# Enter and View report

Springvale Court

26 October 2016

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# 1 Introduction

## 1.1 Details of visit

| Details of visit: | |
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| **Service Address** | Springvale Court, Springwell Road, Wrekenton, Gateshead, Tyne and Wear, NE9 7AD |
| **Service Provider** | Barchester Healthcare Homes Limited |
| **Date and Time** | 26 October 2016 at 1pm |
| **Authorised Representatives** | Kay Parker, Freda Bevan, Christina Massey, Dawn Champion and Karen Bunston |
| **Contact details** | Karen Bunston, Healthwatch Gateshead, Davidson Building, Swan Street, Gateshead, NE8 1BG<br>Tel: 0191 4770033 |

## 1.2 Acknowledgements

Healthwatch Gateshead would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time

# 2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## 2.1 Purpose of Visit

To conduct an Enter and View Visit to Springvale Court and talk to residents, family members, staff and managers, in order to find out about the range, frequency and appropriateness of activities on offer to residents and explore how they meet individual residents needs, including those with dementia.

## 2.2 Strategic drivers

a)NICE: Mental wellbeing of older people in care homes, Quality Standards, 12 December 2013 –

Quality Statement 1: Participation in meaningful activity.

“Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their family, friends and carers have opportunities to be involved in activities with them when the older person wishes”.

For the purpose of the visit activities may include spontaneous or planned activities and activities that are contributions to daily tasks within the care home.

b) Springvale Court was rated “Requires Improvement” in the latest CQC report published in May 2016.

Activity provision falls into the “Is the service responsive?” part of the inspection. The CQC highlighted that "feedback from other staff was that activities were often limited and repetitive and that they felt there could be more activities designed for people with dementia".

Other drivers include:

- Dignity in care (SCIE Guide 15) “Choice and Control"

- Mental wellbeing and older people (NICE Public Health Guidance 16), recommendation 1

- Personalisation: a rough guide (SCIE guide 47).

## 2.3 Methodology

The Enter and View visit was carried out by a team of Authorised Representatives comprising four trained volunteers who were supported by a member of staff.

Authorised Representatives spoke to a range of people associated with the Care Home:

- Five residents

- Member/s of family of two residents

- The Manager

- Two Care Staff

- The Activity Coordinator

Prior to the visit the Authorised Representatives held a planning session to agree key themes for discussion tailored to each identified stakeholder. These were directly linked to the purpose of the visit, and were used to provide a framework for discussion with each party. Information was recorded using "capture sheets" when talking to individuals. Observation themes were also agreed, and observation sheets used to note key points relevant to the purpose.

Authorised Representatives carried out the visit from a lay person's perspective which means they were not considered to have the expertise to know whether a patient has the capacity to give informed consent to having their views represented. To address this, a pre visit discussion with the Care Home manager took place and it was agreed that staff would identify and advise Authorised Representatives about any individuals who should not be approached or were unable to give informed consent.

The visit was carried out in a transparent and open manner. We observed activities in communal areas and spoke to residents identified by staff as having no consent issues, family members and staff.

All Authorised Representatives had pre-prepared explanatory notes to ensure consistent information about the purpose of the visit was given to participants. These were used to give a verbal explanation to participants, and hard copies were also available. It was stressed that people were always could opt out at any point and that information gathered was anonymous.

A brief post visit discussion about the findings was held with the Manager immediately after the visit.

## 2.4 Summary of findings

- It was apparent that the staff team were committed to providing a homely environment for residents and that family members were encouraged to come and go freely.

- Staff had knowledge of the benefits of meaningful activities for an individual's health and well-being.

- We heard that individual hobbies and interests were linked to individual care plans.

- An Activity Co-ordinator is employed during the week to take the lead on developing activities.

- There is a timetable of activities displayed in reception showing morning and afternoon activities, but not evening activities.

- Residents are free to use the outside area should they wish to do so and staff would support them where needed.

- Some residents told us they would like to go out on trips, however there had been limited opportunities.

