give them their due, there, everything is done for you. And it suits me, that, you know. I don't have to bother with washing…my clothes get washed every day." And 93-year-old Ernie was particularly appreciative of the laundry service in his care home. He said:

> When I take all my things off at night, I leave them there. And the next morning, they've gone. And I put new ones on. New ones on. And everything's laundered for me. And everything goes back in there. So, it's home from home. The whole thing is, but the staff here, you couldn't be, if I was in a five-star hotel, I couldn't get a better service and better staff and better treatment than I get here.

Assistance with chores and laundry are often neglected aspects of consideration in the care environment but, for the older people in this study, this was one of the most commonly cited benefits of living in residential care.

THRIVE HEALTHILY

6. THRIVE HEALTHILY

The move to long-term care for older people is often preceded by a sudden health crisis, the deterioration of an existing health condition, and the inability for care to be provided at home any longer. Older people are typically delaying a move to care and are coming into care homes with more health problems than ever before. Healthcare, however, encompasses more than just physical health. It is important that wellbeing is considered holistically, ensuring that people are able to flourish through meaningful activities, supportive relationships, and dignified care, all provided in a safe and stimulating care home environment. This section acknowledges that older people require a balance of all of these elements to thrive well in residential care, but underpinning these is 'feeling well' and reassurance about healthcare.

6.1 HEALTH TRANSFORMATIONS

The older people we spoke to in this study had a range of health conditions and sometimes multiple complex comorbidities, including: mobility issues, sight and/or hearing loss, incontinence, heart conditions, a previous stroke, dementia, breathing difficulties, epilepsy, cancer, psychiatric conditions, mild learning disabilities, amputations, ulcerations, diabetes, and head injuries. Older people told us about the frustrations and difficulties they had with these various conditions, but many recognised that it was, for them, an inevitable part of growing older. For example, Betsy had a cancer and she said, "I'm deteriorating because I'm old…Well, you even day-by-day get worse. So, because you're moving along, and you're getting that day older, next day older. It's all, it's all in the thing, like, you know, it's natural".

For some older people there had been a reluctance to move to a care home, for fear that conditions could worsen, and some people initially struggled with the idea that this is the place they may die. However, in all the care homes we visited, we heard powerful stories of how, with the right health support, lives were transformed for the better.

Care team member Caitlin spoke of a lady who came into the care home a few years ago with a "grade five pressure sore" across the whole of her back, which went through to her spine. She said, "she wasn't eating. She wasn't drinking. They expected her to be gone within weeks". With the right support in the care home, the lady is now eating well, and the pressure sore is healed; "she's completely healed and she's amazing. She's thriving, she's not going anywhere".

Family members we spoke to described how their older relatives had improved in health since living in a care home. Lorraine thought her mum was going to die 18 months ago. She said, "she was so frail and so weak when she was in hospital. So, it's amazing, you know, what this level of care has done for her". Lesley's 93-year-old mum had gained weight, was "no longer breathless" and "no longer needed to use a scooter". Previously we described how Lesley's mum could barely walk from one room to the other in her own home, but Lesley described how she now "takes herself out every day, twice a day, for walks around {the town} …she's remained stable because of being here".

Irene's health had dramatically improved since living in her care home. When we asked Irene about what improvements she had seen in her own life since moving in, she replied, "Oh, I'm a different person". She explained:

> I am improving. Because my nerves are getting better, I can do more physically…When I first came, {Victoria} gave me a big hug [and said] 'We'll get rid of that. Ditch the wheelchair.' And I never thought that would happen. But that's my own so I can keep it there and take if I wanted to. But so far so good.

Care home manager Victoria remembered that Irene had arrived in the home as a "nervous wreck", couldn't walk, and was "in a wheelchair all the time". Victoria said how Irene had "no confidence, anxiety, nervousness and the inability to do anything" and how her daughter Jane was also very upset and unable to cope. She described how Irene's health had transformed, and how this had helped Irene and Jane's relationship too. She said:

> A year later, we only use a wheelchair when we're going up the road because it means that she can do more shopping …{Jane} is here three or four times a week, if not many more times. They feel that they've got their relationship back. There's no anxiety. We don't use the wheelchair within the building. They have a walker. They do exercises every morning and evening to stretch themselves. And they actually feel like they've got their life back. And I got told when we had our Christmas party, I just got this massive hug, [and Irene said] 'I feel like I'm back to me'.

6.2 APPROPRIATE MEDICAL CARE

When someone has multiple health conditions, getting the balance of medications can be a complex challenge. One of the most important aspects of healthcare in care homes is having the right professional support to monitor, regulate, and distribute medication. For older people who live alone, it can be easy to forget medication, muddle doses, and forget the timings of medications. Having medication regulated can be a relief for many older people and it can also be a relief for family members who feel reassured that they are getting the correct doses at the right time, and it relieves them of that responsibility too. Family member Meg told us, "When they get dementia, if you're the only one with them, you're their focus and you're at risk. Whereas here, I mean, they know how medically to treat him here".

Care team member Shola said, "residents and relatives don't need to worry about missing medications or what to do if there is an emergency". She went on to say:

> The major benefit is they are getting 24-hour care. So, relatives can relax wherever they are, you know. And if there is anything, maybe an accident or incident that happens, we give them a call, you know. So, before we ring the family, we would have rung the GP, ring emergency services if need be.

The care teams we spoke to appeared exceptional at being able to recognise how a health condition could be managed differently, and we heard some stories of life-changing transformations that happened when people received the right medical care.

Care team member Sarah told us about an older lady who had a diagnosis of schizophrenia and, when she arrived at the care home, she was very quiet and introverted. She described how the lady was hearing voices because she wasn't on the correct dosage of her medication. With the help of the doctors, they helped her to get her medication correct and she "has come on leaps and bounds now. She's going out for trips. She's coming down and sitting in the lounge and talking to the other residents".

