

**REPORT OF ENTER AND VIEW VISITS TO
BEAUFORT HOUSE CARE HOME**

High Street, Hawkesbury Upton

**Two visits undertaken during March/April 2015
(30 March 2015 and 08 April 2015)**

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Acknowledgements

Healthwatch South Gloucestershire Enter and View authorised representatives wish to express their gratitude to the residents of Beaufort House, Hawkesbury Upton, who were able to engage in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Beaufort House Management and all the Care Home staff who were willing to answer numerous queries. The members of staff were very welcoming and helpful.

Disclaimer

- **This report relates only to a series of two specific visits in March and April 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 (E&V) authorised representatives undertook two Enter and View visits to Beaufort House, Hawkesbury Upton, on different days of the week, and at different times of the day, during March and April 2015, with the purpose of finding out about the residents' lived experience of Beaufort House. The role of the E&V representatives is to act as 'critical friends' on behalf of residents and enable them to have a 'voice'; especially for those residents who may have difficulty in expressing themselves.

1.2 Information was mainly gathered from the authorised representatives' subjective observations and their notes of conversations with members of staff. The information was gathered by the authorised representatives working in pairs. Meaningful conversations with the majority residents were not always possible because of their cognitive impairment; but where possible those undertaken 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 prompt questions.

1.3 Overall Beaufort House was found to be delivering a satisfactory standard of care with dedicated and caring members of staff. The home provides care and support for frail, older and vulnerable people with dementia and there is much that the Home offers that should be commended. In particular Beaufort House is bright, warm and 'homely'; it is a Care Home with a 'heart and soul', helpful and kindly members of staff, and a comprehensive range of activities is available for residents, led by an enthusiastic Activities Officer.

1.4 There are no specific issues or concerns which Healthwatch representatives wish to raise with Beaufort House other than responding to the expressed need for more male focussed activities and ensuring that all members of care staff know residents' end of life wishes.

1.5 It is suggested that Beaufort House may wish to undertake a self-audit to check that the home is as dementia friendly as possible, using the tool "*Is your care home dementia friendly?*" developed by The King's Fund and published in 2014.

For further details go to www.kingsfund.org.uk/dementia

2. Context

2.1 Enter and View (E&V) visits are part of an ongoing programme of work during 2014/2015 and 2015/2016 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 Beaufort House is a residential care home set in a small village in South Gloucestershire, offering residential care for elderly people, with a special focus on caring for those living with different levels of dementia. Accommodation is arranged on three floors, serviced with a passenger lift, and includes 26 single bedrooms, the majority with en-suite facilities, and a double bedroom, suitable for double occupancy, also en-suite. All rooms have wash basins, either lavatories or commodes, and have television aerial sockets and call bells.

Their website states that:

Our care home values are based on providing a homely, warm and safe environment for all our residents, recognising individual needs through personalised care, treating individuals with respect and dignity and empowering them to lead fulfilling lives.

We attach high priority to staff training at Beaufort House, ensuring that the varying care needs of residents are fully met. Our enthusiastic, caring and friendly staff take pride in providing excellent individual care to all our residents. Beaufort House is more than just a residential care home; it is a happy and loving care home for all our residents.

Facilities include a large lounge, a spacious dining room; bathrooms on each floor with assisted facilities, a conservatory and a hairdressing room. Attractively laid out gardens (with raised beds for the green fingered!), with spacious lawns and patio at the rear, offer much opportunity for relaxation and gentle activity.

At Beaufort House, we take great pride in involving residents in a variety of interactive activities throughout the week. These are both stimulating and fun! A dedicated activities team, who are responsible for these activities, also plan and hold themed events and parties throughout the year, to which families and friends of residents are invited and include bingo, arts and crafts and sing along medleys.

2.3 A report from the Care Quality Commission (CQC) about Beaufort House published on 29 November 2013 states that the following areas were satisfactory:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Staffing
- Quality and suitability of management

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 Beaufort House.

Unfortunately there were no relatives available to talk to the authorised representatives during the E&V visits. It was also quite difficult to hold meaningful conversations with many of the residents due to their cognitive impairment. Therefore, the representatives have tried to capture, as far as is possible, a 'snapshot' of the residents experience of living in Beaufort House through non-participant observation and conversations with members of staff.

(The code used to identify quotes are: **R** = resident; **F** = family member; **S** = member of staff.)

