Enter & View
Tri-annual Summary Report

Visits commissioned by Derbyshire County Council 2016-2017

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of 148 local Healthwatch across the country established under the Health and Social Care Act 2012. Healthwatch Derbyshire represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an "Enter and View" responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if Healthwatch Derbyshire receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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1. The context

During 2016/2017, Healthwatch Derbyshire was commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to their residential services across the county. The service profile and range includes 22 services supporting older persons and 4 services supporting people who have learning disabilities/difficulties.

Visits have been managed by the Healthwatch Enter & View Officer and the principles of the annual schedule agreed with the DCC Service Manager (Direct Care) Quality and Compliance, Emma Benton. The schedule has also been co-ordinated with CQC local inspectors to ensure that visits by either organisation are not in too close in proximity to one another.

Visits are undertaken by the Healthwatch Derbyshire Enter & View Authorised Representative volunteers who are fully trained to undertake such activities.

This summary report represents those visits that have been undertaken between June - September 2016 and where the visit reports themselves have been fully completed. Such reports are normally published within 6 weeks of a visit being undertaken and sent to DCC as part of their internal quality assurance processes.

As the Enter & View reports were commissioned primarily for DCC's own consumption, individual reports are not placed in the public domain as is usually the case with Healthwatch Enter & View reports. However, a tri-annual summary report was agreed to be made public and published at the end of September, January and March.

2. Completed visits

No.	Service Visited	Type of Service	Date of Visit	Authorised Representatives
1	Ada Belfield House, Belper	Older Persons	Monday 6th June	Patrick Ashcroft & Helen Barker
2	Goyt Valley House, New Mills	Older Persons	Monday 6th June	Lesley Surman & Caroline Hardwick
3	New Bassett House, Shirebrook	Older Persons	Monday 20th June	Helen Barker & Philip Arrandale
4	Staveley Community Care Centre, Staveley	Older Persons	Tuesday 21st June	Kevin Sadler & Barbara Arrandale
5	Lacemaker Court, Long Eaton	Older Persons	Wednesday 13th July	Brian Cavanagh & Bob Clemson
6	The Leys, Ashbourne	Older Persons	Friday 22nd July	Helen Barker & Dave Mines
7	Gernon Manor, Bakewell	Older Persons	Monday 8th August	Caroline Hardwick & Shirley Cutts
8	Holmlea,Tibshelf	Older Persons	Thursday 11th August	Barabara Arrandale & Kevin Sadler
9	Florence Shipley, Heanor	Older Persons	Friday 12th August	Philip Arrandale & Dave Mines

Eight further visits have been undertaken since the above were fully completed, 1 of these is, at the time of this report, out with the service concerned and awaiting their response. In addition 1 service response from the above list is awaited which has been unavoidably delayed. 7 others are in process of the draft reports being developed.

3. Acknowledgements

Healthwatch Derbyshire would like to thank DCC, the care home unit managers, residents, visitors and staff for their contributions to these Enter and View visits undertaken from June - September 2016, and to those who have been involved subsequently.

4. Purpose of the visits

- To enable Healthwatch Derbyshire Authorised Representatives (ARs) to see for themselves how services are being provided in terms of quality of life and quality of care principles.
- To capture the views and experiences of residents, family members/friends and staff.
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities.
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement.
- To support DCC Direct Care Services internal quality audit system.

5. Disclaimer

This summary report collates the findings gathered across the range of visits undertaken on the specific dates as set out above. Such reports are not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends encountered but provide an account of what was observed and presented to HWD ARs at the time of their visits.

6. Methodology

During visits ARs are provided with a set of standardised evidence-gathering tools developed by Healthwatch Derbyshire especially for the DCC commission of visits (Appendices 1-4).

The following techniques were generally used by ARs in undertaking each visit:

- Direct observation of interactions between staff and residents.
- Participant observation within therapeutic/social activities where appropriate.
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents.
- Observing the delivery and quality of care provided.
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided.
- Observing the quality and adequacy of access, parking and other facilities for visitors.

7. Summary of key data & findings across all visits

- Each visit on average took approximately 3 hours to undertake.
- Observations by ARs generally included the full range of residents and staff present during the visit.
- Due to the nature of the capacity limitations of many residents, discussions and/or questionnaire based interviews were restricted. In total approximately:

  (i) 38 residents were able to respond to questionnaire based interviews,
  (ii) 14 relatives/friends participated in questionnaire based interviews,
  (iii) 32 members of staff participated in questionnaire based interviews.

