healthwatch South Gloucestershire

Enter and view report
Edgemont View Nursing Home

9 May 2016

Authorised representatives
Tony Colman
Kay Hobday
Jenny Harris
Rosemary Dibble
Linda Broad

Healthwatch South Gloucestershire
T: 01454 543 402
E: info@healthwatchsouthglos.co.uk
W: www.healthwatchsouthglos.co.uk

Author: Kay Hobday, June 2016

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Edgemont View Nursing Home 160 High Street Oldland Common Bristol BS30 9TA
Service Provider	Edgemont View Limited
Date and Time	Monday 9 May 2016, from 2 pm to 4 pm
Authorised Representatives	Tony Colman Kay Hobday Jenny Harris Rosemary Dibble Linda Broad
Contact details	0117 907 7380

1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the residents of Edgemont View Nursing Home and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Edgemont View Nursing Home's management and all the staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

1.3 Purpose of the visit

Healthwatch South Gloucestershire undertook one enter and view visit to Edgemont View Nursing Home during May 2016 with the purpose of finding out about residents' lived experience of care.

The enter and view (E and V) visit to Edgemont View is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire to

understand the quality of residents' care experience within local care homes, particularly where residents have or could be expected to have dementia.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2015/16 is to engage with older people and people with dementia and to enter and view care homes across the county. Enter and view provides an ideal tool to hear the views of this group of people.

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

2 Methodology

2.1 Planning

A monthly planning meeting is held by authorised enter and view volunteers. These are used to agree which observations to focus on and prompt questions to use. Observation templates and prompt questions have been continually amended and revised as authorised representative's learning develops.

2.2 How was practice observed?

On 9 May 2016, five authorised enter and view representatives visited Edgemont View Nursing Home. Information was gathered from the representative's observations of care and their notes of conversations with residents, their visitors and members of staff. Observations were gathered by all the authorised representatives working in pairs. Conversations were semi-structured and underpinned by the use of a template and a list of prompt questions. Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Residents' comments were recorded by one volunteer in a pair as the other engaged residents, carers or staff in conversation. Conversations are recorded anonymously. One enter and view representative then compiled the report based on the records from the team's conversations and observations, and shared the report in draft form for all who participated in the visit to contribute and agree.

2.4 About the service

Edgemont View Nursing Home is a 21 bedded nursing home caring for adults over 65 years old situated in Oldland Common Village in South Gloucestershire.

A report from the Care Quality Commission (CQC) in May 2013 stated that Edgemont View is meeting the CQC requirements for:

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

The CQC said: "People experienced care, treatment and support that met their needs and protected their rights."

3 Findings

Executive summary

Edgemont View Nursing Home is to be commended for providing a very good level of care to very frail and elderly residents, many of whom have high dependency needs. Authorised enter and view volunteers found a home that, though small and rather short of space, offered a warm and caring environment in which residents needs were being fully met. The residents and relatives who contributed to this report were unfailingly complimentary in their comments about Edgemont View.

There were, however, some areas and issues which Healthwatch South Gloucestershire enter and view volunteers thought should be changed to help to make the home appear more welcoming and to enhance the quality of life for residents. These include:

- managing storage of items such as hoists, slings, wheelchairs and other large items;
- enhancing the décor by having brighter pictures on walls and ensuring the corridors are better lit and maintained;
- addressing some cleaning issues; and
- introducing dementia friendly signage for e.g., using pictures as well as words on doors to assist residents' independence.

Findings are presented as bullet points, using the template observation headings. Quotes (in bold) are taken from conversations with residents, their visitors and staff and are used to illustrate the experience of living in Edgemont View.

3.1 First Impressions

- The twenty year old two-storey building lays well back from the road and is not easily spotted from the main road.
- The front door was secure and led to a small entrance area which had a visitors signing in book and sanitising hand gel.
- We were warmly greeted by the staff and manager and made to feel very welcome.
- There were no unpleasant odours.
- The corridors seemed dark and cluttered.
- The large communal lounge at the back of the building was busy with residents being served afternoon tea.

