



**REPORT OF ENTER AND VIEW VISITS TO
LITTLE CROFT CARE HOME
42- 44 Barry Road, Oldland Common, Bristol
BS30 6QY**

**Two visits undertaken during February
2015 (10 February and 14 February 2015)**

Authorised representatives undertaking the visits:

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Healthwatch South Gloucestershire would also like to thank Little Croft Care Home Management 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.

Disclaimer

- **This report relates only to a series of two specific visits in February 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.**

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1. Executive Summary

1.1 Healthwatch South Gloucestershire Enter and View authorised representatives undertook two Enter and View visits to Little Croft Care Home, Oldland Common, on different days of the week, and at different times of the day, during February 2015 with the purpose of finding out about the residents' lived experience of Little Croft Care Home.

1.2 Information was gathered from the authorised representatives' subjective observations and their notes of conversations with residents and/or their relatives, and members of staff. Observations were gathered by all the authorised representatives working in pairs. Conversations were semi-structured and were noted down contemporaneously. The approach for recording the observations, and the content of the conversations was underpinned by the use of a template and a list of prompt questions.

1.3 Overall, Little Croft Care Home was found to be delivering a satisfactory standard of care with dedicated and caring members of staff. They are providing care and support for frail, older and vulnerable people and there is a lot that the Home offers that can be commended. The residents expressed satisfaction with how they were looked after and in some cases they were delighted with their care. Likewise, relatives were mainly satisfied and appreciative of the care their family members were receiving.

1.4 However, there are some areas and issues which Healthwatch representatives felt could be given more attention. These include:

- Providing a greater and more diverse range of activities, including outdoor activities, and especially those suitable for male residents
- Improving the information on noticeboards for residents
- Offering more choice of main courses at lunchtime

1.5 It is suggested that Little Croft Care Home undertake a self-audit to check that the home is dementia friendly, using the tool developed by The King's Fund; "Is your care home dementia friendly?" (The King's Fund 2014). Although not all residents have a diagnosis of dementia it would be a useful and helpful exercise. For further details go to **www.kingsfund.org.uk/dementia**

2. Context

2.1 The Context 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' care 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

2.2 Little Croft is small family run residential care home with 37 residents in a two-storey building with modern extensions.

Their website states that:

The aim of the home is to ensure an excellent Quality of Life for the residents, by providing first class care in a friendly, relaxed yet stimulating environment.

This means the resident will be encouraged to make decisions for themselves' with assistance, if necessary, being given in carrying out those decisions.

All residents are treated as individuals.

A resident may prefer to be independent in certain self-care situations in order to retain self respect and dignity, and this will be encouraged. It is intended that residents will enjoy the freedom of movement together with security and comfort. Encouragement in independence will be given by the members of staff.

2.3 A report from the Care Quality Commission (CQC) in September 2013 stated that Little Croft meets the requirements for:

- Care and welfare of people who use services
- Safety and suitability of premises
- Requirements relating to workers
- Staffing
- Assessing and monitoring the quality of service provision

3. Findings

3.1 The findings from the Enter and View visits are presented as bullet points from the authorised representatives notes, using the template observation headings. Quotes (in italics) are taken from conversations with residents and/or their relatives, and members of staff and are used to illustrate the experience of living in Little Croft Care Home.

The code used for each quote is: **R** = resident; **F** = family member; **S** = Member of Staff.

3.2 The E&V representatives found that there was much to commend. For example:

- The home felt bright, warm and welcoming on arrival. There were no unpleasant odours on the ground floor. Communal areas and some bedrooms appeared to be light and airy and decorated in a homely way
- Staff members were friendly and welcoming
- Staff used a key code to admit visitors ensuring residents' safety was maintained
- The senior care assistants on duty were helpful and attentive. It was clear that they knew the names of every resident
- Members of staff observed talking to residents were kind and thoughtful, giving residents plenty of time to respond
- During the morning visit there was a pleasant aroma of freshly cooked food
- All food is cooked on site using locally sourced produce
- The notice about the HwSG E&V visits was displayed in the entrance hall for residents and relatives to view
- The lunch-time staff were careful to ensure that meals were served to suit each individual's requirements and the residents' needs
- The residents, and particularly their relatives and friends, seemed very pleased with most aspects of the care provided by the Home

