



REPORT OF ENTER AND VIEW VISIT

GRACEFIELDS NURSING HOME

North Street, Downend, Bristol BS15 1PN

An announced visit undertaken on 21 January 2015

Authorised representatives undertaking the visit:

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Acknowledgements

Healthwatch South Gloucestershire Enter and View authorised representatives wish to express their gratitude to the residents of Gracefields Nursing Home, Downend, Bristol, who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Gracefields Nursing Home Manager and all the Care Home staff who were willing and able to engage and answer numerous queries. The members of staff were welcoming and helpful.

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1. Executive Summary

1.1 Healthwatch South Gloucestershire Enter and View authorised representatives undertook one Announced Enter and View visit to Gracefields Nursing Home, Downend on 21st January 2015 with the purpose of finding out about the residents' lived experience of the Care Home.

1.2 Overall, the standard of care and service provided at Gracefields Nursing Home was found to be satisfactory and what could be reasonably expected to be delivered for frail, older and vulnerable people. The E&V representatives found a new, purpose built Nursing Home, which is spacious with plenty of natural light and has access to landscaped gardens. The building smells fresh and clean and is staffed by friendly and welcoming members of staff who appeared attentive to their residents.

1.3 There were a number of issues that residents and visitors raised with the authorised representatives; for example, **insufficient hot water for a shower, not knowing how to use the telephone system, hot food being cold when presented in the dining room, being unaware of daily activities and events and not being 'enabled' to attend activities and socialise.** These could be dealt with during daily 'walk rounds' and by the Home having regular, minuted, residents and relatives meetings and **HwSG would like assurance that the matters raised by residents and visitors will be dealt with promptly.**

1.4 The Care Home Manager, who has been at Gracefields Nursing Home for nearly 3 (three) months, is planning to make a number of positive changes; for example, **forging links with the local community and instigating residents and relatives meetings. HwSG would like to see these developments in place as soon as possible; with a particular recommendation to build intergenerational community links.**

1.5 There is however, one major concern that HwSG would like to raise with Gracefields Nursing Home; that is, the lack of understanding of the English language that a number of care staff demonstrated. HwSG believe this may have an adverse impact on the quality of communication with residents, and the care they receive. HwSG would appreciate a response from Gracefields Nursing Home detailing how this concern will be dealt with.

2 Introduction and Background

2.1 Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. (The activities were confirmed by Section 221(2) of the Local Government and Public Involvement in Health Act 2007, amended in Part 5, section 182(1) to (4) of the 2012 Act). Some of these activities include:

- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved, and
- local Healthwatch has an additional power to Enter and View providers so that matters relating to health and social care services can be observed.

2.2 In order to enable Healthwatch South Gloucestershire to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear how those services are provided. Organisations must allow authorised representatives to Enter, and View the nature and quality of the services as long as this does not affect the provision of care, or the privacy and dignity of people using the service.

2.3 Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch South Gloucestershire to gain a better understanding of local health and social care services by seeing them in operation and talking to the service users, their families/carers and the care staff.

2.4 Enter and View representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users, and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

2.5 The Enter and View Report aims to outline what the authorised representatives saw and heard and make any suitable suggestions for improvement to the service. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

2.6 Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

3. Enter and View Purpose, Aim and Objectives

3.1 The Purpose of the Enter and View visits

Enter and View (E&V) visits are part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire (HwSG) to understand the quality of residents' experience within local care homes; particularly where residents have, or could be expected to have, dementia.

Full details of the work-plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

3.2 Although there is no guidance about how much notice providers should be given about planned Enter and View visits the E&V visits to Care Homes undertaken by HwSG to date have been "Announced Visits"; that is, each Care Home has been given at least five working days' notice of the visits. This is to ensure that the Care Homes are able to display information about HwSG and the dates of the Enter and View visits on their notice boards, or in their newsletters, to offer residents' family members and friends the opportunity to meet the E&V authorised representatives.

3.3 Gracefields Nursing Home website states that:

"Gracefields is a purpose built Home in Downend, caring for Residents with dementia and general nursing needs. The Home occupies a prime position in Downend with stimulating views over the busy town centre, with excellent access, public transport and local amenities. Our Residents have the convenience of local shops, which can be frequently visited for everyday items, as well as numerous other amenities. The adjacent playing grounds contribute to the real community atmosphere surrounding the Home.