3.2 Environment

- Bedrooms varied in size but were often just big enough to contain some of the residents' own possessions.
- Each room had a simple sign on the door with the name and photo of the resident.
- The bedrooms were mainly bright and clean. Many had bright patterned wall paper and homely touches.
- The corridors were dull and poorly lit with scuffed, brown-stained architraves, skirting boards and doors. Some corridors had trolleys with laundry or cleaning materials which obstructed the walkway in places.
- The floors in both the corridors and in some individual rooms were sub-standard. Some carpets were worn and heavily stained. Plastic floor coverings provided an uneven, loose surface.
- Lifting harnesses were hung from the corridor walls.
- Signage was small and perfunctory.
- The lift to the upper floor was not clean.

- The lounge was full and cramped by wheelchairs and by seating set up around the edge of the room.

- The only communal room is on the ground floor and has a small conservatory which leads onto the gardens. Residents were mainly seated around the walls but the irregular shape of the room did allow for some variety in the seating layout. The décor of this room was comfortable and traditional in style. There were two round dining tables where residents could take their meals, but due to lack of mobility most prefer to eat from a wheeled tray table at their armchairs.

- The gardens were attractive but quite small with only a few seating areas.

- The bathrooms on the upper floors were being used as storage areas. The only regularly used bathroom was on the ground floor. This was a large wet room with a shower, toilet and hand basin. There are two additional toilets which were small and functional but not very clean. None of these rooms could be easily accessed independently by residents.

- Hoists were available on all floors. We were told all staff were trained to use these.

- Some cleaning issues were noted. The carpet in room 14 was stained and wrinkled and there were also stains which looked like damp on the coving.

- Room 14a and 14b, a double room, was spacious and light due to large windows but the vinyl floor looked quite dirty especially in the corners.

- The fire door had a chain laid over 2 screws which appeared to do nothing.

- The fire exit on the second floor was dirty and needed to be cleaned. On the narrow stairway part way down was a picture on the floor. The exits at the ground level also had a chain and screw to secure them. When we opened the door, we noticed a step down to the car park and a car parked very closely to the exit. This could hamper an emergency evacuation. We did not see clear signage about keeping the area clear.

3.3 Staffing

Authorised enter and view volunteers encountered staff who were committed, enthusiastic and dedicated. Residents had lots of praise for staff. Staff also reported a positive experience of working at Edgemont View.

- Staff related well with residents and one member of staff said she particularly enjoyed spending 1-1 time with residents.
- One staff member said she had worked at Edgemont View for four years and was trained to level 2. She had a good knowledge of the residents and had awareness of do not resuscitate procedures (DNR.)
- This staff member felt she could approach the manager or nurse in charge if she needed support. She would have liked to have more time but managed her duties in the time she had.
- **"I love it here." - Quote from a staff member.**
- **"They (staff) do all they can for you." - Quote from a resident.**
- **"The nurses are marvellous." - Quote from a resident.**
- There are 3 or 4 carers on duty each shift and at least one trained nurse.
- Regular in-house staff training takes place on falls prevention, dementia awareness, whistle blowing etc.
- One member of staff was very enthusiastic and positive about the training she had received from Edgemont View.
- Several members of staff have been at Edgemont View since it opened in 1997. It was good to hear that there is not a high turnover in staff, although the manager told volunteers that there can be some difficulty in getting weekend nursing cover and agency staff are often needed for Saturday nights.
- Staff explained that care plans are used for residents and that handovers take place when staff change shift.
- Volunteers were pleased to find that two young men from a local school and a college in Bath visit as part of their Duke of Edinburgh award scheme.

3.4 Activities for Residents

- The activities organisers have two assistants who come in two or three times a week to support activities with residents.
- Volunteers observed a three monthly activity plan and were told that residents are consulted as to what activities they would like to do.
- Visits are made to Longwell Green, Avon Valley Railway, Marks and Spencer's etc. using community transport but only two people at a time can be taken on any outing.
- **"I enjoy the trips out very much." - Quote from a resident.**
- Hairdressing is regarded as an activity as it allows many ladies to enjoy a sense of normality and become much more talkative while having their hair done.
- We were told that musical entertainments are popular and that two entertainers come to the home to sing to residents.
- Baking takes place occasionally and gardening when the weather permits.
- There were no exercise classes on offer as it was felt that residents were too frail to take part in them.