- *"I think it is very nice here. Very good." (R)*
- *"The food is good, I enjoy the meals." (R)*

3.3 However, the E&V representatives noted that:

- It appeared that there was no hand sanitising gel available for visitors to use on arrival. It is normally available but sometimes is moved by residents

- The communal lounge areas are long and narrow and the authorised representatives found that the chairs were ranged in straight lines along the walls with the residents facing each other across a wide space. However, it appears that the staff arrange the chairs in 'horse-shoe' configurations to encourage 'conversation groupings' but the residents often move the chairs
- One lounge area had no windows for residents to look outside, although there was plenty of natural light from the skylights
- Although the home was mostly well decorated it did not appear to be 'dementia friendly'. For example, there appeared to be no 'picture notices/signs' indicating room use; or lavatory doors painted a different colour, or any area that would offer specific 'reminiscence therapy' for residents
- Only a few residents' room doors had name signs or photos on to indicate to whom the room belonged, which the E&V representatives were told were the residents'/relatives choice
- Some of the bedrooms upstairs smelt of urine but the staff were aware of this and actively managing some residents' specific circumstances
- Some curtains in upstairs bedrooms needed correctly hanging and E&V representatives were assured that this issue was due to be dealt with.

3.4 Environment

The observations noted about the Care Home environment are as follows:

- There are beds for 37 residents in 2 old houses linked together with a narrow, winding corridor. There are two dining areas and the home has modern extensions leading off the back of both houses
- The building appears adequate for residential care but has many limitations that flow from the inevitable compromises that adaptation imposes; for example: the communal sitting areas and dining areas are 'walk ways' through to adjacent rooms; some corridors are narrow; some of the rooms resulting from the upstairs adaptations are small

- All rooms have adequate ventilation and the E&V representatives were informed that it is the residents' choice to have their windows closed, even though this can cause odours to be retained
- There are two lounge areas which are pleasantly furnished. The one in the newer extension was bright and light with contemporary furnishings
- The first floor bedrooms in the older parts of the building looked 'tired' and in need of modernisation.
- Most rooms had en suite wash basin and toilet facilities though not all had showers
- Residents are able to personalise their rooms with their possessions as they/their relatives would like
- In many of the rooms visited on the upper floor the beds had been stripped of sheets and pillow cases and a resident who wanted to be in bed was lying on a plastic bed sheet. E&V representatives were advised that this is unusual and that any resident who wants to have their bed made up for day time use when linen is in the process of being changed will have their bed made up for them immediately
- Bedrooms in the new extension on the ground floor were spacious with en-suite shower rooms and French windows opening on to the patio. Each of these rooms opens on to a space on the patio that is 'enclosed' with trellis fencing to give some privacy. Some bedrooms downstairs have good views of the lawns
- There are 2 sitting rooms and dining areas; the dining areas were attractively laid out for lunch service and residents sat at tables in groups of four
- It was observed that each sitting room had chairs arranged in long rows down the sides of the rooms. However, it appeared that at the start of each day the chairs are arranged in 'horse-shoe' shaped conversational groups and the residents later move them into straight lines
- The surrounding grounds provide a spacious and flat garden area which has the potential for enhancing the caring facility, particularly in the summer
- The home appeared to be generally clean, but some small items of litter were visible although cleaners are available for 12 hours a day, seven days a week

3.5 Staffing

The observations of, and conversations with, care staff elicited the following:

- Little Croft is a residential home and is staffed by care assistants. No registered nurses are employed, although residents are visited by community nurses when nursing care is required
- There is usually one Senior Carer and 3 Care Assistants on duty for each shift, including night shift. Some members of staff work flexible hours. Agency staffing is not used, but staff can be brought in if necessary, from one of the other care homes in the group ownership
- There is a cook and a kitchen assistant, and 2 cleaners available
- Residents are looked after *“for as long as we can meet their needs”* [S], so palliative and terminal care can be given but relatives understand that residents may have to move elsewhere; for example, to a nursing home
- Standard shifts for members of staff are 10hrs with 1/2 hr meal break and short coffee/tea breaks. Some staff members have been promoted. Induction packs are provided for new employees and they ‘shadow’ other staff as part of their training. NVQ’s are used and members of staff work on these in their own time. There is no online training. Care Assistants have induction training and undertake training in moving and handling residents, first aid and administration of medicines
- There is a ‘regular’ staff meeting held every two months
- Staff members pursued their tasks confidently and with good humour
- The staff members appear to provide empathetic care. The method of staff recruitment and appointment ensures that the Homes' caring ethos is maintained - promotions are often internal; vacancies are filled either by in-house transfers or new appointments are frequently made from applicants sponsored by existing staff members, thereby ensuring that fresh staff will "fit in". The home aims to maintain a balance between keeping loyal' long serving staff and bringing in new people with fresh ideas. E&V representatives were informed that 9 (nine) new members of staff had just been recruited reflecting a balance of gender and age.

- *The staff are lovely, but so often in a hurry that they don't always pay attention to details. I often find that they forget to remind my mother to put her teeth in. She needs to have them offered to her" (F)*
- *"Staff turnover is noticeable in the time that I've been visiting my relative" (F)*
- *"Staff don't often have time just to sit and chat with residents" (F)*

3.6 Activities for residents

- Only one small printed notice about daily activities was visible on a noticeboard in a dining room. There are usually 5 chalk boards in communal areas around the home to ensure that residents know about the daily menu and the daily activities on offer
- The activities are based on a one-to-one discussion with residents and recorded in an activities book to reflect their choices. For example, bingo, exercises, quizzes, eye-spy, ball games, board games, skittles, singing and arts and crafts are available; as is gardening in good weather and some residents are accompanied to the nearby pub, garden centre and shops
- No activities were taking place during the two visits by Healthwatch representatives, but this was due to the timing of the visits (a weekday morning and a Saturday afternoon) as activities take place each weekday afternoon with two activity officers. The Care Home consider Saturday a 'family day' (for visiting relatives and friends to be involved with residents) so there are no activities available.
- The activities available appeared somewhat 'limited' and 'traditional', and with a growing number of male residents in the home it is suggested that their needs for meaningful activities need to be given more imaginative consideration

- Outings are arranged including visits to the local pub, visits to the nearby garden centre and café, shopping trips and an annual visit to a pantomime, residents may be taken out by their relatives at any time
- There is a garden party once a year, a Christmas shopping trip and also a summer outing further afield ; for example, to the seaside
- During the Saturday afternoon E&V visit a lot of residents were in the sitting rooms with the TV switched on
- There was no evidence of any intergenerational links between the local community and the home
- There is a large bookcase with various books but nothing appropriate for reminiscence therapy for people with dementia
- A Care Assistant was observed helping a resident to look at photos on an iPad
- Meetings are held with residents once a month and relatives may also attend.

Residents' Comments regarding Activities:

- *" I am bored' [Male R]*
- *"There is a lack of anything really good to do" [R]*
- *"I keep myself busy, reading, doing puzzles and watching the TV" [R]*
- *"I'm not told about activities" [R]*
- *"I've played scrabble" [R]*
- *"The TV is usually on all the time" [F]*
- *"I'm not often asked what I'd like to do" [R]*
- *"I just stay in my room and watch the TV" [R]*
- *"TV in lounge was usually switched on and could be annoying". [R]*

- “ I used to go to church but I’m not sure if I can go now” [R]
- “I like to help with weeding in the garden” [R]
- One resident said that the care was better than he had experienced before but he said the activities were limited – board games were not very stimulating. He would like to play bowls or darts.