The home operates as two separate wings so that care and support can be focused to meet the varying types and levels of need of the people living in the home. The general nursing wing will provide care for people with enduring physical conditions or conditions resulting in physical disability. The primary aim is to assess needs in the context of remaining abilities, habits and lifestyle. Support or assistance is then

provided in daily living according to individual choices and preferences while clinical health risks are managed.

The dementia nursing wing will provide care for people who are in the middle to late stages of dementia and require emotional / psychological support in addition to nursing care for physical and medical conditions. The primary aim is to assess needs in the context of life history, personality, known habits and lifestyle, emotional health and medical conditions. High levels of encouragement and assistance are provided in daily living activities in accordance with individual choices and preferences while clinical health risks are managed.”

3.4 A report from an inspection in July 2014 by the Care Quality Commission (CQC) found that:

- *The Home was meeting all standards for treating people with respect and involving them in their care; for providing care, treatment and support that meets peoples’ needs, and for caring for people safely and protecting them from harm; however*
- *The Home was not meeting at least one standard in respect of staffing, and for the quality and suitability of management; and thus required improvements.*

3.5. The Aim and Objectives of the Enter and View visit:

Aim

To try and understand what it is like to be a resident in Gracefields Nursing Home.

Objectives

- To undertake one announced E&V visit on 21st January 2015,
- To visit mid-morning/ over lunchtime for a minimum of two hours,
- To have a minimum of two pairs of authorised representatives visiting, to ensure that as many residents who wished to speak to Healthwatch South Gloucestershire had the opportunity to do so ,
- To observe the overall service provided for residents, including any structured activities, using a template as an ‘aide-memoire’,
- If possible to engage residents in conversation about their daily lives in Gracefields Nursing Home, using the template and prompt questions,

- If possible to engage residents families and friends in conversation to elicit their views about the service their relative receives,
- To talk to members of staff about their experience of caring for the residents,
- To produce a report of the findings from the observations and conversations,
- To comment on the findings and raise any issues that need to be addressed, and/or make recommendations for change, and
- To share the final report with Gracefields Nursing Home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.

4. Methodology

4.1 The HwSG Enter and View Planning Group, comprising all HwSG E&V authorised representatives, had agreed and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibited the E&V authorised representatives from responding to what they saw and heard and thus pursuing further information if necessary. The following was agreed:

- What observations should be made
- How to record the observations
- How to initiate and maintain conversations with residents/ their relatives
- What questions were important to ask residents/their relatives
- How to record the conversations with residents/their relatives
- What questions were important to ask members of the care staff
- How to record the conversations with members of staff
- How to collate all the data gathered and write a final report, and
- Ensure a 'debrief' session was arranged with an opportunity for learning and reflection for the E&V authorised representatives.

4.2 An aide-memoire observation record sheet had been drawn up and piloted and refined, as had a list of prompt questions. The headings for the observations and questions covered the following categories (in no particular order, nor are they exclusive or exhaustive):

- First impressions of the Nursing Home

- Residents' Environment
- Staffing Issues
- Activities for residents
- Person Centred Care and Choice
- Conversations with residents
- Conversations with residents' relatives
- Conversations with members of care staff
- Nutrition and hydration
- Any other comments or observations

4.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a resident, included open questions such as;

- Please tell me about your daily routine; for example, food, activities, company and visitors
- What do you think about the care that you receive
- How frequently are you able to have a shower/bath
- How are you helped to have a meal or a drink
- What sort of activities are you able to enjoy, and
- Can you please give some examples of choices you are able to make; for example, about television (or radio) being switched on (or off), which channels you can watch/hear; what food you like to eat; how are you able to choose which clothes to wear; getting up/bedtime, and going outside into the garden or on trips.

4.4 The visit took the form of a series of semi-structured conversations with residents. Enter and View authorised representatives also spent time observing the service provided and the environment, and considering what impact these would have on residents. The views of some of the members of Nursing Home staff, including qualified Nurses and Care Assistants were also sought.

4.6 The E&V authorised representatives had received the initial Healthwatch England approved E&V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Deprivation of Liberty Safeguards, Human Rights, Dementia Awareness and Dual Sensory Loss. Working in three pairs, they were able to structure their questioning to ensure depth and converse with the specific abilities and needs of those to whom they were speaking. Each pair of E&V representatives were introduced to residents by care staff and explained the purpose of their visit. The residents were assured that any comments they made would not be made attributable to them in the written report.