- the services provide a homely, welcoming and comfortable environment.
- the homes demonstrated a very good standard of care being delivered by committed and skilled staff which is recognised by residents and relatives alike.
- there is a distinct contrast between older and more modern designed homes in the quality of some facilities available to residents.
- maintenance of garden areas and outside spaces is often challenging to up-keep.

8. Detailed findings across all visits

8.1 Location, external appearance, ease of access, signage, parking

There has been noted variation across services visited in terms of age and appearance from those builds constructed around the 1960's to 'state of the art' contemporary designs. The aesthetic contrast between such builds is marked, as is often the quality of resources available to residents of the comparative services.

The older buildings inevitably provide challenges in terms of external appearance and maintenance but all services were noted to be sited in good locations in proximity to their local communities.

Some services have been a little difficult for ARs to find but it is recognised that signage from main roads leading to service locations may not be possible or in some cases desirable to institute.

Parking facilities in terms of adequate spaces have been variable but generally satisfactory.

8.2 **Initial impressions** (from a visitor's perspective on entering the home)

Regardless of the age of buildings, ARs reported consistently positive impressions when visiting services. Wherever they went ARs felt warmly welcomed by all services.

All services entered were described generally by ARs as pleasant, homely and relaxed environments which appeared clean and fresh.

8.3 **Facilities for and involvement with family/friends**

All homes generally provided good facilities for visitors and maintained flexible visiting times. All homes had a number of more discreet and private places, albeit in communal areas, where they could engage with their loved ones. There was also the option to use the bedrooms of the resident if wished.

All relatives/friends of residents tended to speak with evident satisfaction with the overall care that their loved ones were receiving. They felt adequately involved in the support of their loved ones acknowledging invitations to Residents' Meetings when they occurred. All relatives felt comfortable with raising concerns if and when they arose.

In a few homes, relatives were actively engaged with such activities as garden maintenance (see 8.7.6 for further details).

Good practice noted in some homes was:

(i) Availability of relatives taking meals with their loved ones during their visits.
(ii) Provision of overnight stays at the home for relatives.
(iii) Play facilities for child relatives who visited.

8.4 **Internal physical environment**

8.4.1 Décor, lighting, heating, furnishing & floor coverings

Overall this was considered very satisfactory across the homes visited. It was evident that thought had gone into trying to achieve as 'homely' an atmosphere as possible through the selection of décor/furnishings used and their arrangement within the communal spaces.

It was noted that a regular maintenance and, for older properties, refurbishment programmes were in place albeit that ARs occasionally noted the need for some further attention to be made to the environments.

8.4.2 **Freshness, cleanliness/hygiene & cross infection measures**

ARs often noted the absence of offensive odours which reflects well on the standards of cleanliness and freshness within the homes visited.

Some homes maintained hand sanitizers whilst others did not. It is acknowledged that hand sanitizers are a secondary means of reducing cross-infection compared to effective hand washing. However, there were no concerns generally raised by ARs about cross-infection or evidence of standards not being adequate.

8.4.3 Suitability of design to meet needs of residents

All the homes visited were supporting older persons who commonly were living with varying degrees of dementia and mobility problems. The homes were generally designed well in meeting such needs. There was however evidence to suggest that in some homes dementia friendly signage could be improved.

Other design improvements relate to the understandable challenges of the older buildings where the sizes of communal toilets, bedroom size, the absence of en-suite facilities and sometimes limitations of choices between taking baths or showers were evident. It was acknowledged that much was being done to reduce the impact of these deficits and enabling as much dignity and choice in such matters as resources would allow. Nevertheless, these more limited facilities are not in-keeping with contemporary standards of care.

It is acknowledged that refurbishment plans proposed for these homes are addressing some of the issues and other services are earmarked for relocation to future 'new builds'.

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

The impressions given by all staff encountered was of appearing both physically smart and professional in their approaches as well as being polite and cheerful as they went about their work.

The following sub-sections (8.5.2-8.5.4) were often reinforced by the testimony of residents spoken to as well as relatives and reflects the overall undoubted quality of the care work-forces across the homes visited.

8.5.2 Affording dignity and respect

This was considered to be managed in a highly skilled manner. Staff appeared to be constantly employing high level practical and interactional skills to support each individual's dignity and respect. Consent appeared to be naturally obtained during all interactions. Conversations with residents were often conducted using a quiet tone to promote privacy. This was even more evident where a resident's more personal needs were being addressed and reflected a discrete approach.