3.7 Person-Centered Care/Residents Choice

There was some evidence of a ‘person-centred’ approach by members of staff and that residents were able to exercise some choice:

- It was observed that one resident who had been feeling unwell and had got up late in the morning was given their lunch when they were able to eat it, 2 hours after the lunchtime. It was piping hot and smelt appetising, and a good portion was eaten
- Visitors are allowed to bring in their dogs for their relatives to see, but need prior permission to do so
- A hairdresser attends twice a week
- All residents are registered with one local GP practice, (which has benefits for continuity of care, regular medication reviews etc) **“It is brilliant here. My mother is so well cared for. She had her medicines reviewed when she moved in and she is so much better, she recognised my wife for the first time in 2 years!”** (Resident has dementia) [F]
- Residents clothes are washed in-house **“She always looks clean and smart”** [F]
- Members of staff observed talking to residents were kind and thoughtful giving residents plenty of time to respond.
- Those residents that need assistance are asked before and after meals if they want to use the lavatory
- A family member reported that their relative is only given a bath once a week or sometimes once a fortnight. However, residents’ bathing routine is written in their care plan and E&V representatives were assured that is the residents’ choice as to when they have a bath or a shower; although all residents are expected to have a shower or bath as a minimum once a week

- According to a visitor one resident had suffered a number of urine infections which the visitor thought might be caused by the resident not drinking enough so as to avoid needing to use the bathroom too often. However, E&V representatives observed drinks being given to residents and members of staff encouraging residents to drink.
- In one room the call buzzer had been tucked under the bed clothes making it difficult for the resident to reach
- One resident, with dementia, was in pain with a tooth/gum infection that required antibiotics. *“It took a while before we realised she was in pain [F] although the care staff had recognised the resident was in distress and had dealt with the situation*

Residents’ Comments regarding Choice:

- *“I am not allowed back to my room during the day in case I spend too much time in bed.” (R)*
- *“I can do what I please.” (R)*
- *“I can get up when I want and go to bed when I want” [R]*
- *“I have a shower every day” [R] “I have a bath twice a week” [R]*
- *“I go out to the barber” [R]*
- *“I have no complaints. The care here is good” [F]*
- *“Night staff brought me a cup of tea at 4am when I couldn’t sleep” [R]*
- *“ Everything is very comfortable here” [R]*
- *“It’s very good here, not lots of regulations, just reasonable rules, it’s quite homely” [R] “There are no hard and fast rules” [R]*
- *“If I get up after 9am there is not enough hot water for me to have a shower, so I have to get up early” [R] “Hot water goes off occasionally” [R]*
- *“It can get a bit boring here” [R]*
- *“I can go into the gardens on my own but not out anywhere else, I wouldn’t mind being able to do a bit of shopping” [R]*

- *“I am looked after so well” [R]*
- *“The TV in the lounge is usually permanently switched on” [R]* (although it was switched off during the morning E&V visit).

3.8 Nutrition and hydration

- The kitchen appeared to be well run and efficient in serving the mid day meal
- The staff members know how each person needs to receive their meal and, where necessary, meals are cut up or portion sizes are adjusted to suit the needs of the resident
- Most residents use one of the two main dining rooms to have their meal, in which the tables are attractively laid out and residents sit at tables for four; however, they always sit in the same place with the same people
- Residents can collectively choose the meal to be cooked for lunchtime on a Wednesday each week
- All food is cooked on site using locally sourced produce. The cook and kitchen staff confirmed that fresh vegetables are used and that they make the pastry for pies. Fresh fruit is always available for residents
- Lunchtime main course is written daily on a chalkboard in the lounges
- There were no choices offered on the lunch menu but an alternative could be made if a resident didn't like something – but the resident would have to ask, options are not routinely offered
- Lunchtime portions looked adequate and the meal smelt appetising

- The main hot meal of the day is provided at lunchtime. The evening meal is light with a choice of sandwiches and/or soup, biscuits and/or bread and butter. Biscuits are offered with hot drink mid-morning and cake with hot drink mid-afternoon

- Members of staff were observed taking drinks of squash to residents and making sure that they drank them

- Residents are weighed once a week

Residents' Comments regarding diet:

- *The food is OK, plenty to eat, good size portions* [R]
- *"The homemade vegetable soup is lovely"* [R]
- *"I can't eat the pastry on the meat pie because of my teeth, so I just eat the veg. they are good"* [R]
- *"The food is boring, I'd like something really tasty"* [R]
- *"The food is very good here"* [R]
- *"If I don't eat the food then they just take it away rather than offer me something else"* [R]

4. Conclusion

4.1 Overall, the standard of care and service provided at Little Croft Care Home was found to be satisfactory and there was much to commend. This includes:

- The home-cooked meals looked appetising, were well prepared and well served
- Members of staff were observed being caring and considerate with residents
- Good attention was paid to residents' hydration needs
- The home felt warm and welcoming and all staff were friendly and helpful
- The majority of residents appeared to be relaxed and happy

4.2 There were, however, some issues that E&V representatives believe should be addressed and would like reassurance that consideration will be given to these matters. These related principally to:

- HW SG suggests that Little Croft could undertake a self-audit using The Kings Fund tool on providing a dementia friendly environment

Ref. Environment
paragraph 3.4

<ul style="list-style-type: none"> Improving the décor in the older upstairs rooms, in particular attending to curtain hanging. 	
<ul style="list-style-type: none"> Providing a greater and more diverse range of activities, especially those suitable for male residents 	Ref: Activities for Residents paragraph 3.6
<ul style="list-style-type: none"> Routinely offering a choice of lunchtime main courses for residents. 	Ref. Nutrition paragraph 3.8

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Kay Hobday

HwSG E&V Representative

February 2015

Appendix A

Enter & View Introduction and Background

A.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.

A.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.

A.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.

A.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.

A.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.

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.

Appendix B

Enter and View - Aim and Objectives

The Aim and Objectives of the Enter and View visits are:

Aim

To find out about residents' lived experience of being in a Residential Care Home or Nursing Home.

Objectives

- To undertake two (2) separate announced E&V visits on different days of the week
- To visit at two different times of the day for a minimum of two hours for each visit
- To have a minimum of three (3) pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so
- To observe the overall service provided for residents, including any structured activities using a template as an 'aide-memoire'
- To engage residents in conversation about their daily lives in a Care 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 produce a report of the findings from the observations and conversations
- To make comments on the findings and make recommendations for change if appropriate
- To share the final report with the Care Home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission
- To provide an opportunity for the E&V authorised representatives to learn from the process, and test out and refine their methodology for future Care Home E&V visits.

Appendix C

Enter and View Methodology

C.1 The HwSG Enter and View Planning Group, comprising all HwSG E&V authorised representatives had discussed, 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
- Ensuring a 'debrief' session and an opportunity for learning and reflection for the E&V authorised representatives.

C.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 Care Home
- Residents' Environment
- Staffing Issues
- Activities for residents
- Person Centred Care
- Conversations with residents
- Conversations with residents' relatives
- Conversations with members of care staff
- Nutrition and hydration
- Resident's choice
- Any other comments or observations

C3 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
- 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, going outside into the garden, other 'routines', and
- Specifically to ask members of staff caring for people with dementia ... What do you do if a resident is continually asking to go home, or asking for their mother?

C.4 The Care Home had been informed in advance by telephone and letter of the E&V visits, and dates and times agreed. Posters and leaflets about HwSG had also been sent to the Home in advance so that these could be displayed on notice boards and used to inform residents, their relatives and members of staff about the role of HwSG, the E&V visits; and to encourage relatives to be present during the visits.

C.5 Each visit took the form of a series of informal conversations with residents and/or their relatives. 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 Care Home staff, including qualified Nurses, Care Assistants and ancillary staff, were also sought.

C.6 All 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 and Dual Sensory Loss. Working in 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 introduced themselves to residents and explained the purpose of their visit. Some residents were also given leaflets about HwSG which included information about 'how to tell your story' in case any of them, or their relatives, wished to send HwSG further information, or send it anonymously.

C.7 The data collected were the E&V representatives' subjective observations and notes from conversations with residents and/or their relatives, and members of staff. Observations were gathered by all 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 quick debrief session for the E&V representatives was held on site after each E&V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session was held separately during a HwSG E&V Planning Group meeting.