

healthwatch

North Somerset



Enter and View Report

Tilsley House

December 6th 2016



Contents

About Healthwatch North Somerset	4
Enter & View	4
Key Benefits of Enter & View	5
Purpose of the Visit	5
How was the Visit Conducted?	6
Observations and Findings	6
Personal Care and Dignity of Residents	6
Independence of Residents and Control over Daily Life	7
Staff Behaviour and Attitudes and Relationship between Residents and Staff	7
Activities for Residents	8
Food and Drink and Meal Times	8
Relationship between the Home and Relatives/Carers	9
Staff Satisfaction	9
Other Observations and Comments from Resident, Staff and Relatives	9
Examples of Good Practice noted	9
Recommendations	9
Acknowledgements	10
Appendix 1: Providers Response	11



Visit Overview

Service Name & Address	Tilsley House, 14-16 Clarence Road South, Weston Super Mare BS23 4BN
Registered Provider	Solomon Care Homes
Type of Service	Provides a range of services from permanent accommodation to respite stay and day care
Registered Manager	Hayley Fletcher
Date and Time of Visit	December 6th 2016. 9.30am-12pm
Enter and View Team	Karen MacVean, Kerry McDermott, Sophia Jones

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset 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 North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is 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.

This Enter and View report is aimed at outlining what Healthwatch North Somerset Authorised Representatives saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners,

regulators or for Healthwatch North Somerset 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.

Legislation allows ‘Enter and View’ activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- 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 the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing ‘best practice’, e.g. activities that work well
- Keeping ‘quality of life’ matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a ‘critical friend’, outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset undertakes visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Tilsley House was selected for an Enter and View Visit.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How was the Visit Conducted?

The visit was an announced visit; the Manager was given two weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about the visit and about the role of Healthwatch North Somerset. The Healthwatch North Somerset Enter and View team observed the condition of the premises and the interaction between the staff and residents. During our visit we spoke to six residents and four members of staff. No visitors were observed during the time of our visit. We also spoke with the Manager at the start of the visit and at the end to clarify any questions that had been raised.

Observations and Findings

General impressions of the home.

Tilsley House is a residential care home with 31 single rooms. At the time of the visit the team were told by the Manager that 25 rooms were occupied. When the team arrived they saw that the house is situated in a quiet residential street adjacent to a park.

On entering the house the team was met and welcomed by a member of staff who identified herself as Hayley, the Home Manager. She asked the team to sign in but did not check the team's I.D. badges. It was noted that the outer door to the home was locked and the inner door was opened by the Manager via a numerical keypad. We saw that the foyer was clean and bright. We also saw a suggestions box in the hallway.

We found the Manager and other staff on duty to be friendly and helpful with time to chat to us. We were given a tour of the home by the Manager. We saw the inside of 3 rooms which she told us were vacant. The rooms we were shown were all clean and bright. The furnishings were seen to be good. We were told that one of the rooms was in the process of being renovated and a shower added. This particular room had a smell of fresh paint and looked to be recently decorated. The bathrooms we were shown were clean. We saw that red paint had been used to define the doorways to the bathrooms/toilets.

In one of the empty rooms on the ground floor we saw that there were boxes of Christmas decorations. The Manager told us that they would be put up soon.

The Manager showed us the communal lounge and dining area where we saw that several residents were seated; one woman was cuddling a soft toy, another had a blanket tucked in over her lap. During the tour of the home we observed that all the areas seen were clean and well decorated. The team found the temperature of the rooms to be comfortable.

The team noted that the hallways of the home on the ground floor were a bit clinical and bare. Upstairs we saw more pictures.

Personal Care and Dignity of Residents

The residents observed by the team during this visit were all dressed in clean, appropriate clothing. Whilst we were in the lounge the chef was seen to come into the room to talk directly to two residents about their choices for lunch. When we talked to the chef he told us that he was able to cater for special diets if requested. The chairs in the lounge were arranged around the walls so we observed that the residents in there were able to chat to each other. We saw that there was a large garden to the rear of the house which was visible to residents through a large bank of windows.

There was music heard playing in the lounge which the team considered was too loud as it created difficulty in hearing what residents were saying. We also observed that the overhead lighting in the lounge was very bright and looked institutional whereas lighting in other areas was seen to be softer because it consisted of wall lights and table lamps. Later the Manager told us that there were plans to change the layout of the lounge to create a mixture of communal and quiet areas. We saw an Activities Board up on the wall in the lounge. No activities were listed on the board.

We saw one vacant room that had three emergency pull cords situated around the room - one in the bathroom, one over the bed and one next to the comfy chair.

The Manager also showed us a room which had been set up as a hair dressing salon. She told us that this is a new venture for the home and that residents can pay to have their hair cut and styled weekly. She mentioned to us that there are also a massage therapist and a chiropodist who visit the home and residents can book and pay for appointments.