8.5.3 Calm, empathic approach to care giving

All interactions between staff and residents appeared to reflect care, sensitivity and affection.

8.5.4 Attentiveness and pace of care giving

Staff were noted in their interactions to be focussed on the person being engaged with. They were also proactive in supporting individuals showing great awareness of the needs of people being supported and their capacities. There was no sense of people, being rushed and staff were observed to generally work with the resident at their own pace.

8.5.5 Effective communications – alternative/augmentative systems and accessible information

The communication strategies employed were generally good although as indicated under 8.4.3 some improvements in dementia friendly signage could be introduced in some areas.

Alternative/augmentative systems of communication were not readily in evidence nor necessarily obviously required by residents. However, some consideration may need to be made for those residents with or acquiring sensory impairments.

Generally information for residents appeared broadly accessible but in some cases, for example menu choices, did not appear to be always presented in an alternative way with pictures or symbols. This may be something that homes will need to introduce more consistently as their residents' capacities reduce, and in response to the Accessible Information Standard which has been required to be complied with since July 31st 2016.

8.6 Resident's physical welfare

8.6.1 Appearance, dress & hygiene

The vast majority of residents were observed to be clean, tidy in appearance and well dressed in clothing that was either chosen by them or chosen appropriately on their behalf. The personal hygiene of residents appeared to be good.

The predominant population of women residents had access to and used hairdressing and manicuring services available in most of the homes. The fewer male residents encountered maintained appropriately tidy hairstyles and shaving preferences, presumably of their own choice.

8.6.2 Nutrition/mealtimes & hydration

Throughout the visits meals were noted to be of a very good standard and residents consistently expressed being highly satisfied with the choice and quality. ARs shared mealtimes with residents during a few visits and provided testimony to the satisfaction that residents had expressed. It was also noted how flexible services were in accommodating the choices of residents if they changed their minds about a meal they had previously decided upon.

Snacks and drinks were generally made available by staff throughout the day but it was not always evident if residents with capacity, with or without support, could make their own drinks and snacks more flexibly.

The dining experiences were managed well to create a dignified and pleasantly social occasion in which residents could take their meals

8.6.3 Support with general & specialist health needs

Homes visited appeared to be well supported in meeting the health needs of the residents. It was apparent that GPs either called regularly or in a timely manner when asked to call. Regular district nursing, chiropody and physiotherapy services appeared to be available regularly or on request. It was noted that hand massage was offered in some homes.

Residents generally expressed confidence about the support received for their health needs and felt well looked after by the care staff in times of being unwell.

8.6.4 Balance of activity & rest

Homes generally reflected a stimulating but unpressurised atmosphere for residents to choose to be active or more restful during each day. Gardens were available to access (see 8.7.6) and internal communal areas incorporated comfortable seating and foot stools to aid relaxation with music or television available for entertainment.

Generally there were areas where, for example, books or board games were available although ARs did not observe these facilities being used during their visits.

Bed times and getting up times were considered flexible and residents appreciated this choice and freedom.

Most homes appeared to employ an Activities Co-ordinator organising programmes of activities to meet residents' needs (see section 8.7.4).

8.6.5 Ensuring comfort

ARs overall identified a clear sense of both physical and emotional comfort in all of the homes visited. Residents themselves expressed a consistent view of feeling as "at home" as they could be.

8.6.6 Maximising mobility and sensory capacities

Across all visits it was noted that residents were regularly encouraged to maintain their mobility and in some areas regular exercise sessions were held. Whilst undoubtedly there are a number of residents who have auditory or visual impairments it was not always clear as to how these were supported and optimised.

In one or two services, ARs were informed of hearing loop systems being installed but they did not appear to be used and were often restricted to one location of the home. Only one home mentioned that they have an optician visiting regularly.

It was also less common for ARs to come across evidence of consistent sensory and/or cognitive stimulation. However, one home did demonstrate good practice by having made a 'memory book' for a gentleman who found this therapeutic to look at when he felt disoriented or distressed. Another was reported to have individualised 'memory boxes' in the bedrooms.

The more modern homes appeared to have more resources available to help stimulate residents and offering some reality orientation stimuli in communal areas and 'memory rooms' plus themed areas of the home based on 'bygone times'.

8.7 Resident's social, emotional and cultural welfare

8.7.1 Personalisation & personal possessions

All homes demonstrated that they had in place approaches which recognised and respected each resident as an individual.

