

Enter and View Visit

Fletcher House

Glastonbury Road, Wells

BA5 1TN

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Authorised representative(s) undertaking visit:

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Acknowledgements

Healthwatch Somerset would like to thank the staff and residents of Fletcher House residential Home for making us feel welcome and offering assistance during the Enter and View visit.

Purpose of the visit

- to seek the views of those who live in residential services on the health and social care services that they use, including the residential service that they live in.
- to find out how those in residential care access the health and social care services they need.
- to Identify and highlight areas of good practice to share with other providers

Methodology

The home was notified about the Enter & View visit 2 weeks prior to the visit. A letter was written to inform residents and visitors, which the home was asked to display.

On the day of the visit, the Enter & View team were keen to ensure that their presence did not get in the way of the care being given to residents. They had therefore requested to meet with the manager or senior member of staff on duty to discuss how the visit could be best managed, and be informed of any issues that they needed to be aware of.

The Enter & View team were then given a tour of the home, before being free to wander the communal areas in the home and chat to residents and staff. The team then joined residents for lunch and it was found that this provided a social occasion in which to chat to residents in more depth.

The team then met in a quiet area of the home to collect their findings before giving a brief verbal feedback to the manager.

Summary

Fletcher house is a large modern 60 bed residential home. The Enter & View team spoke to staff residents and visitors. The majority of those we spoke to praise the home and the care that they received. Staff were observed to support residents in a dignified and caring way. Residents told us that the food was excellent and the staff were very kind. A number of good practices have been noted and a few recommendations have been made to help the service make further improvements.

Findings

The Environment.

Fletcher house is a large modern building. The majority of rooms are ensuite and those that are not have wash hand basins and a bathroom nearby. There is a large lounge and an even larger garden room that doubles as a dining room.

The home was observed to be warm and clean although it was noted that the decoration would benefit from attention in some areas. In particular areas of the garden room were noted to have chipped paint.

Outside there was a well-kept garden area

Communication

Action on Hearing Loss' report that 80% of those living in residential care have significant hearing loss and that this often leads people to become withdrawn and isolated. The Enter & View team spoke to residents who were hard of hearing and also noticed a few residents who seemed to sit alone and appear isolated and although it is recognised this may in part be due to dementia, it was noted that the home do not have a hearing loop system either wired or portable. It is strongly recommended that the home contact Action on Hearing loss to seek advice about this. **See recommendation 1.**

The Staff.

Throughout the visit, staff were observed to support residents in a kind, respectful and dignified way. There appeared to be enough staff to support residents. One member of staff was observed to notice that a resident was squinting in the sunshine and a member of staff pulled the curtains to shade the resident. Another member of staff was observed to respectfully calm a resident who was confused.

Recruitment and retention of staff has been raised by other homes to be an issue. Fletcher house employs 70 staff and so naturally there will often be a turnover of staff. In order to retain staff the manager informed us that Care staff are supported to obtain there QCF qualification (formerly NVQ)

Involvement.

The home have family and resident meetings quarterly The manager noted that they were not always well attended but they had tried to encourage attendance by making some of the meetings cheese and wine evenings. A 'You Said We Did' Poster was displayed on a notice board and noted as good practice. The Enter & View Team were also told that the home had tried holding meetings at different times and had on one occasion invited someone to speak from the local planning office about issues related to building in the nearby area.

Good practice examples have been found at other homes visited by the Enter and view team relating to improving resident and family meetings and it is recommended that the home consider the adopting the following examples:

- Inviting a speaker such as a nutritionist to speak on healthy eating, or a speaker about care fees for example.
- Asking residents for ideas about speakers.
- Ensuring residents are asked individually if there is anything they would like raised at the meeting.
- Including Kitchen and domestic staff in the meetings.
- Ensuring all residents have a copy of minutes from meetings.

See recommendation 2.

The manager informed us that in addition to meetings they survey 10% of residents about a particular topic or issue every two weeks.

The Enter and View team would also recommend that suggestion boxes are placed around the home for those who prefer to comment anonymously. **See recommendation 3.**

Food and Nutrition

Residents told us that the food was always excellent and that there was always a good choice. Residents were observed to be offered a drink by staff at different times during the visit.

The manager informed us they cater for different dietary needs and these are displayed on a white board in the kitchen.

Water was observed to be available in communal areas. The Enter and view team would recommend ensuring fruit is also available in communal areas if this is not already done. **See recommendation 4.**

How do the residents of Fletcher House access health and social care services?

Faith and Religion

There is a church service on Thursday and we were informed that residents of different faiths would be supported to find places of worship according to their faith.

Dental Services

Dentists do not visit the home but residents are taken to the dentist as required.

Hospital Appointments

At present the home are taking residents who are being discharged from RUH as the hospital is on 'black watch'. One resident told us that this has placed an additional demand on staff, and this means that other residents have noticed that staff have less time and sometimes take longer to answer call bells. The manager told us that they are looking at recruiting extra staff to cover at this busy time.

The manager told us that sometimes residents are discharged without medication and for that reason they try not to accept residents who are being discharged on a Friday.

The home try to ensure that their life story forms and medical information accompany residents to hospital.