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

- Beaufort House felt bright, warm and 'homely'; a home with a 'heart and soul'
- Members of staff were friendly and welcoming
- The care assistants on duty were helpful, considerate and attentive with the residents and treated them with respect, ensuring that their dignity was assured
- Of particular note is the comprehensive range of activities available for residents, led by an enthusiastic and hard-working Activities Officer
- The residents rooms have a framed picture on the door identifying the room with the residents name and a collage of images that gave reference to their past life and their preferences
- During the morning visit there was a pleasant aroma of freshly cooked food, and during the late afternoon visit the tea time meal was seen to be enjoyed by the residents; all food is cooked on site

3.3 Environment

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

- A key code is needed to access/exit the building, ensuring residents' safety is maintained, there is a hand sanitiser available in the entrance hall, and a visitors book to be signed.
- The building appears adequate for residential care but has limitations that flow from the inevitable compromises that adaptation to an old building imposes; for example, two steep flights of stairs, and some corridors are narrow and winding with awkward corners and changes of floor level. This can make moving around the home difficult for residents with limited mobility and awkward for members of staff helping them; there is a lift available.
- Although the main flight of stairs is steep there have been no falls down the stairs, residents usually have members of staff with them when moving from their rooms to the sitting room or going downstairs to the dining room; the lift is used and help is given to residents to negotiate the narrow corridors. Risk assessments are undertaken for each resident, these are posted on the staff notice board.
- Beaufort House could be described as comfortable with plenty of homely touches such as flowers, ornaments and pictures on the walls; the atmosphere feels welcoming and as if it is a home with a 'heart and soul'.
- The ground floor has a large dining area with tables set to encourage residents to sit together for meals. There is a large sensory tube which changes colour in the room and the area is light and airy with windows at the rear that look out on to an attractive garden and windows to the front that look on to the street.
- The rear garden is well kept, tranquil and spacious. Entrance in to the garden from the ground floor is secured with an alarm on the door, so members of staff know when a resident has gone outside.
- Unsightly oil storage tanks in the garden have been screened with a large life size mural of evocative images of a 1950s sweet shop, painted by secondary school children from a nearby school. The garden also has other items of nostalgia such as an old red telephone box and an old fashioned bicycle.
- The garden has tables and chairs for residents and is used for outdoor activities; for example, a recent Easter Egg hunt, and there are concerts, garden parties and other outdoor activities such as barbeques held on a regular basis.

- Residents rooms have en suite wash basins and toilet facilities; that is, a lavatory, or a commode is available.
- There is a bathroom on each of the floors with equipment (electric and manual hoists) to aid members of staff with manual handling and lifting of residents in to/out of the bath. There is a shower room on the third floor. A residents 'bath rota' was displayed in each bathroom.
- There is good signage with pictures indicating bathrooms and toilets.
- Residents are able to personalise their rooms with their possessions as they and their relatives wish.
- The rooms are of a reasonable size with views of the garden or open countryside.
- All of the residents rooms have a framed picture on the door identifying the room with the residents name and a collage of images that give reference to their past life and their preferences; for example, a location photo of where they came from, the logo of a company they have worked for, or a picture of a favourite hobby.
- The residents sitting room is on the first floor, with access via the lift or a flight of stairs that leads directly in to it. It is a long room with a lot of natural light and a sunroom/conservatory leading from it. This sun room offers panoramic views of the surrounding countryside. It was very hot in this room during the late afternoon E&V visit, and the windows could only be partly opened for safety reasons. However, electric fans are available.
- Seating for residents is arranged around three of the walls; although chairs are moved in to small groups for activities. A large TV, showing sub-titles, was switched on during the E&V visits.

3.4 Staff

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

- Beaufort House 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 the night shift. Some members of staff work flexible hours. The majority of residents are female with a few elderly male residents; there are

male and female carers. Agency staff are used but usually the same staff are used so that they get to know the resident

- The manager and deputy manager were present during the E&V visits. The deputy manager is involved with caring for the residents. She has family reviews of residents care plans on a 3 monthly cycle and relatives are invited to relatives meetings at least 3 times a year.
- Residents have named members of staff as their nominated keyworkers; senior care assistants are keyworkers for 3 residents each and other care staff may act as keyworkers for one or two residents.
- There is induction training for new members of staff and NVQ training is undertaken.
- On both E&V visits it appeared that there were adequate numbers of staff available to meet residents' needs in a timely manner. The members of staff created a cheerful environment and were kind, caring and respectful with residents. There are a number of long serving staff.
- There is an on-site cook and a gardener/handy-man
- 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
- Members of staff encourage relatives to spend time with residents whenever they wish; relatives are able to make hot drinks, join residents for a meal and even spend the night with the resident
- Members of staff are able to discern when residents need help as they know the residents well; **“We can tell when someone is in pain, or unwell, or needs the toilet; we get to know their distress signals” [S]**
- It was noted that care assistants were not able to tell the authorised representatives what the resuscitation wishes of the residents were without checking in their care plans. As this could impact upon the success of any actions required to achieve the residents' desired outcome it is suggested that consideration be given to finding a way that discreetly ensures that all staff do know.

3.5 Activities for residents

- There is a large and brightly coloured Activities Noticeboard in the dining room with pictures illustrating what is on offer each day.