Residents were enabled to keep personal possessions in their rooms and in some homes were able to bring in their own furnishings once assessed from a health and fire safety perspective. Personal furniture tended not to be permitted in the more modern establishments.

Bedroom doors in some homes were personalised with pictures and the person's name. Some residents held their own keys and some had control of their money both factors were presumed to be based on capacity.

Whilst pets were evident in some homes in others there appeared to be an absence of pets, large or small.

8.7.2 Choice, control & identity

As indicated through preceding sections of this report, there appeared to be a good level of choice and control afforded to residents with their unique identities

generally being promoted and respected.

8.7.3 Feeling safe and able to raise concerns/complaints

All residents encountered by ARs expressed their confidence in raising any concerns as did relatives that were met. Residents' Meetings appear to be held in all homes but ARs did not obtain any evidence as to the effectiveness of these in raising issues or ideas to help improve the experience of residents.

8.7.4 Structured and unstructured activities/stimulation

As indicated under 8.6.4, homes employed Activities Co-ordinators to organise activities and events for residents. ARs found the range and frequency of activities a little 'patchy' across the homes ranging from very good and satisfied residents to some homes that did not have an Activities Co-ordinator in post at the time of the visit. In these cases appointments were being awaited. It was noted however that residents generally did not express dissatisfaction with activities which were available.

8.7.5 Cultural, religious/spiritual needs

It appeared that the majority of residents were local people coming from a predominantly Christian background. Homes appeared to generally have made good links with local churches of different denominations who visited the home. Some residents attended their own place of worship of choice either independently or via their relatives taking them.

There was no evidence that the cultural needs of residents either in term of life-style, customs, practices or dietary preferences were not being met.

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment

The outside spaces for many of the homes are large labour intense areas to manage. DCC has contracts to maintain the basic requirements of grass cutting and shrub maintenance but the rest seems to fall upon the resourcefulness of the Unit Manger and his/her team.

The quality and up-keep of gardens was observed by ARs to be variable ranging from the 'beautiful' to the 'needing tender loving care'. Many homes rely upon volunteers, relatives, staff plus keen and able residents to maintain their gardens.

For those homes which struggle to maintain gardens adequately this was noted to be a stark contrast to the care and attention which is evident within the internal environment of the home. This, in some way, is detracting from the fuller quality of life that residents could enjoy in living in their total home environment both inside and outside.

9. Additional issues

The Healthwatch Derbyshire Enter & View Officer and DCC Service Manager (Direct Care) Quality and Compliance, Emma Benton maintain regular communications concerning visits, reports and evaluations of visits. These are conducted on an 8 weekly basis.

The Healthwatch Derbyshire Enter & View Officer has established comprehensive systems of communications with the care homes and has engaged in a series of courtesy visits to homes over the past 6 months.

10. Elements of good practice/standards of care

- Good facilities for visitors and in some homes overnight stays are available.
- Outside play facilities in one home for child relatives who visited.
- Relatives very satisfied with the overall care of their loved ones.
- High standards of cleanliness and freshness within the homes visited.
- Staff polite, cheerful and professional in approach.
- Staff supporting each individual's dignity and respect.
- Staff/resident relationships reflecting care, sensitivity and affection.
- Residents appeared clean, tidy in appearance and well dressed.
- Meals are of a very good standard and residents highly satisfied with the choice and quality.
- Dining experiences were dignified and pleasantly social occasions.
- Residents confident of being looked after by care staff if unwell.
- Residents regularly encouraged to maintain their mobility.
- Residents and relatives confident in raising any concerns.
- Some homes used, 'memory books/boxes', reality orientation, 'memory rooms' and themed 'memory areas'.

11. Recommendations

Individual reports for each home include recommendations that have already been responded to satisfactorily by the services concerned. This summary report therefore is not intending to repeat these but place them into a broader context where DCC may lead in supporting recommendations for application across all residential services.

In addition this summary report has enabled Healthwatch to collate issues which did not necessarily feature highly in previous recommendations but nevertheless are proposed as worthy of consideration.