4.7 The data collected were the E&V representatives' subjective observations and notes from conversations with residents and members of staff. Observations were gathered by the E&V representatives, being recorded contemporaneously and then collated afterwards and used to inform this report. The conversations were semi-structured, using the template and prompt questions, and often wide-ranging. The notes taken during these conversations were collated and also used to inform this report. A debrief session for the E&V representatives was held on site after E&V visit.

5. Findings

5.1 The findings are presented as bullet points from the E&V representatives notes, using the template observation headings. Quotes (in italics and underlined), from conversations with residents and members of staff, are used to illustrate the experience of living in Gracefields Nursing Home.

The code used for each quote is: **R = resident**, **F = family member/relative/visitor** and **S = member of staff**. Where there are issues of 'concern' these are double underlined in red.

5.2 The E&V representatives found a new purpose built Nursing Home, which is spacious with plenty of natural light and has access to landscaped safe gardens. The building smells fresh and clean and is staffed by friendly and welcoming members of staff who appear calm, efficient and attentive to their residents. There were just a few issues raised by residents:

- The cooked food was not always hot enough
- There wasn't always sufficient hot water available to have a shower
- Some residents did not appear to know what activities were taking place, and where and when they were happening
- There was no easy access to a hairdresser on a regular basis

5.3 The E&V representatives identified some issues that need to be addressed; for example:

- No residents or relatives meetings are held
- No links have been made, in particular, inter-generational links, with the local community

and identified one concern that needs addressing with some urgency:

- **the lack of understanding of the English language that a number of care staff demonstrated. HwSG believe this may have an adverse impact on the quality of communication with residents, and the care they receive.**

5.4 Environment

The first impressions and observations noted about Gracefields Nursing Home environment are as follows:

- A well designed purpose-built nursing home which has been open for 11 months
- There is provision for 23 people in the general nursing wing and 27 bedrooms available for people with dementia
- Entrance area was clean, warm, fresh, and elegantly decorated
- *“The whole place is very clean and tidy. Cleaners are in all day, every day” (R)*
- Public areas were bright with large windows and natural light, a pleasant outlook, and a lot of flower arrangements, which although artificial, looked attractive
- Corridors were wide and uncluttered with handrails along both sides
- Art work of all types lined the walls; for example, nostalgic photographs and posters of film stars and performers of 60 years ago
- Each residents door to their room had a framed photograph of the resident as well as their name
- Dining rooms/sitting rooms were spacious with grouped seating arrangements and a cluster of attractively laid dining tables
- There was clear signage for each communal room with the name of the facility and a photograph or explanatory image
- Ground and lower ground floors had views and/or access to attractive and spacious landscaped garden areas with a variety of seating available
- Residents rooms were spacious with large en-suite bathrooms
- There were a few bottles of hand sanitizer available for use but balanced on the corridor handrails rather than in wall mounted brackets
- There was a shortage of paper hand towels in the visitors lavatories but a delivery was expected imminently

5.5 Staffing Issues

“Everyone is so polite, nothing is too much trouble for them to do for you” (R)

5.5.i There are a total of 65 members of staff which include Registered Nurses, Nursing Associates (that is, nurses who have qualified abroad and are participating in Accredited Placement prior to gaining nursing registration in the UK), Senior Carers, Care Assistants, an Activities Co-ordinator, Housekeeper, Chef, Kitchen Assistants and Domestic Assistants. Non-clinical staff provide a seven day a week service.

5.5.ii Observations of, and conversations with, care staff elicited the following:

- All the members of staff encountered appeared friendly and caring and were welcoming, taking time to introduce the authorised representatives to residents