- There is an Activities Officer who works 3 days a week and is enthusiastic and energetic, and there is a wide range of activities offered that are specifically tailored to the resident's needs.
- The activities on offer include a lot of craft activities that remind residents about the specific time of year; for example, decorating Easter Bonnets or making Christmas cakes. One care assistant was observed sitting with a resident and knitting with them.
- There are also activities available that range from pampering afternoons with a reflexologist to cross word puzzles, and there are specific reminiscence activities using play lists and pictures and objects that link back to residents' school days or work.
- Musicians are invited in on a regular basis, there are tea parties in the garden, and coffee mornings are held.
- A church service is held in Beaufort House twice a month.
- Children from the village school next door to Beaufort House visit and the village invites residents to events such as local concerts.
- Pet dogs from the Pets for Therapy charity are sometimes brought to the Home.
- Some residents are taken on trips out by their relatives but there are not any trips out routinely organised by the Home because of the residents' cognitive impairments. One elderly gentleman is sometimes accompanied for a walk outside by a member of staff.
- One male resident stated that he did not think that the activities had enough of a male focus.

3.6 Person-Centered Care/Residents Choice

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

- It was observed that although there appeared to be no choice of a meal on the notice board at lunch time residents are able to have an alternative if they wish.
- Breakfast is made available over a lengthy period of time to enable residents to get up as they wish, and some prefer to have their breakfast in their room.

- A resident who likes to shower daily is able to do so.
- Any resident who is bed bound has their toileting needs checked on a regular basis, at least every two hours. Other residents are taken to the lavatory before and after meals, and when they 'signal' that they need to do so.
- Residents are able to access a hairdresser in-house and a barber, there is also a visiting dentist, a chiropodist and an optician.
- The residents are looked after by one GP practice; any changes in medication are discussed with their relatives.

3.7 Nutrition and hydration

- The kitchen appeared to be well run and efficient, all food is prepared on site.
- The staff members know how each person needs to receive their meal and, where necessary, meals are cut up or portion sizes adjusted to suit the needs of the resident, and those residents who require assistance to eat their meals are helped by members of staff.
- Residents are brought to the dining room for their meals and are encouraged not to always sit in the same place but to join in with residents at different tables.
- Residents who wish to do so may have their meals in their rooms.
- There is an option for a cooked breakfast.
- The lunchtime main course is written daily on a chalkboard in the dining room.
- There is a four week 'rotating' menu.
- There is a hot drink mid-morning, during the afternoon and again in the evening. Those residents who wish to make their own drinks are encouraged to do so, and residents may have a hot drink whenever they wish. Jugs of cold drinks were available in residents' rooms and in the communal lounge.
- The main hot meal is provided at lunchtime (12 noon). There is a vegetarian option available. The evening meal (late afternoon) is 'light' such as sandwiches, hot dogs, cakes and puddings. Biscuits are offered with the hot drink midmorning and cake with hot drink mid-afternoon and a late snack of savoury items, sandwiches and cakes is available with the evening hot drink.

- Members of staff were observed taking drinks to residents and making sure that they drank them, and offering residents fresh fruit; apples, bananas and orange segments, and encouraging them to eat it.
- The meals looked and smelt appetising and residents were obviously enjoying their meals: **“The food is quite enjoyable” [R] “The cakes are good” [R]**
- Residents are weighed once a week and assessed using the Malnutrition Universal Screening Tool (MUST).

4. Conclusion

4.1 Overall, the standard of care and service provided at Beaufort House was found to be satisfactory and there was much to commend. This includes:

- The home felt warm and welcoming and all staff were friendly and helpful
- The majority of residents appeared to be relaxed and happy
- The care assistants on duty were considerate and attentive with the residents, and treated them with respect
- A comprehensive range of activities is available for residents, led by an enthusiastic Activities Officer

4.2 There are no specific issues or concerns which Healthwatch representatives wish to raise with Beaufort House other than responding to the need for more male orientated activities and ensuring that all members of care staff know residents’ end of life wishes.

However, it is suggested that Beaufort House may wish to undertake a self-audit to check that the home is as dementia friendly as possible, using the tool **“Is your care home dementia friendly?”** developed by The King’s Fund and published in 2014.

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Joanna Parker HwSG E&VLead April 2015

Appendix A

Enter & View Context 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:

Aim

To find out about residents' lived experience of being in a Care 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 have 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 inhibits the E&V authorised representatives from responding to what they see and hear and thus pursue 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 has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover 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

C.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
- 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 is informed in advance by telephone and letter of the E&V visits, and dates and times agreed. Posters and leaflets about HwSG are sent to the Home in advance so that these can 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 takes the form of a series of informal conversations with residents and/or their relatives. Enter and View authorised representatives also spend 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, are also sought.

C.6 All the E&V authorised representatives have 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 are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E&V representatives introduce themselves to residents and explain the purpose of their visit. Some residents are also given leaflets about HwSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HwSG further information, or send it anonymously.

C.7 The data collected are the E&V representatives' subjective observations and notes from conversations with residents where possible, and members of staff. Observations are gathered by all the E&V representatives, being recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the

report. A quick debrief session for the E&V representatives is 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 is held separately.