Care home manager Lynette remembered an older lady - who we will call Gillian - who lived with them for several years. When Gillian arrived, she was on oxygen and had to take an oxygen cylinder around with her. She had suffered multiple chest infections which had resulted in hospital stays. Her daughter could no longer care for her, so eventually Gillian ended up moving into a care home. The care team recognised that Gillian's breathing became worse in winter, and that this was due to an infection, and so they treated her with the right antibiotics. Once they realised it was an infection that could be treated with antibiotics, Lynette said:

> She never mobilised with oxygen ever again. In fact, she never used oxygen ever again. We had it taken off site because it was no longer necessary. She didn't need it. And all we were able to do was to treat the infection that was there, that was causing her to need the oxygen. So, her life greatly improved. You know, she got to live with us for several months, and had a really great quality of life.

Care home manager Victoria recalled a lady – who we will call Maeve - who was blind in both eyes; "couldn't see anything, couldn't mobilise, didn't do anything". Since moving into the care home, Maeve had been able to start using her arms again and walk with a stick. Maeve then had her eyes tested and they found that she had bad cataracts, which the opticians had said couldn't be operated on because she wouldn't have the care to support her after the operation. The care home offered her the option of surgery and the promise to support her aftercare. Maeve went for the operation; one eye failed and the other was a success. Victoria remembered what Maeve said when she was first able to see again; "she looked at me and she goes, 'You don't look anything like you sound! ...Literally, you were all just a blob. And that's all I could see was blobs in my room.'" Victoria remembered that Maeve began to cry, and she asked why, to which Maeve replied, "I didn't think I'd ever see again." Her great-grandchildren went to visit her, and she was able to see their faces. Victoria said, "she became very much interested in herself and life again".

Care home manager Jay also told us the story of a gentleman whose communication had improved dramatically in the eight years that he lived in their care home. When he arrived, it was assumed by those around him that he had a learning disability, but instead the care team found that, rather than having a learning disability, the man was actually profoundly deaf. Jay remembered, "He was 82 and we started to teach him how to speak and say words properly. Now that for me breaks my heart and also, I love it because no one has tried to do that with this gentleman for 82 years…and we were able to do that for somebody".

6.3 PROACTIVE HEALTHCARE

Care homes provide continuous, round-the-clock support for older people which gives care teams the opportunity to notice changes in health and behaviours. In contrast, care-at-home can often be more reactive to change. When they work well, care homes can provide pre-emptive and proactive healthcare. This was something noticed by many of the care team members who had previously worked in domiciliary care. Care home manager Jay had worked as a manager for a domiciliary care agency, and five years as the area manager for the company, before taking up his role in residential care. He described the difference between the two roles:

> There are loads of transferable skills, but my eyes really opened when I came from that setting to this setting, because they are completely different. They're miles apart...So dom-care is very reactive. You often don't know there's a problem until it's already happened. And in a care home setting, you can be very proactive. You have a lot more time and the ability to pre-empt things, plan, be strategic. In the community, you haven't got that.

Care home manager Louise also noted the difference, saying that in domiciliary care the care team members may not be able to pick up small changes and may not monitor eating quite so closely. She said:

> You're watching their needs. You're watching if things deteriorate, and they need a speech and language therapist and so on. So, we spot that far more than probably people from home care… [things] might not be seen as quickly. Because we're watching 24 hours a day, whereas the carers are only in half an hour a day or whatever.

She recognised that their care home was able to monitor health more closely. If symptoms changed or progressed, they were able to quickly identify what action might need to be taken. Some of the care home managers we spoke to described "soft sign" monitoring, which involved checking simple health markers such as temperatures, weight, changes in blood pressure and oxygen levels. Care home manager Gemma said, "we're more skilled in looking for those deterioration markers, I suppose. Whereas, if someone's living in the community, unless they were seeing a nurse every day, they're not going to have had that support".

Care home manager Betty described how the legacy of COVID-19 had the unexpected side effect of creating a more cohesive "joined up approach to care" and increased daily monitoring of these health indicators. She told us that COVID-19 was a "double-edged sword" in that it "really shone a light on care homes. For all the good and bad reasons". She said that, of the benefits, it meant that the "ecosystem of these residents, it's understood. We are not the only care giver here. They've got a GP, they've got an optician, they've got a dental, they've got nurse, district nurses, they've got physio. There's so much more". She recognised that the health support around the older people living in the care home had become more integrated and, whereas prior to the pandemic care home staff would not have been allowed to take blood pressure, since COVID-19 "they've just flung us all with all these equipment they told us you've got to do, and we did it because we wanted to keep everyone safe". The unintended benefit has been that the regular monitoring of temperature and blood pressure for COVID-19 meant that other conditions could also be pre-empted.

Timely and reliable access to healthcare was critical to older people living in care homes. 88-year-old Orion described how he had been transported to hospital by emergency ambulance on three occasions. 92-year-old Tom, who himself had worked for some time as a GP in his career, described how the care team had "saved my life". He remembered how one day he had stumbled, the nurse in the care team checked his pulse and found it to be too slow. He said, "we got pacemaker put in immediately. And so, if I hadn't come in here, I would be dead. I would have been dead".

Families also appreciated having people around to ask about changes that they noticed in their relative. Jim remembered how, on one visit to his mother Pali, she was fast asleep for the whole morning and that had alarmed him, and he wondered if it was due to her dementia, or lack of sleep, or something else. He was able to speak to the seniors and call the doctors to reassure him. He said, "I'm beginning to understand the dementia, because dementia is something new to me. So, you don't know when things go down, you know".

Having support at medical appointments was also important to some older people, who perhaps would have struggled to attend if living alone or if they had to rely upon others. Kathy recognised this as a benefit of care; "if I have to go to the hospital appointment, one of the care staff will take me". 88-year-old Ivy told us about the difference it made to her to have the guidance of the care home staff before a recent hospital appointment for a chest x-ray. The receptionist of the home noticed the upcoming appointment and advised Ivy not to wear a bra for her appointment, just a t-shirt. She said, "I didn't have to undress because I didn't have much on". This simple piece of advice meant that the appointment was straightforward and there was no need to get changed and this helped Ivy to maintain her dignity at the appointment.