- Residents and family members can give feedback and make suggestions at the residents meeting, via a suggestion box, to the Manager and to members of staff. There is no formal method of evaluation activities.

## 2.5 Results of visit

Springvale Court is situated in Wrekenton on a busy road near to local amenities including a Medical Centre. It provides care for up to 40 older people, including people who have dementia. The home was 19 years old at the time of the visit.

The CQC visited in January 2016 and judged the home overall as "Requires Improvement". At the time of that visit there was no permanent manager in post. When we visited the previous acting manager had since been confirmed. They told us that they had recently been quality assured by the Local Authority and had improved from a Grade 3 to a Grade 2.

The visit focused on exploring meaningful activities for residents that met individual needs, including those with dementia. Staff allowed us to freely move about through communal areas and to observe and talk to residents who could give consent.

### Organisational commitment to the provision of meaningful activities

The home employs an Activity Co-ordinator who had been in post for approximately one year. We heard how activities are developed which link to individual care plans and how families were encouraged to be involved in activities. A whole team approach was described to provision of activities, including one to one support. However, we also heard the Activity Co-ordinator was the one responsible for activity provision.

The home operates over two floors. Residents on the upper floor have higher level care needs and have a dementia diagnosis. Residents on the ground floor have lower level care needs.

We heard about each floor having a distinct staff team and that there are specific activities for residents on both floors. We were told that wherever possible and with support residents from the second floor could also join in with activities on the ground floor if they wished to do so.

## Provision of activity to meet individual needs, including those with dementia

All Staff described benefits of providing meaningful activities. Most of the staff we spoke to all told us that 'meaningful activities' were activities undertaken to keep the residents stimulated. One spoke about how these activities stopped residents feeling low or neglected and helped keep them well, while another said that they would benefit residents in any sort of way and keep them active and mixing with other people both in and out of the home. We were told by another they were important in supporting residents to keep the routines that they head in their daily life at home. One member of staff told us how activities keep people motivated and gives them exercise.

Key areas of discussion and observation explored:

a) Environment:

Springvale Court is situated in a busy part of Wrekenton. The home is relatively 'new' and has been designed so that corridors are wide and open. This enables easy chairs and bookcases to be sited at various points along the corridors.

On the ground floor there is access to the garden via a communal conservatory and there is a communal lounge and a dining room. Upstairs has a lounge with large windows which overlooked the busy street below and provided a lot of natural light. Outside of the lounge there was some easy seating which we observed being used by residents for social interaction. The first floor dining room also had large windows.

The décor was bright and had recently been decorated. Walls were lined with pictures, displays and murals and there were clocks in all communal areas. A "day display" was seen in the lounge to remind residents which day of the week it was.

Fresh flowers were in vases in various locations, coffee was available at the entrance and all communal areas in use on the ground floor had juice available for residents.

The furniture throughout was "homely" rather than merely functional, and there were lots of sofas and easy chairs in all communal areas. The dining room had restaurant style seating around round tables which supported interactions between resident. The interspersed seating in the corridors provided space outside of bedrooms for quiet time or one to one interactions. The space outside the lounge on the first floor afforded the opportunity for one to one or small group interactions away from the main hub.

In the ground floor lounge there was a partial dividing wall which segmented the room into distinct areas. Residents were watching TV at one side of this, it was unclear whether residents sitting at the other side had chosen to be away from the TV and most were dozing.

The garden area has been enclosed by a fence to provide a safe area for residents and we observed residents and family members freely using this space via the conservatory. This area was small and a mixture or grass and paving with a summer house/large storage shed. There was some seating available. The garden has a significant slope at one side and there was some planting which was not in a raised bed. We were told that there used to be a vegetable patch but that this had been removed. We were told that there had been a large bird feeding station, however this has been replaced by a fixed bird feeder at some point.