One resident told us that they had hoped to stay at West Mendip Community Hospital to recuperate from an operation but that they had closed their beds. We were told that this had happened to others and the resident noted that it was not serving the needs of the community.

GPs

GP's visit the home when requested.

Transport.

The manager told us that hospital transport is only available to residents who receive pension credits and that this sometimes puts an extra burden on staff who may need to take residents to hospital appointments.

The Home rent a minibus for trips out and on the day of the visit a group of residents were going out to Weston super Mare for lunch.

The Enter and View team would recommend that the home contact 'You can do' and Aster Living active living groups who are often able to take residents out or transport them to Active living groups. **See recommendation 5.**

Physiotherapy

The manager confirmed that physiotherapy is limited for those with conditions such as stroke. It is often limited to a six week rehabilitation period. Sometimes people do not recover enough to return home.

Involving the local community and Other Services.

The home try hard to involve the local community.

- Fundraising for trips out
- Staff provide one to one support for shopping.
- The local school children sometimes volunteer at the home as part of their work experience.
- Chiropodists and podiatry services visit the home.
- Options visit the home.
- The home have a hair salon and a hairdresser visits twice a week.
- The home have been involved in the Archie Project all about building dementia awareness in the community.
- The manager told us that they are exploring the opportunity of sharing some chickens with a neighbouring school.
- One of the staff keeps donkeys and these sometimes visit the home.
- The home have an annual summer fare.

Mental Health.

The manager informed us that they have a good relationship with community mental health services who are based nearby, and as a consequence they rarely have to admit residents to acute services.

What do the residents think about Fletcher House?

Staff

All the residents we spoke to spoke highly of the staff and noted they were kind and caring.

Food and Dining

Residents told us that the food was always excellent and that there was always a good choice.

Activities.

Residents told us that there were some good activities and one resident told us she enjoyed the flower arranging in particular.

One male resident said he believed there were activities daily but he did not think they were for him. The Enter & View team noted that often there are fewer activities for men and would recommend the Activities staff talk to male residents about this.

See recommendation 6.

Environment

Two residents we spoke to said they had lovely rooms with en suite facilities and there was enough room for them to keep personal affects.

Conclusions

All residents appeared well, and happy to live in the environment at Fletcher House. The day we visited, an outing to a Fish & Chip lunch was being organised, and the residents we spoke to were all looking forward to the day out. This included wheelchair users so it appeared that appropriate transport was being used. During our visit, the call bell went off several times but was answered within a reasonable time. We asked about the night time call bell, was it set to a lower tone or set to silent, the answer was that it is not. When we arrived at the home we had to ring a bell to get in, this was a positive as the staff could monitor who was being visited and by whom. Respite care is also provided in this establishment, and those that we spoke to were very pleased with the service. We would have liked to have spoken to some residents who were confined to their rooms for various reasons, however we were pleased to have visited Fletcher House and found a well-run home.

Disclaimer

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available)

Fletcher House Enter & View Recommendations

No	Recommendation	Comments from the Service Provider
1.	It is strongly recommended that the home contact Action on Hearing loss to seek advice about this.	This is something that we will be looking into in the near future.
2.	<p>It is recommended that the home consider adopting the following examples:</p> <ul style="list-style-type: none"> • Inviting a speaker such as a nutritionist to speak on healthy eating, or a speaker about care fees for example. • Ask residents for ideas about speakers. • Ensuring residents are asked individually if there is anything they would like raised at the meeting. • Including Kitchen and domestic staff in the meetings. • Ensuring all residents have a copy of minutes from meetings. 	<p>Thank you for the recommendations, at our next residents and relatives meeting we will ask for ideas about different speakers residents would like visit. Prior to meetings the activity coordinators ask residents on a one to one basis if they would like anything included in the meetings.</p> <p>At meetings the cook attends and is available to answer questions and ideas regarding meals passed on to her. We have never included a domestic member of staff, thank you for the recommendation; we will try this at our next meeting.</p> <p>Following meetings copies of minutes are left around the building, put on notice boards and given to individual residents that didn't attend the meeting.</p>
3.	The Enter and View team would also recommend that suggestion boxes are placed around the home for those who prefer to comment anonymously.	There is a suggestion box in place that staff, visitors and residents can leave suggestions and feedback and if they choose this can be



		anonymous
4.	The Enter and View team would recommend ensuring fruit is also available in communal areas if this is not already done.	Fruit is available at all times; we have a number of fruit baskets around the home which are checked daily to ensure that they are fresh.
5.	The Enter and View team would recommend that the home contact 'You can do' T: 01278 664 180 and Aster Living T: 0333 400 8299 active living groups who are often able to take residents out or transport them to Active living groups.	Thank you for the recommendation, this is something that we will be putting into action
6.	The Enter & View team noted that often there are fewer activities for men and would recommend the Activities staff talk to male residents about this.	Thank you for the recommendation, we were already aware of this and we have recently set up a gardening club, however due to the weather this has not yet taken off fully. After discussions with our male residents we have now set up a skittles team and we are planning to hold an inter-home league with the other Somerset Care homes in the local area. We have also arranged a visit to a local brewery to sample the beer selections.

Further comment:

Please note that we are aware that some of the communal areas are in need of decoration and we are scheduled to have this done by April 15. Following your visit the Garden room has been repainted to cover the chips in paint work.