6.4 INTEGRATED HEALTHCARE

Under the Enhanced Health in Care Homes Framework, care homes should be supported by a range of external health professionals from primary, community and mental health services. Good integrated care across these services helps to ensure that the needs of older people are met. Through coordinated care by the multi-disciplinary teams, individual needs can be reviewed, and this can help to identify those older people who might benefit from a specific type of healthcare support, such as that provided by dieticians, speech and language therapists, oral health professionals, GPs, physiotherapists, opticians, mental health support, and others. Through working together, health and social care professionals have the potential to shape healthcare around individual need, and this is particularly important in instances where someone has diminished capacity to make decisions about their own health needs.

The older people we spoke to often explained how difficult it had been for them to access a doctor when living at home, particularly if they had to call the surgery multiple times, had to wait a long time for an appointment, and/or had difficulty travelling to the surgery. 88-year-old Pam said that one of the benefits of living in a care home was that "there's always somebody, you know, if you're not well, where you wouldn't get that if you were at home. I mean, to try and get a doctor is hopeless". Family members had similar frustrations with accessing the GP, but said that the care home had reassured them that access

to care would be quicker. Angie spoke about the difficulties she'd had accessing support for her mum Margaret when Margaret lived in her own home:

> [If] I said, you're not well, {the care team} are on the phone to the doctors. You get a doctor out. You know, they come out and do blood tests. If you're at home, you know, none of that. 'Oh, no, no. Oh, we'll see when we can get you in,' down the surgery, things like that. Whereas here, it's all done. They come to the home. They do everything. It's instant, sort of things, which is great.

6.5 NUTRITION AND FLUID MONITORING AND GOOD FOOD

Monitoring nutrition and fluids is a critical part of helping older people to live well in a care home. We noticed across the interviews how care teams and families framed nutrition as part of supporting health care, whereas older people simply remarked upon the quality of food in their home. Care team member Caitlin had previously worked in domiciliary care and said that, in the home care environment, "you can't monitor their fluids intake, their food intake. You can't monitor anything when they're on their own. They could say, 'Oh, yeah, I drank a whole flask of water,' but they never. Whereas here, we can monitor it". Care home manager Olivia (who previously managed a home care agency) said that in home care:

> With the best will in the world, things do get missed because you're not with those people all the time, and you might have different people going in and out throughout the same day. So even that consistency is not always there. So, things will get missed. So, you might actually not pick up that somebody has only eaten a mouthful of their meal for two weeks on the trot, you know, whatever it is. Because very often you'll be doing their meal and leaving them to eat it themselves, for example, and things like that. So, you know, it does offer a great more sort of security in the sense of hopefully we can pick up on things much quicker than if somebody were in their own home.

Families also recounted how they had seen their older relative declining in health because they hadn't been eating properly at home. 98-year-old Suzanne found that, when she lived at home, making herself a nutritious meal was too difficult and that living in a care home had helped her to eat well again. She described:

> When I was at home, I got my dinners and my meals, and when I was feeling really bad with shortness of breath and feeling weak, I had to get myself something to eat. And it used to take me an hour and a half to get a cup of tea. And I lived for a fortnight on brown bread, Marmite and oranges. Got considerably thinner, which didn't do me any harm as I was much plumper than I am now. That didn't do me any harm, but I was lacking good food.

For older people, one of the greatest benefits about living in a care home was the good food. Almost all of the older people we spoke to mentioned food and mealtimes. Marcus declared, "Three meals a day. You can't go wrong, can you?! Especially breakfast. Oh!...They know what I like, as well, they don't have to ask". May said the benefits of living in a care home were "being well looked after and good food. The food is lovely". Edith said, "You have meals come to you. They ask you what you want. There are choices, which I think is wonderful" and Enid said the benefits of living in a care home for her were "being looked after, left, right and centre. As I say, being fed three times a day".

The care homes we spoke to were able to cater to individual dietary needs and preferences. 68-year-old Diane is vegetarian and said:

> Nothing's too much trouble, because sometimes when the chef comes around, you'll see, 'I've done this special for you.' And I say, 'You don't have to go through all that trouble, {Declan} you know?' He said, 'Yes, I do.' I said, 'Do you think I'm spoilt?' He said, 'Yes.' I said, 'Oh well, I'm worth it.' [Laughs].

88-year-old Pam recognised the support she had in helping her to identify what foods she needed to avoid due to her medication; "I'm on Warfarin tablets so I can only have two eggs a week. And I'm restricted on broccoli and cabbage… I can't have too much vitamin K. Obviously they've got vitamin K in".

Cultural food preferences were also really crucial to some older people, and food was a determining factor in them choosing Asian and Jewish care homes. Kash, who lived in an Asian care home, said, "They all Gujarati workers. They cook the good Asian food so everybody's like it. Another good thing is food is good. So, we don't have to worry about food". 85-year-old Pali who was of Indian heritage liked the "good fresh meals" in her home and appreciated the different traditional foods cooked to celebrate the Hindu festivals.

Through the research we heard and witnessed really great examples of practice in promoting individual choice, catering to cultural needs, and creating the right environment for wanting to eat well. Fiona, registered manager of an Asian care home, shared:

> We make a promise to our residents to meet their needs and we have a duty to fulfil that promise. For example, we have two kitchens here. We have multiple cultures represented in this care home and so we need to prepare lots of different dishes. Some will not eat onions and garlic; others are non-meat. We are famous for our food. Relatives even want to come here just to eat our food! We charge a minimal fee for the relative's food but that goes straight back to the residents' fund. Having the food you want is part of dignity. We go above and beyond and that is why we have an outstanding rating.