## Individualised activities:

We heard from staff that activities provided linked directly to individual care plans, that hobbies and interests are built into these and that families and individuals are central to this process. "Memory Lane" personal life history records and "This is Me" tool used by the Alzheimers Society are used to capture information about individual likes and dislikes. Care plans are reviewed at least once a month, using a "Resident Of The Day" system. One of the family members we spoke to could not recall if they were involved in the care plan or not.

We heard that the first floor has a higher staff ratio than on the ground floor which we were told enabled one to one support for residents with higher level needs, and that a relatively low staff turnover rate throughout helped maintain continuity. We observe three members of staff interacting with residents in the lounge after lunch, though this was not the case when tea was being served as staff were diverted to this task.

Staff told us that some people do not want to be involved in activities and this is respected and that one to one support is available for others who needed prompting and encouragement to be involved in activities. We heard that those who do not join in are visited personally on a Thursday morning by the Activity Co-ordinator with tea and cake to find out if there is anything they would like to do and who then responds to this if possible. We did not hear about any specific examples of responses made.

Some staff felt that they activities were tailored to each resident taking into account of their personal preference, hobbies and interests and gave an example of how one resident is supported to put on make up and paint her nails, however others felt that this was part of the Activity Co-ordinator's role.

When prompted, staff gave some examples of individualisation, including taking a lady to a social club every Sunday, taking one lady shopping and how one lady used to be supported to go to Church.

Some of the residents we spoke to told us that they were happy to stay in their room watching TV and maintaining their privacy. Four told us they liked to be outside when the weather permitted and one talked about chatting with their family outside. One liked watching birds feeding from their room. One said they couldn't manage to get outside and the other preferred to stay inside. One resident said they liked watching football on the television. One lady loved to dance when younger and staff had asked about this specifically, however we did not hear what happened as a result of this discussion. We heard from another about how they enjoyed needlework, however it was unclear if this had been responded to by staff or if she had been supported to continue this activity.

Residents said that staff did ask them what they wanted to do and if they wanted to join in with any group activities, however most told us they preferred to watch, preferred not to join in or felt unable because of their health.

One resident we spoke to told us how staff used to go to their room and support them to go downstairs for activities. Now they were living on the ground floor at their request and this enabled them to make their own way around with a mobility aid.

We spoke to one family member who told us that their mother did not really socialise before entering the home and that this meant she did not really want to get involved in activities inside the home although was encouraged and asked to do so.

At the time of our visit we observed residents sleeping, watching TV, chatting to each other in quieter areas and sitting alone in the corridor chairs. Some bedroom doors were open and we could see residents watching TV in their room as we passed.

With regards to activities for those residents with dementia, we were shown an activity room on the second floor where creative activities take place. There were crafts and cards displayed on the walls. We heard how the residents had worked together to make a wedding card for a member of staff who was getting married.

We heard that music and singing was a focus of activity provision for residents on the first floor and saw a resident singing and dancing while interacting with staff. Staff talked about chatting to residents and walking with them in the home. We were told that the Activity Co-ordinator helps out upstairs as a way of making contact with and engaging with residents.

We were told about a resident who had advanced dementia and had been identified as requiring nursing care and how they had been supported in the interim until accommodation could be found. Staff had taken her outside in her

wheelchair so that she could get fresh air and some sensory stimulation. We were told about the use of therapeutic touch.

At the time of our visit we observed residents in the first floor lounge talking to staff. At the time of our visit we did not see staff and residents engaged in any other one to one activities. We saw three care staff supporting residents at the time of visit.

We asked about use of the outside area and were advised that it was open access and we noted that this was where residents who were smokers went for a cigarette. It was generally acknowledged that it was not used much in the winter, however we heard that residents were encouraged to go out in the summer by the Activity Co-ordinator or to have their tea outside. We noted that there was no shelter provided at the time of our visit. We were told that if a resident wanted to use the garden then they would be supported to do so. We were told by one person that residents can plant seeds in the garden if they wished.

There was little evidence regarding residents getting involved in day to day tasks within the home. One resident said they 'ring the bell' while others said they did not participate nor did they wish to do so.