- Staff conversations with residents demonstrated that they were familiar with each residents history and individual needs
- There were residents 'life story books' available which staff use to understand each residents needs
- There is usually one registered nurse on duty during the day with two on duty at night. There are also 2 Senior Carers and 4 Care Assistants on each floor
- Members of staff work 12 hour shifts with 15 minute breaks for coffee/tea and half-an-hour for lunch
- *"The atmosphere here is nice, all the other staff are friendly"* (S)
- *"Care provision here is better than any other place I have worked in".* (S)
- *"I do enjoy working here"* (S)
- Staff training is carried out in-house with some external training. The in-house training has been developed by the Nursing Home owners, Cedar Care, in conjunction with the University of Bradford. For example, in-house training would include an Induction, Basic Life Support, Dementia Care, Challenging Behaviour, and Manual Handling training. External training would cover; for example, venepuncture, use of syringe drivers and inserting a urinary catheter
- *"I am currently doing an NVQ"* (S)
- Two members of the care staff were undertaking NVQ Level 5 with support from the Home Manager
- Gracefields is currently recruiting more staff although the Home Manager did not think that staff turnover was much different from other Care Homes in the area
- Authorised representatives were concerned with some members of staff apparent lack of English. This was the time needed to understand our queries and which English words to use in response and thus the potential for communication issues with residents; for example:
 - *"We asked a care assistant what a PIR does (this was the button situated above the door of each bedroom to show movement in the room and which then triggers a call bell in the staff office). The care assistant was unable to communicate with us in clear English, it seemed the member of staff had a very limited grasp of English language. There was also occasional difficulty in communicating with another nurse due to their poor standard of English"* (HwSG E&V reps)
 - *"There was one care assistant who was doing a one-to-one activity with a resident in the sitting room. He tried to explain what he was doing and we had to ask for clarification a number of times as he did not know which word to use in English. He was wearing his outdoor jacket, which we considered unprofessional, because at first we thought he was a visitor or relative"* (HwSG E&V reps)

5.6 Activities for residents

- There is an Activities Co-ordinator who works Monday to Friday each week and there are group activities every afternoon
 - There are one-to-one sessions for residents who stay in their rooms
 - *"We ask the residents about their hobbies and try and work with them" (S)*
 - The Home is trying to create links with the local community; they do not have any volunteers
 - Activities include music from visiting entertainers, cake making, tea parties and visits and day trips to outside venues such as the local shopping area and coffee shops, nearby pubs for lunch, and museums or other places of interest
 - Church services are held in the Home once a month
 - Residents are given an activities newsletter for each month to keep in their room
 - *"I didn't know that a list of activities was in my room" (R)*
 - *"It's a very good place and they try and make you feel at home. There is a choice of activities" (R)*
 - *"There are plenty of activities to do but I don't always want to take part" (R)*
 - *"Trips out? I go wherever I am taken" (R)*
 - *"I'm not bored but people (members of staff) don't come and chat" (R)*
 - *"I read the newspaper and watch TV but I can't remember being asked to join in any of the activities" (R)*
 - *"I don't know where the activities take place" (R)*
-
- *A visitor expressed concern that her relative was left unattended in her room for long periods of time and that the staff failed to take her to one of the lounges where she could socialise and helped to feel better. The visitor had raised this with the management but nothing had been done.*

5.7 Person- centered Care/Residents Choice

A person-centred approach and enabling all residents to exercise choice about how they live their lives in Gracefields Nursing Home was apparent to some extent.

- Residents are able to have some of their own furniture in their rooms; for example, a chair as well as personal memorabilia
- Residents Admissions 'Pack' lists their preferences and choices
- *"I have a choice of a bath or a shower" (R)*
- *"I can get up when I want and I can stay up as late as I want" (R)*
- *I lie in in the morning when I want to" (R)*

- *“The night staff are very good, if I woke up in the middle of the night and wanted a cup of tea I know they would bring me one” (R)*
- *“I am very pleased with the care my relative receives, she always looks clean and tidy, although not always in her own clothes, but these things happen. You accept that they have so many to care for. They always inform me if she is unwell. I am happy that she is being cared for” (F)*
- *“I prefer to stay in my room with my laptop, my puzzles and my crochet” (R)*
- *“I can have my breakfast in my room” (R)*
- *“ I do what I want to do” (R)*
- *“I can’t always get out to have my hair done, my head gets itchy if I don’t have it done by the hairdresser on a weekly basis. Sometimes I have to wait 3 weeks before it’s done” (R)*
- *“I don’t know how to use the telephone, am I allowed to use it?” (R)*
- *There are not any residents or relatives meetings*
- There is a hairdressing salon but no hairdresser currently available in-house, members of staff take residents to local hairdressers whilst a hairdresser is recruited
- Residents have access to a telephone with an outside line in their rooms
- There is chiropody, dentistry, sight testing and audiology available for residents, at their own cost
- Residents may have their own general practitioner
- Residents may have their clothes washed on site