In another home, care home manager Frank spoke about "nutrition and hydration passports" which outline preferences, allergies and whether there are any swallowing difficulties, which supports everything the older person might eat from meals to snacks. He explained that, when someone is unable to verbally explain what they would like for their meal, they prepare and show the person both plates of food, or they use photo-aids to assist with food choices.

Several different homes ran a "resident of the day" scheme, whereby an individual's needs were explored in depth, and they were made to feel extra special. This included medication reviews, deep cleans of their room, but also doing what the older person wanted that day and cooking a particular favourite meal for them. Care home manager Yvette also described how she had personally gone and bought a nice piece of steak for 67-year-old Joe who was feeling down; cooking him a meal of steak, chips and peas especially to make him happy.

6.6 END-OF-LIFE CARE

In order to thrive well, it is also important to consider what good end-of-life care might look like. This was not a benefit that many of the older people raised for themselves, and this may be for a number of different reasons; not everyone wants to talk about dying and certainly "dying well" might not be the obvious benefit of moving into a care home. 88-year-old Pam described herself as being a bit down thinking about her new care home as most likely being her last home; "I've had my days that I've felt a bit depressed, and a bit fed up and, you know, thinking, you're going to spend the rest of your life here", but she explained how she was coming to terms with things; "I'm getting used to it…I think you do. I think it's just a bit of a shock at the beginning, you know, till you realise". Joe was frustrated about his situation, saying, "Nobody will tell me how long I am going to be here. What I hear often is that they're going to keep me here for the rest of my life until I die". Amina appeared more resigned about her situation saying, "I don't want to move from here. I will die here". Fifi was asked to what extent her life had changed since living in a care home and she replied "dramatically. Because I'm here till I die. [Long pause] So, that's it in a nutshell". Only one older person, Orion, had planned his care home move with his end-of-life care in mind. He had been confronted with the possibility of dying, following his cancer diagnosis along with multiple other conditions, and for him the benefit of a care home was the opportunity for "dying in comfort".

Family member Lesley recognised that "dying well" was as important as being able to "live well" for her mum. She said:

> They're going to be here until they die…the attitude they have here is that you need to live well, because some places you get the feeling you're just going to die, badly. And it's really, really important that your last years that you are living in them and enjoying aspects of your life. And you're not just lying on your back and waiting to die because you'll go when you'll go.

Although end-of-life care is not the most recognised benefit for older people when living in a care home, many of the homes we visited were providing excellent end-of-life support. We spoke to some care team members who were genuinely passionate about this aspect of care, and they recognised its importance. Caitlin was particularly passionate about this aspect of her job; "end of life is my favourite. As morbid as that sounds". She described how she liked to make sure things were "top standard" during the dying and aftercare process. She explained how family members had specifically requested her, even on her days off, to come in and care for a relative who had died. She described how she liked to wash and dress the person and get things "perfect", saying "It's like the last step". Caitlin said that she continued to talk to the person "even though they've passed, I'm still like, 'Morning!' You know, like, I would never treat them as if they're not there. It's nice". She even told us about being called in from home at 11 o'clock at night, still dressed in her pyjamas and dressing gown, to sit with an older lady who was dying. She recalled that the woman's daughter lived abroad and was unable to be there, so she sat with the lady as she died; "obviously for the family, it's hard, especially if they live away. Imagine that, knowing your mum's sat on her own and she's got no one with her. So, it's nice, you know, to know they've got someone with them. Because I wouldn't want to be on my own".

Good end-of-life care was something that care home manager Victoria prided herself on. She recognised that, when older people first moved into the care home and were developing their care plan, they often said to her, "'I'm here to die, aren't I?'" to which she replied, "'No, you're not here to die. But you've planned all of your life so let's plan that part'". She told us about a meeting she holds every six months called "The Elephant in the Room" for older people and families. The meeting includes coffee and cakes, and she places a toy elephant in the middle of the table, surrounded by questions about death and dying. Victoria explained that people could write their answers anonymously if they preferred, and they could add them to a box. An undertaker is invited along, and end-of-life care champions from the home are there, and they are all there to answer questions about death and dying. In turn this supports the care team in being able to complete the "My Care Choices records". She recalls one light-hearted moment at one of these meetings in which a lady declared, "'I don't care what you do to me as long as I've got clean knickers on to meet my maker!'" Victoria noticed that a topic which had been "taboo, quiet, restricted" had become "humorous" with people "laughing and giggling". She said, "it ended a subject that can be such a horrible subject on such a high note and having a good old laugh. And that's what it was all about. And that's what my 'Elephant in the Room' is all about".

To end, our final quote is from care home manager Lynette, in which she said:

> Our vision for the entire {care home} group is to provide warm and friendly care in a homely environment by well-trained and motivated staff and enable residents to live their best lives. The best lives is the bit that we focus on…we know that for a lot of these residents, this is their last chapter. This is it. So, we have to do everything we can to make it the best chapter that they have.

DISCUSSION

This study set out to explore the experiences of older people living in residential care across England, Scotland and Wales. Through speaking to 125 participants (older people living in care homes, visiting family members, care teams and care home managers), we wanted to find out what the experiences were of living in residential care, including what mattered to older people, and what were some of the benefits and challenges of living in a care home. We heard a range of stories about the transition into residential care, the reasons which pre-empted the move, the experiences of settling in, and what it was like to live in the care home. We found through the literature, and from the expectations that older people had prior to moving into a care home, that the perception of residential care homes was that they were not typically considered places for personal growth or enrichment, and that there were hesitancies about the move. However, older people recognised the ways in which they had benefitted from the care that they received in a care home. Across the stories we heard, we identified some challenges, but we heard proportionally many more benefits of living in a care home. Together, these stories shone a light on the ways in which people were able to thrive in residential care.