### Structured activities:

We heard how the Activity Co-ordinator takes the lead on developing activities and that they talk to the staff team at weekly team meetings about plans and are supported by the staff team to implement them.

At the time of our visit there was a craft session taking place in the conservatory with up to four residents being supported by the Activity Co-ordinator and another member of staff. Music was playing and residents were singing along while undertaking the activity, there were social interactions between residents and residents with staff. The atmosphere appeared relaxed and informal.

With regards to general staff involvement in structured activities, on one hand we heard about a whole team approach and the expectation of staff supporting activities whereas we also heard about staff involvement being ad-hoc and when they had time to be able to support.

We saw an activity board in the reception area which showed activities for each day of the week in both words and visuals. Activities were only shown for a morning and afternoon, and there was no information about evening activities, though we were told about evening Bingo sessions. It appeared that most structured activities took place on an afternoon and there some activities on a weekend including Bingo, a Coffee Morning and a Men's Club.

We heard that the activity programme was flexible and subject to change. Some of the activities included on the board were 'Relaxing' and 'Funeral'.

There were signs in reception advertising a Halloween Party, monthly exercise session and a Gateshead Council event at the Central Library. Communal areas were decorated for Halloween.

We heard about monthly activities such as chair exercise and singers and entertainers visiting and about someone bringing in sensory goggles to stimulate reminiscence. The local school visit quarterly to provide entertainment.

Other structured activities included the use of musical instruments and craft sessions led by the Activity Co-ordinator. At the time of our visit there were no structured activities happening on the first floor.

We heard that the Activity Co-ordinator visits residents in hospital and also keeps a list of birthdays so they can put a banner up, make a card and ask the cook to make a cake for each resident.

The dining room on the ground floor displayed the menus for the day which gave a choice of food.

A hairdresser comes in once a week.

The local GP and District Nurses visit daily. Most residents are from the local area and all are registered with the nearby GP Practice.

## Resources:

Throughout the communal areas there were bookcases containing a range of books available to residents, large wall mounted TV screens and music centre's and CD's. We saw a DVD player in the ground floor lounge.

At the time of our visit, music was playing in the kitchen downstairs which could be heard in the dining room and in the conservatory where residents were singing along whilst doing a craft activity.

TV's were on in communal areas at the time of the visit with the volume set at a relatively high level. Three residents were engaged in watching TV in the lounge downstairs while four were dozing. In the first floor lounge residents were not engaged with the TV though it was still on.

There were magazines on side tables on the first floor, some were from 2015. There were no newspapers that we could see. Resources such as books, games, music players and CD's were accessible in the Conservatory.

The Activity Room upstairs was one of the smallest communal areas. It contained a small kitchenette and a small square table with six chairs (two of which would not fit around the table). We do not know if recent activities had taken place, however items such as decorated hats and cards were on display on the walls.

This room had some resources in boxes but the range did not appear extensive and some resources appeared worn. There was a 'table top' indoor bowls board, a

dartboard, a large dice and some jigsaws. Elsewhere in the room there were piles of papers on a dresser, non activity related items and a large juice machine on the bench. There was a small TV behind a music centre on the bench.

In the first floor lounge we saw a lady who had some wool and a lady holding a knitted blanket. In the corner there was a pram/crib with two dolls. Staff told us that one resident had taken to a doll previously and take in everywhere with her and that one resident plays with the crib.

### Resident and family involvement:

At the time of our visit we observed a number of family members around the home and spoke to some of them. We were told about an open monthly resident and family meeting where people can make suggestions and give feedback. We saw a suggestion box in reception. Activity posters were on the wall in the reception area, however there was nothing specific to draw attention to these such as being grouped under a "what's on" heading.

We heard how families are encouraged to be involved in care plan development and to come along to social activities. Family members have come to coffee mornings and sing-a-longs in the past. We were told that family and friends can come and go freely. We saw a number of family members at the time of our visit and it from the interactions with staff we witnessed there seemed to be a good rapport.

One relative had been DBS checked so that they could get involved and support in a more formal way.