12. Considerations for DCC from this Summary Report

12.1 Clarification of policy and practice with respect to the use of hand sanitizers (8.4.2)

12.2 Review and monitoring of dementia friendly signage (8.4.3)

12.3 Strategies to improve the quality of provision especially within older homes regardless of whether relocation is being planned (8.4.3)

12.4 To ensure residents have the choice available to take baths or showers (8.4.3)

12.5 To review how the needs of residents who have sensory impairments are being met (8.5.5. 8.6.6)

12.6 To ensure that the requirements of the Accessible Information Standard are clearly being met in relation to each resident (8.5.5)

12.7 To enable residents with capacity to have access to facilities to make their own drinks and snacks (8.6.2)

12.8 To ensure that programmes of sensory and/or cognitive stimulation are available to all appropriate residents (8.6.6)

12.9 To consider the possibility of introducing pets in homes in accordance with the wishes of residents (8.7.1)

12.10 To ensure a more consistent service of Activities Co-ordinators across all Homes (8.7.4)

12.11 To provide more effective systems to support homes in coping with garden maintenance demands (8.7.6)

13. Service Provider Response

The following responses from Derbyshire County Council were received in relation to the considerations generated by this report as outlined above:-

12.1 Clarification of policy and practice with respect to the use of hand sanitizers (8.4.2)

Response: The Derbyshire County Council Infection Control Policy states that in some areas of establishments water free sanitizer will be provided where there are no suitable washing facilities.

12.2 Review and monitoring of dementia friendly signage (8.4.3)

Response: Improving way finding and signage has been agreed as a priority for our Capital and Revenue budget spend this year and all care homes have recently used the Kings Fund Audit tool to assess "dementia friendliness" and one aspect highlights appropriate signage. Procurement of appropriate signage is being arranged centrally to ensure consistency in our approach in future.

12.3 Strategies to improve the quality of provision especially within older homes regardless of whether relocation is being planned (8.4.3)

Response: DCC Cabinet has approved an expenditure of £4.1m capital on Direct Care Homes for Older People. A program of improvements has been mapped out and prioritised. Work will be scheduled based on agreed priorities. This includes refurbishment in some homes and others having money to improve bath/ shower facilities, health & safety, infection control and improving the dementia friendly environment.

12.4 To ensure residents have the choice available to take baths or showers (8.4.3)

Response: Adult Care are prioritising the refurbishment of bathroom facilities as part of the program of improvements, this will include access to shower facilities where appropriate.

12.5 To review how the needs of residents who have sensory impairments are being met (8.5.5. 8.5.11)

Response: Residents have their sensory needs addressed on an individual basis and recorded on their plan of care. This information is reviewed on a regular basis and as needs change. All establishments have regular visits to and from specialists including referrals to appropriate organisations with regards to their sensory impairment. We are also able to access different forms of assistive technology where this has been

highlighted as a need. All homes have a loop system installed; however the majority are fixed systems that are situated in communal areas.

12.6 To ensure that the requirements of the Accessible Information Standard are clearly being met in relation to each resident (8.5.5)

Response: A new form has been devised which captures the individual communication needs of residents. Awareness is being raised through discussions and the form is completed with residents with consent and stored within their care records (both paper and electronic). Staff information sessions are also being held ensuring a consistent approach is maintained and staff are aware that information about communication needs should be shared with other agencies (if consent is given). Staff are being made aware that the form must be completed for each and every resident. On the resident's electronic records, the communication needs are recorded in an area that is highly visible to so any department/team accessing the record will know to provide information. When after a discussion it is found that a resident has no 'special communication needs', this is still recorded on their electronic and paper records so other staff know the form has been completed and a discussion about information needs undertaken.

12.7 To enable residents with capacity to have access to facilities to make their own drinks and snacks (8.5.7)

Response: Most establishments have these facilities available where it is safe and practical. This is an area that will be addressed with regards to the ongoing refurbishment plan.

12.8 To ensure that programmes of sensory and/or cognitive stimulation are available to all appropriate residents (8.5.11)

Response: Adult Care has a large number of staff who have been trained on how to facilitate different activities including how to involve residents with sensory loss and/or dementia.

12.9 To consider the possibility of introducing pets in homes in accordance with the wishes of residents (8.6.1)

Response: Managers of establishments encourage residents to discuss whether they would like pets within their care home. Establishments do arrange visits from therapy pets where residents have identified they would want this.

12.10 To ensure a more consistent service of Activities Co-ordinators across all Homes (8.6.4)

Response: The recent reconfiguring of staffing arrangements within care homes has involved the introduction of the Senior Care Worker role. One of their responsibilities will be to coordinate a program of activities which will be delivered by the staff team as a whole. We have moved away from the idea of having one stand-alone activities coordinator and expect all staff to engage in activities with residents whenever possible.

12.11 To provide more effective systems to support homes in coping with garden maintenance demands (8.6.6)

Response: The garden maintenance contract for care homes is currently being reviewed. This will lead to ensuring a consistent ongoing garden maintenance plan is in place.