We highlighted the six dimensions through which thriving can happen; relationally, actively, inclusively, securely, with dignity, and healthily. Each of these dimensions relate to an aspect of care home life which, when effectively managed, creates the opportunity for older people to live well and thrive in care. In this section we summarise and contextualise our findings within the wider research field.

THRIVE RELATIONALLY

We recognised that loneliness and social isolation can be a particular challenge for older people living in the community. Moving into a care home can provide important opportunities for socialising with new people, building friendships, and restoring or enhancing existing relationships with family members. However, we also acknowledged that the experience of loneliness can continue in care home environments, despite being in the physical presence of others. Wider studies on loneliness (Dybvik et al. 2014; Paque et al. 2018) have also recognised that people can feel lonely despite having regular social contact, but this can be attributed to an unfulfilled need for a meaningful relationship (Paque et al. 2018, p 11). Undoubtedly living in a care home opens up opportunities to mix with other people, but it can be the quality of the relationships which impacts on the feelings of loneliness. It can be difficult to make friends in a care setting where there are people with a mix of cognitive abilities and where people who are befriended decline in health over time or die (Owen et al. 2023).

Another barrier to building connections that we heard about in our research was when the older person's own health declines, and they do not feel themselves when unwell, or want the commitment of forming new relationships. The final challenge of creating meaningful connections was with the care team members, if they did not have the time to spend with an older person, or when they left their role.

Despite these challenges of connecting with others, we saw a much more dominant theme of the importance of being around others and the difference this made to older people living in care homes. Wider research supports this through highlighting the critical importance of positive relationships in supporting thriving and wellbeing in care (Owen et al. 2023; Baxter et al. 2021; Björk et al. 2018; Zoranić et al. 2022). Owen et al. (2023, p 4) found that social relationships played an important role in 'maintaining a sense of purpose' and create a 'protective buffer' against some of the challenges of aging by providing a reason to 'keep going'. We found that social relationships helped to build emotional connection, feelings of wellbeing and positive mental health. They offered opportunities for reciprocity in creating opportunities to do something for someone else and to feel helpful, and a sense of safety and security of always having someone around. Bradshaw et al.'s (2012) review also found that having good relationships with peers contributed to feelings of friendship, belonging, and of being important to others.

We found that many of the care team members expressed having a "love" towards the people that they cared for, often using the metaphor of family to describe their relationships in the home. The expressions of "love" and "family" were described less by older people, but instead care team members were valued

for their helpfulness or cheerfulness. Older people living in care homes appreciated being part of a community and having people around, which offered them a sense of reassurance, reduced loneliness, and often created meaningful relationships with others. Positive relationships between older people and care team members are critical quality-of-life determinants and were a dominant theme across our study and across the reviewed wider literature (O'Neill et al. 2020; Bollig et al. 2016; Rinnan et al. 2018). Care team members were frequently described as caring, kind and helpful in our research. We witnessed and heard stories of respectful and empathetic relationships between older people and care team members, as well as dignified care and genuine attentiveness.

It was also important for family members to feel included as part of the "care home family" and this helped them to feel welcome and to be an active part of their older relative's life. A significant emerging theme from the stories from family members was how their relationships had improved with their relative, once they moved into the care home. This is consistent with previous research in this area (Morgan Brett, 2023).

Finally, in this dimension of thriving, we looked briefly at non-human relationships, including those with animals and dolls. We witnessed the importance of dolls used in 'doll therapy' for some older people. We saw women rocking their babies and caring for them, including pushing them in a pram. We heard from care team members how these were very important relationships for people living with dementia and how it helped minimise some of the stress and distress they experienced and helped improve communication. This relates to wider research into the benefits of doll therapy such as that by Martín-García et al. (2022).

THRIVE ACTIVELY

Our research showed how older people were able to thrive in care homes through meaningful engagement and activity, which may not have been possible if they lived within the community. We found that well-thought through activities were important for older people's self-expression, confidence, building connections with others, and having choice and freedom.

The importance of activity and meaningful engagement in care homes has been well documented in the wider literature, and being involved in the right activities has been linked to increased wellbeing. For instance, Ryff's review (2013, p 12) described the wellbeing dimension of 'purpose in life' as having 'goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living'. We found that active citizenship and involvement in decision-making gave older people a sense of purpose and reciprocity and person-centred activities and engagement can lead to socialisation, skill development, and increased self-identity, empowerment and pride. Rinnan et al (2018, p 1472) found that those living in care homes found gratitude and joy when they felt 'useful' and 'competent' in some way, and wrote that 'individuals expressed the importance of being valuable to others in one or another way, which was connected to the ability to care for others. Caring for or helping others yielded a sense of being acknowledged and valued'.

The homes we visited offered rich programmes of activities, which provided a great number of benefits and brought joy to the older people. Some chose to opt out of group activities and were supported to engage in various self-directed activities to keep themselves occupied and motivated. The most valued activities in care homes aligned with personal interests and helped older people to find ways to maintain their identity. There were some older people who preferred not to be busy and enjoyed the time for quiet reflection and contemplation in care. Having the self-determination and autonomy to choose what they wanted to do is what mattered most.

Our study also recognised the importance of little moments of engagement which happen in the care home and the difference they can make to someone's day. Activities are often thought of as planned, structured, discrete and routine moments of engagement in a daily or weekly schedule, however we were also interested in those moments that are happening continuously through the day and which can be incorporated into the activities of daily living, such as around mealtimes and communicating with others in the home (care teams, other older people, visiting family members, and with external services). This less structured engagement is harder to evidence and measure in care services, and sometimes remains undervalued, and remains less understood in terms of its impact on the quality of life of older people, in comparison to organised activity.