The Manager has an open door policy and welcomed feedback and suggestions from families and residents.

We heard that one suggestion of a "Play Your Cards Right" activity from a relative had been acted on, however had not been well received by residents and had been ended as a result. One resident bought a new bingo machine to be used by residents.

Evaluation of activities appeared to be very informal and we were told about visual assessments of activities that used on facial expressions and body language to determine how residents felt about activities. There did not seem to be a process or mechanism used by staff to evaluate activities and get feedback from residents and their family/friends.

### Local community:

We heard from staff about various group activities taking place in the home. These involved the local community. The local school visit quarterly to perform and individual entertainers or activity leaders come in to the home a few times per

month. There are no volunteers working within the home however members of the community have helped out by bringing in magazines, blankets and hand muffs.

We heard that the home shares the use of a mini bus with their sister home and that it has been used to provide trips to Beamish and Saltwell Park in the past, however some staff did not seem to be aware of this resource. There were pictures on the walls in the first floor activity room which showed residents apparently enjoying one of the organised trips.

One relative told us that their family member was unable to go out in the family care and that she would love a trip to the coast. It was unclear whether this had been put forward as a suggestion.

We were told that if someone wanted to pursue an activity in the community they would be supported to do so if possible. The residents we spoke to did not wish to do so.

We received feedback that providing a greater number of trips would be of benefit to residents such as taking people to the coast in summer. It was highlighted that there had been no trips recently as transport was a barrier preventing this happening.

## 2.6 Additional findings

No additional findings

## 2.7 Recommendations

1. We heard about how there was a whole team approach to activity provision, with the Activity Co-ordinator taking the lead supported by all staff. Based on what we heard, we are not sure that this is fully understood by all members of staff.

It may be useful for Managers to undertake further staff training outlining their expectations of the staff team. This should go some way to ensuring that every team member understands their own responsibilities in relation to identifying people's hobbies and interests, and in developing and supporting a broader range of individualised activities.

2. The Activity Co-ordinator works weekdays between 9 and 4 and we heard they also visit residents in hospital and attend funerals during these hours. We are unclear what happens regarding activity development and provision outside of their

working hours at present. Some weekend activities were advertised, which indicates other members of staff are supporting activities.

Embedding a whole team approach to activity provision throughout the staff team would provide additional flexibility and may support the ability of the care home to increase the range, frequency and appropriateness of individualised activities on offer.

3. If the purpose of the Activity Co-ordinator role is to take the lead and co-ordinate input from other staff members in the development and provision of activities, then it would be useful for this to be re-defined with the whole team to ensure a consistent approach.

From what we heard and saw, the Activity Co-ordinator appears to design and carry out activities largely themselves. If this is the case, the issue of capacity will limit opportunities for the development of individualised activities.

4. It may be useful to look at/speak to/visit other care homes to identify examples of good practice of activity co-ordination, and opportunities for shadowing and sharing expertise/learning from other Activity Co-ordinators may be useful.

5. At the time of our visit did not see a variety of individualised activity provision for residents with a dementia diagnosis, however staff were talking to residents and were also serving tea at tea time. As previously described, further development of a "whole team approach" would support the development and provision of individualised activities for these residents.

6.It may also be useful to review the design and purpose of the activity room on the first floor. It was a relatively small space which perhaps does not support the provision of structured activities currently. Resources we saw also appeared to be limited and appeared to be not of a sensory and stimulating nature. It may be useful to invest if possible in refreshing the resources available to enable further development and provision of activities for residents with a dementia diagnosis.

7. We heard examples from residents about individual interests they had prior to coming into the care home. These included dancing and needlework. We heard that they had been asked about these interests however we did not hear how the provider had responded to the identification of these interests.

For example, where a resident has specific expertise or interest, this could be shared with others during a group activity with the support of staff. There could

be a way to incorporate interests such as dancing, such as a dance demonstration in the home from a dance school/class that would benefit all residents.

## 2.8 Service provider response

The service provider did not provide a response.