5.8 Nutrition and hydration

- A mealtime was not observed during this visit but there was evidence that good hydration for residents was taken seriously; for example:
 - there was a choice of different juices and water on the dining tables being prepared for lunch
 - members of staff were observed topping up residents glasses of water in the lounge
 - residents fluid intake was monitored with fluid charts being used when necessary
 - tea or coffee is offered at every meal.
 - orange juice is available in lounge and other drinks are available on request
- The authorised representatives were told that the food is prepared on site and there is a choice of two main courses available every day for lunch

- The evening meal is choices of soup, sandwiches, cakes, sausage rolls, and other snack items
- Biscuits are offered to residents with their mid-morning coffee and cake with mid-afternoon tea
- There is a late night hot drink with snacks available for residents
- A daily menu is sent to residents to choose their options 24 hours ahead of the meals
- There are laminated pictorial menu cards available for those residents who having difficulty in understanding the written menus
- Residents who require assistance with eating and drinking are given help
- *“The food is alright. Water is always available to drink, and tea” (R)*
- *“The food is excellent” (R)*
- *“The food is well presented” (R)*
- *“I have my breakfast in my room” (R)*
- *“I prefer to have my breakfast in the dining room. I have porridge and toast, and sometimes a cooked breakfast” (R)*
- *“I like to go to the dining room to socialise” (R)*
- *“The roast lunches are very good” (R)*
- *“Sometimes the food isn’t very warm” (R)*
- *“There’s a lot of sort of mince type meat” (R)*
- *“The food isn’t quite home cooked but it’s OK” (R)*
- *“If I don’t like what I’m given I can ask to try something else” (R)*

5.9 Other observations

- A discussion was held with the manager about a concern that authorised representatives had about a resident who was bed bound and had bed rails attached to the bed; any resident at a risk of a fall from bed would usually be cared for in a high-low bed. The representatives were reassured that the use of bed rails in this instance had been risk assessed and agreed with the residents family. The risk assessment model was shared with the representatives.
- The manager does not undertake a ‘walk round’ of every resident each day but does a daily round of each area of the home to review residents care plans with the nurse/carer in charge.
- *“I don’t think I have ever met the manager” (R)*
- One resident raised their concern that although they could have a daily shower if they so wished the hot water was sometimes not hot. This meant a strip wash in tepid water. This had been happening for a while and reported to the management by the resident and the resident’s visitors on a number of occasions, but there had been no improvement. This concern was reported to the Home Manager by the authorised representatives at the end of the E&V visit, and

HwSG also reported the issue to the Care Quality Commission local team who were passing the information on to Adult Social Services.

6. Conclusion

6.1 Overall, the standard of care and service provided at Gracefields Nursing Home was found to be satisfactory and what could be expected in the provision of nursing care and support for older and vulnerable people, and in particular people with dementia.

6.2 There were a number of issues that residents raised with the authorised representatives; for example, insufficient hot water for a shower, not knowing how to use the telephone system, hot food being cold when presented in the dining room, and being unaware of daily activities and events. These could be dealt with during daily 'walk rounds' and by the Home having regular, minuted, residents and relatives meetings. **HwSG would like assurance that the matters raised by residents and relatives/visitors will be dealt with promptly.**

6.3 The Care Home Manager, who has been at Gracefields Nursing Home for nearly 3 (three) months, is planning to make a number of positive changes; for example, **forging links with the local community and instigating residents and relatives meetings. HwSG would like to see these developments in place as soon as possible; with a particular recommendation to build intergenerational community links.**

6.4 **There is however, one major concern that HwSG would like to raise with Gracefields Nursing Home; that is, the lack of understanding of the English language that a number of care staff demonstrated. HwSG believe this may have an adverse impact on the quality of communication with residents, and the care they receive; in particular those residents with cognitive impairment. HwSG would appreciate a response from Gracefields Nursing Home detailing how this concern will be dealt with.**

Disclaimer:

- **This report relates only to one specific visit to Gracefields Nursing Home on 21 January 2015**
- **This report is not representative of all the residents or members of staff (only those who contributed, or chose to contribute, within the restricted time available).**

Joanna Parker

HwSG E&V Lead

February 2015