Meaningful and person-centred activities can play an important role in shaping, maintaining, and even reclaiming, a sense of identity. Hjaltadóttir and Gústafsdóttir (2007) found that the participation in activities in care homes was important to older people, especially when they were able to do the things they used to like doing before moving into a care home. Boelsma et al.'s (2014) study found that older people who had a previous interest or career sought out activities in the care home which related to that previous interest. This enabled them to maintain their previous roles and hobbies in a new and adapted way, as well as maintaining a strong sense of identity. The older people we spoke to in our study valued person-specific, person-centred activities, rather than generic or group activities. This was something reflected in the wider research studies in this area (Cooney et al. 2009; Edwards et al. 2003; Mjørud et al. 2017; Allison and Smith, 2020). Mjørud et al. (2017, p 2), for instance, writes that meaningful activity 'depends on each person's preference, as it is the quality of the experience of the activity rather than a specific type of activity that is of importance'.

THRIVE INCLUSIVELY

We heard stories about the importance of respecting the role of faith and reflection in the lives of older adults, as well as promoting an inclusive culture in care homes through values-based caring practices and meaningful engagement. Being able to celebrate cultural food, and the traditions around food preparation, was a particularly important element of promoting wellbeing amongst some older adults from a range of ethnicities, for whom this had been a very significant part of their life and identity prior to living in a care home. In turn, having access to food that you would have eaten at home, supports healthy eating and meets nutritional needs (Eatright, 2024). Food plays a central role in many religious festivals and ceremonies, and being able to participate in religious events was another aspect of care home life which was very important to many older people. We explored the significance of faith-based activities in care homes, particularly in celebrating religious festivals and providing support for people's cultural needs. We found an impressive range of skills amongst the international employees, who were particularly praised by older people and families for their range of language skills, attitudes towards caring practice, creating opportunities to celebrate culture, and finding ways of engaging with religious practices and religious communities. In the wider research field on wellbeing, religious participation was 'positively associated with interpersonal well-being, whereas spirituality was positively linked with personal growth' (Greenfield et al. 2009 in Ryff, 2013, p 17).

We also highlighted the importance of creating an inclusive culture in care homes, in which people feel comfortable expressing their identity, including their sexual orientation and gender identity. We found that an inclusive culture in care homes created space for self-expression and an expression of identity that may have been hidden for a lifetime. We heard poignant stories of how some older people were able to "come out" as gay in later life and what this meant for them. There is evidence of a link here between some of the theories around gerotranscendence (Tornstam, 1999b), Erikson's later stages of identity formation of ego-integrity (1950), Maslow's (1943) term of 'self-actualisation', and Ryff's (2013) reported wellbeing dimension of 'self-acceptance' and 'self-realisation'. Ryff (2013, p 11) wrote about the philosophical and ancient historical roots of understanding wellbeing, describing the word 'Eudaimonia' as related to 'the essence of two great Greek imperatives: first, to know yourself, and second, to become what you are'. Ryff (2013) writes that this terminology was to later become the more commonly known 'self-realisation'. We suggest that one thing that might be happening here is older people thriving in an environment of inclusivity and acceptance, being able to 'know themselves', and having the opportunity to 'become what (or who) they are'. We believe this is a valuable area for future discussion and research.

THRIVE SECURELY

This dimension of Thriving Securely highlighted how living in residential care can offer 24-hour care, companionship, and physical and emotional support for older people, which created a sense of safety and security. For those older people who had previously had domiciliary care visits at home, some found that there were often long periods in which they were alone. There was a dominant theme in our study that older people felt safer living in a care home, in comparison to living in their own home. One aspect

of this sense of safety related to knowing that their physical needs, and activities of daily living (ALD), such as assistance with dressing and bathing (should they need it), would be taken care of. This was also reflected in the study conducted by Mjørud et al. (2017). Our research found that older people sometimes felt insecure and anxious when living in their own homes and worried about something happening to them at home and being unable to get assistance. Having people around to provide reassurance and having easier access to medical assistance, helped older people feel safe and was one of the most substantial benefits to living in a care home. This was a consistent finding with the work of Hjaltadóttir and Gústafsdóttir (2007) and Slettebø (2008).

We heard some difficult stories about older people who had previously lived in unsuitable or poor housing conditions, or who were at risk of harm to themselves or others. Living in a care home provided the physical and emotional support which some older people and their families needed to feel safe and secure. This reflects the findings in The State of Ageing report's section on Homes (2024). We found that, where they worked well, care home teams were able to put appropriate safety measures in place, without compromising independence, helping older people to enjoy the things that mattered most to them.

THRIVE WITH DIGNITY

The dimension of Thriving with Dignity recognises the complexity of the definition of the term 'dignity' (Sæteren and Nåden, 2021), but here focused on a few key practical areas in which dignified care was particularly critical; personal hygiene, managing incontinence, and support with household chores such as cleaning and laundry. Struggling to cope with these activities of daily living was a precipitating factor to moving into a care home for many of the older people we spoke to. We also heard stories from care team members of other older people who struggled with self-neglect prior to moving into a care home, and the positive transformation in their hygiene and personal appearance after moving into a care home. In the literature, Sæteren and Nåden's (2021, p 72) study emphasised how promoting dignity can help people 'to experience well-being' and 'be restored to health' and Bollig et al.'s (2016, p 150) study recognised how dignity can be 'challenged by illness and care needs' and that dignified care was critical for a 'good life' in a care home. Our findings highlighted the importance of discrete and dignified care, particularly in relation to personal hygiene and continence, discussed some of the challenges and rewards of providing intimate care, and also considered the impact of appearance and self-expression on the identity and wellbeing of older people.

It was important to recognise in our research that sometimes tasks such as using the toilet, washing and dressing can be seen as routine or task-based, and that dignified care involves going beyond physiology and medical status (Donnelly and MacEntee, 2016; Rodgers et al. 2012; Bradshaw et al. 2012). A person-centred care approach enables older people to participate in their own care, rather than feeling that care is "done to" them.