3.5 Person-Centred Care and Residents' Choice

Residents had choice about when they got up in the mornings, how often they had a shower and which things they brought with them from their previous home.

- "I can get up whenever I like, just according to how I feel."- Quote from Resident.
- We were told that residents can bring their own items from home to decorate their rooms. They can choose to change the wallpaper or colour scheme of their room if they wish.
- Residents are offered a shower as often as they wish, but most accept a shower on a weekly basis.
- We were told that few residents were able to walk about independently and most would be moved using wheelchairs.

- One lady with mobility issues was given the opportunity to be taken downstairs or into the garden if she wished.
- The relatives we spoke to were very positive about the care provided.
- The manager told us that there were relatives and residents' meetings and one or two issues that came up had been acted upon.

3.6 Nutrition and Hydration

Volunteers observed a good and varied choice of meals on offer.

- There were plenty of food choices with a rotation of four weekly menus. Residents could choose what they wanted to eat the day before. We were told that supplements are available for those who need them,
- The kitchen was bright, spacious, modern and clean.
- All food is freshly cooked everyday by the cook, who has many years' experience at Edgemont View and who is very committed to her job.
- The residents were generally very satisfied with the quality and variety of the food and the choices.
- "The food here is lovely." - Quote from a resident.
- During the enter and view visit, the cook was seen sharing individual portions of fresh fruit around for the residents to have with their afternoon tea.
- A bowl of fresh fruit bowl is always available for residents to help themselves.
- Special diets were catered for and the cook said they will always make something extra for anyone who does not like what is on offer that day.
- Some food is pureed for those with swallowing difficulties and extra staff are employed at meal times to help those who need help eating.
- We were told that most residents prefer to eat in their armchairs or in their bedrooms.

4 Conclusion

Authorised enter and view volunteers were impressed by the care Edgemont View Nursing Home offered to its residents. Residents and visitors were positive about their experiences at Edgemont View. The staff are to be commended for their enthusiasm and kindness and seemed happy in their work. The staff and management are also to be commended for the choice they offer to residents, particularly in terms of daily routines like when residents get up, how often they shower and what residents choose to eat at mealtimes.

5 Recommendations

There were a few issues that authorised enter and view volunteers thought should be implemented to improve residents' quality of life.

1. Update décor in the corridors and pay particular attention to the flooring and lighting to avoid slips, trips and falls.
2. Use dementia friendly signage with large print and pictures on doors and main rooms. Guidance can be found on the Altziemer's Society's website.
3. Improve the cleanliness of floors and lifts.
4. Ensure emergency exits are kept clear and clean and improve signage to exits in case of emergency.
5. Improve storage to avoid using bathrooms to store equipment and to reduce the need to store cleaning and laundry items in corridors.
6. Update and improve flooring throughout to reduce the risk of slips, trips and falls and promote independence.

Disclaimer

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

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6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include[1]:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- 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 to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

Each Local Healthwatch has an additional power to enter and view providers[2] [3]so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. 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 local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. [4] [5] Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch 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 to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service

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[2] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

3 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

[4] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

concerned. 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.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

· NHS Trusts, NHS Foundation Trusts

· Primary Care providers

· Local Authorities

· a person providing primary medical services (e.g. GPs)

· a person providing primary dental services (i.e. dentists)

· a person providing primary ophthalmic services (i.e. opticians)

· a person providing pharmaceutical services (e.g. community pharmacists)

· a person who owns or controls premises where ophthalmic and pharmaceutical services are provided

· Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about residents' lived experience of being in a residential care home or nursing home.

Objectives

- To undertake two (if possible) separate announced E and 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 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.

6.3 Enter and View Methodology

A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, 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 and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made
- how to record the observations
- how to initiate and maintain coversations 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
- ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

A.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;
- residents' choice;
- any other comments or observations.

A.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'?
- 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?

A.4 The care home is informed in advance by telephone and letter of the E and V visits, and dates and times are 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 and V visits, and to encourage relatives to be present during the visits.

A.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 nurses, care assistants and ancillary staff, are also sought.

A.6 All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, 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 and V volunteers 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.

A.7 The data collected are the E and V representative volunteers' subjective observations and notes from conversations with residents, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are 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 ware collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.