Other studies also highlighted the importance of a dignified and person-centred approach to care. Rodgers et al. (2012, p 72) write that 'the theory of person-centred care seems to have evolved from a desire to create an approach to care which is non-paternalistic and non-task orientated'. For them, person-centred care is about being respectful of, and responsive to, the individual's preferences, needs and values. Hjaltadóttir and Gústafsdóttir's (2007, p 52) study illustrated how important it was for the individuality of older people to be recognised and acknowledged by care teams, which they argue is particularly important in communal settings where there is the risk the older person will 'get lost as a person' amidst the routine care tasks.

Hughes and Moore (2012, p 277) write that 'a focus on purely medical and physical needs could be said to address survival alone and therefore diminish the possibility of 'flourishing' for people receiving this kind of care'. Paddock et al. (2018) noticed in their study that, when care staff made a conscious effort to go beyond the routine tasks and accommodate the individual needs of older people in their care, this encouraged individuality, a perception of independence, autonomy and control. Connecting this to our findings, we saw evidence of good practice from care teams which went beyond the routine tasks, for example care team members who went the extra mile to make personal care, such as bathing, a special and enjoyable experience.

THRIVE HEALTHILY

Ryff's (2013, p 20) comprehensive review of studies on wellbeing and ageing evidenced that 'wellbeing is compromised in those with diverse physical illnesses and disabilities' and that 'frailty in old age has been associated with diminished wellbeing'. Our findings identified the importance of good healthcare support in long-term care for older people, highlighting the need for a holistic approach to support wellbeing in older adults to enable them to thrive well. We emphasised the role of healthcare in addressing physical, mental, and emotional needs, as well as the importance of proactive health care, medication support, and access to medical help. We have demonstrated the impact of good health support on the lives of older people, with examples of significant health improvements and transformations.

In particular, the dimension of Thriving Healthily highlighted the significance of nutrition and fluid monitoring in care homes for supporting good health, but how this is framed as having good food and individual choice over what to eat. Mealtimes as a social event were also recognised as important in this study, as well as in the wider literature. For instance, Watkins et al. (2017, p 4) found that mealtimes were an 'opportunity to establish and maintain relationships with other people'. They emphasised that mealtimes represented more than simply nutrition, but that food is a way of forming and sustaining social relationships, and they show how 'food is used to provide comfort, express feelings, celebrate or reward success, and nurture companionship' (Watkins et al. 2017, p 2).

Finally, in order to thrive well, it was important to consider the importance of end-of-life care and the efforts made by care homes to ensure older people can live their best lives, even in the last chapter of life. We heard stories from passionate care team members and managers who facilitated conversations about the end of life and provided dignified, supportive, and loving care to the dying. We also heard from one older person who had specifically chosen his care home as a "good place to die". It was important to recognise that wellbeing extends through all stages of life and that end of life is no exception.

FRAMING THE FINDINGS

Over the years, My Home Life England has published four key frameworks which form the foundational components of its mission, and which have resonance with the findings presented here. The first framework includes 'Being Appreciative' (Reed, 2007) which opens up new ideas about what might be possible, trying things out, and valuing the contributions each person makes in a reflexive, appreciative and collaborative approach. The second framework 'Developing Best Practice Together' comprises eight themes; Maintaining Identity; Sharing Decision-Making; Creating Community; Facilitating Transitions; Improving Health and Healthcare; Supporting Good End of Life; Promoting a Positive Culture; and Developing the Workforce. The third framework is 'Caring Conversations' (Dewar & Nolan, 2013, and Dewar, 2022) and this framework suggests that delivering compassionate and dignified care means 'Becoming Courageous', 'Celebrating', 'Connecting Emotionally', 'Becoming Curious', 'Collaborating', 'Considering Other Perspectives' and 'Compromising'. This framework has helped to encourage and sustain genuine curiosity for ourselves and others, deepen inquiry, explore values, articulate tacit knowledge, and acknowledge and express emotion without dispute or judgement. It enables people to acknowledge achievements and encourages better listening. It also supports a different attitude to risk-taking and devising new approaches to problems.

The final framework which underpins My Home Life is 'Focusing on Relationships', which highlights the importance of not only meeting the needs of people who receive care, but also addressing the needs of families, friends and care teams. It recognises that the quality of life of everyone involved in the care experience is crucial to improvements in practice. To achieve good relationships and quality of life for all, it suggests that we need to consider what gives each individual one of six senses: Security (feeling safe), Belonging (feeling part of things), Continuity (making connections between past, present and future), Purpose (having goals), Achievement (moving towards their goals), and Significance (mattering as a person).

Nolan's (2006) Senses Framework provides us with a useful reference point to make sense of these in turn.

First, a care environment should facilitate and promote meaningful connections and relationality between people living in the care environment, family members, care teams, and the wider community, in order to create a 'Sense of Belonging' which, for older people, means the 'opportunities to form meaningful relationships, to feel part of a community or group as desired' (Nolan, 2006). Through this research, we recognised that belonging to the care home community is also critical to families and this offers an extension to Nolan's Framework. For families, 'A Sense of Belonging' means the opportunity to feel part of the care home community or "family", a recognition of the psychosocial challenges they face, and feeling welcome to contribute to the care of their relative in whichever way they feel comfortable doing.

In the second dimension of thriving, we highted meaningful activity in care homes and how this contributed to a sense of purpose. Nolan (2006) suggested that 'A Sense of Purpose' for older people meant 'opportunities to engage in purposeful activity, the constructive passage of time, to be able to pursue goals and challenging pursuits'. Through our research, we highlighted the ways in which older people were able to achieve a sense of purpose through activities. Person-centred activities reflected past interests and celebrated identity, which links into Nolan's 'Sense of Continuity', recognising the 'value of personal biography' and the 'use of knowledge of the past to help contextualise present and future'. It also linked to the 'Sense of Fulfilment' which, for older people, means 'opportunities to meet meaningful and valued goals, to feel satisfied with one's efforts'. We saw this through the ways in which older people were supported to find ways to adapt their interests to meet their current needs and abilities. We also recognised this in the ways in which some older people practiced active citizenship in residential care, finding roles which gave them the opportunity to contribute to their care home community.

In the fourth dimension we highlighted how a sense of safety and security was a significant benefit of residential care, and formed the basis on which older people were able to thrive in care. In Nolan's framework, 'A Sense of Security' for older people means 'attention to essential physiological and psychological needs, to feel safe and free from threat, harm, pain and discomfort'. We highlighted stories where older people had been living in conditions in the community which were a threat to their physical and psychological safety, and how living in a care home had transformed lives for the better.

The fifth dimension of Thriving with Dignity related to the provision of dignified personal care and support with chores, and the sixth dimension of Thriving Healthily related to accessing good healthcare, proactive care practices, and reassurance about health conditions. These two domains map to Nolan's 'Sense of Security', as well as to 'A Sense of Significance' which Nolan suggested for older people means to 'feel recognised and valued as a person of worth, that one's actions and existence is of importance, that you "matter"'.

The dimension of Thrive Inclusively weaves through all of Nolan's Senses, in that in an inclusive care environment personal biographies are valued (Continuity), individuals are able to meet meaningful goals (Fulfilment) and engage in purposeful activity which, for example, might meet a specific cultural need (Purpose), people feel safe and free to express their physiological and psychological needs (Security), and finally older people feel that they matter (Significance).

The findings from this research have important implications for informing and strengthening these frameworks, and enabling us to work with researchers, policymakers and practitioners to enhance the quality of life for all those living and working in care.

STRENGTHS AND LIMITATIONS OF THIS STUDY

In all studies there will be strengths and limitations of the approach. In this study we were aware of the potential for recruitment bias of the care homes and the care team members who wanted to take part, which we could not fully control for. We had a significant response to our call to take part in the research, which was a significant strength for us. However, we also had a disproportionate number of homes rated as "outstanding" and "good" wanting to take part. We were careful to select homes which fitted across our sampling frame and included a range of ratings. Even in the homes that were rated as "required improvement", there were often very impressive managers who were working hard to make changes in their homes. We were aware too that the care team members who were most keen to take part may have possibly wanted to present their care home in the best light possible.

When speaking to older people we were mindful that they may want to frame their experiences in a positive way, potentially for fear of repercussions to their care or for fear of not wanting to admit that things were not going well for them. However, when speaking to older people, we heard a range of experiences and we felt that older people were candid about their opinions. We believe that the stories that we heard across all participant groups were authentic, but it was important to be reflective about the potential for bias in them.

We recognise that 70% of people living in a care home are living with dementia or cognitive impairments (Alzheimer's Society, 2024). Due to the ethical processes required to access those with more advanced dementia, we had to exclude them from the research sample, and this may be seen as a limitation of this study. However, we navigated this by speaking to care teams and families about their caring experiences, and we spoke to people with mild dementia alongside a family member or another trusted person. It was important to us that we heard these voices and the stories of these older people, who are so often absent in this type of research.

Finally, we recognise that there are 15,000 residential care homes in the United Kingdom, and we visited 16. Generalisability is not a feature of qualitative research and instead the method seeks an in-depth, rich understanding of the phenomena under investigation. Instead, qualitative research considers whether the findings have 'applicability' or 'transferability' to other contexts or settings (Noble and Smith, 2015). Our findings therefore reflect the experiences as a sample of care homes and do not necessarily represent the practices which are happening in all homes, but the findings are applicable to other care home settings. What we can claim is that we have uncovered, in-depth and on an extraordinary scale, many ways in which older people can benefit from residential care and, when care homes are operating well, the conditions under which older people can thrive.

CONCLUSION

Life in residential care has often been depicted as one of dependency, rigid routines, passivity, and lacking opportunities for self-expression and growth. Care homes can also represent many of our fears about growing older, about frailty, ill-health, and death, challenging us on an existential level. In response to these strong emotional responses, and negative stereotypes, it has been hard for society to embrace care homes for older people, to value them, and to feel proud of them. We recognise these concerns and acknowledge that there continues to be challenges in the ways that care for older people is delivered. However, this research demonstrates that, when they do work well, care homes can deliver positive outcomes for older people and their families.

In the UK there is a political leaning towards older people staying in their own home for as long as possible. But we question 'what do we mean by "as long as possible?"' and what is the impact on the older person and their family to stay in their own home as long as possible? The stories we gathered in this study underline the very often challenging circumstances under which many older people were living at home, and where their quality of life (and sometimes that of their families) was very limited. We need to consider whether we should always be encouraging people to stay at home, particularly if it means that we are preventing them from getting the support they need and quality of life they deserve.

The findings will make a valuable contribution to better understanding what matters to older people living in care homes and will have significant implications for the ways in which long term residential care is perceived. This report shines a light on what is working well, and the benefits care homes can offer to older people. We recognise that some of these benefits may indeed be offered by other models of care and support, but it is questionable to what extent other models can remove the need for care homes, particularly for the most vulnerable members of our society.

Our findings enable us to ask even more questions and open up discussion within care homes, across communities, and spark debate within the research field. The findings presented here are a small fraction of the insights that we gleaned in this study. We plan to maximise the use of the data through additional publications, presentations, and informing practice in My Home Life's Professional Support and Development Programme for care leaders. Through these wider discussions, we need to ask whether, as a society, we want care homes as a model of care and, if so, what is our role in making them as good as they can be? And how can we best support those who work, live and visit care homes?

We conclude that older adults can thrive in care homes when the social and environmental conditions are right; when they are supported to feel self-assured, confident, included and safe, and are enabled to enjoy the things that they value and that matter most to them. And, if, as a society, we want good care practice to happen more often, and across more care homes, then we must engage positively with care homes, cherish them and all those that live, visit and work in them. Where good practice exists, it is dependent upon resilient, motivated, skilled and emotionally engaged care teams, and a strong community that supports them. With our support, they can give more of themselves in positively transforming the lives of some of our most vulnerable citizens and creating the conditions in which they can thrive.

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