Independence of Residents and Control over Daily Life

We spoke to a resident in the lounge and asked if she enjoyed living at Tilsley House. She replied “it is very comfortable and I enjoy it here”. She told us that her son comes “most days” to visit and said that she doesn’t “go out”, she is “happy to stay in” and “the staff are friendly”.

Another resident sitting in the lounge, when asked, told us that she was wearing her own clothes.

The Manager told us that residents have options of what to eat at breakfast and lunch and that they may eat in the dining room or in their own room if they request it. We saw an area next to the kitchen which was set up for making hot and cold drinks. A member of staff told us that it was for residents and visitors to make refreshments. A residents was seen to be washing up while we were there. We also saw a jug of water and drinking glasses on a tray in the dining area. The Manager told us that she is planning to add pictures of the food to the daily menus to make it easier for residents to understand.

Staff Behaviour and Attitudes and Relationship between Residents and Staff

The staff we observed were friendly and caring when speaking to residents. We saw a cleaner knock at a resident’s open door before entering. We saw a Carer assisting a resident with the washing up of cups. We were told by the Manager that two staff members had been working at Tilsley House for 10 years and one for 26 years. She told us that they “do not use agency staff very often”.

In the corridor on the ground floor of the house, we saw a large board with pictures of staff members and their job titles and names.

Whilst sitting in a side lounge we heard the doorbell ring and listened to a staff member greet a visitor in a relaxed and welcoming manner.

We did not see any family or friends of residents during our visit. The Manager told us that she provides a Welcome Pack to residents and their families which includes details of the home’s complaints policy. As far as we could see the policy is not displayed on the wall in the home. We also saw a copy of a “relative’s newsletter” in the foyer of the home.

We saw a board entitled “You said we did” on the wall in the hall way. There were three questions and answers posted on the board.

In the lounge area the team saw a staff member settling a resident into a chair. She was seen to be very patient and careful.

The team were invited into the room of one resident. She told us that she is “not happy with the way the home is managed” and that “there are not enough staff.” She told us that “the Manager does not get involved enough” and that she had “spoken to the Manager and to the council” about this. We asked the resident if she wanted us to record her comments and she said yes and that we could speak to the Manager about the situation. When we talked to the Manager we endeavoured to anonymise the resident but given the size of the facility she knew immediately who we were talking about. She said that the resident had been in several care homes where she had expressed dissatisfaction with the service. She said that she and the staff had attempted to engage with the resident and involve her more in activities in the home but that the resident was reluctant to leave her room.

We saw another resident drying up cups at the sink with a tea towel. A member of staff told us that the resident used to be a carer and now has dementia. We were told that she enjoys washing up so staff support her in doing this.

Activities for Residents

In the lounge area, we saw books and games.

The team asked the Manager about activities in the home. She said that activities mostly happen in the afternoon. She told us that a music and movement class and a tai chi class are held weekly and that the home celebrates bigger events regularly, for example a barn dance, ‘Children in Need’ night, a 60s night and a Macmillan coffee morning. She added that part of her action plan for the home is to post a monthly activity list for the residents. She also said that the home employs an activities coordinator who will take residents out and that those who are able, can go out alone. She showed us a framed set of Christmas cards displayed on the dining room wall which she said were drawn by a resident.

The Manager told us that she holds a monthly residents’ meeting and that the residents asked for the “you said we did” notice board. She said that activity planning was discussed at these meetings. She also told us that she holds a quarterly information meeting for family members.

Food and Drink and Meal Times

We saw the chef speak to three residents in the lounge area and asking them what they would like for lunch from a choice of two options. He was chatty and joking with the residents. The Manager told us that the chef can cater for special diets and that staff will assist residents with eating when necessary. She mentioned that all the food is home made on site.

We did not see a visible menu for residents to choose from, but the Manager told us that in her action plan she was going to implement a monthly rotating menu and a café type menu available on the dining room table each day.

Relationship between the Home and Relatives/Carers

We did not see any relatives or carers whilst we were in the home. The Manager said that her office is in the middle of the home and that she is easily accessible to family members.

Staff Satisfaction

The team spoke to a woman who was a carer and had been working at Tilsley House for 26 years. Our impression was that she was kind and considerate and would be very caring with the residents - she spoke of them individually with much fondness.

The chef was seen to be cheerful and involved with the residents.

Other Observations and Comments from Resident, Staff and Relatives

“We pride ourselves on making residents feel this is their home and making it homely, not like a residential home” (Manager)

“My great niece visited yesterday with her 2 children” (Resident)

“These are my own clothes” (Resident)

“I am very happy and the food is good” (Resident)

“A relative wanted one lady at the end of her life to come back to Tilsley rather than go to a nursing home as this is her home” (Manager)

Examples of Good Practice noted

The doors to the toilets and bathrooms are lined with red paint to make them easily distinguishable for residents.

The provision of a hair salon, massage therapist and chiropodist for residents.

Residents are able to bring their own furniture into the home

Recommendations

1. The doors to the bedrooms could be personalised with residents' names, photos, coloured paint etc.
2. Consider changing the lighting in the lounge area to make it softer and keeping the music volume down so people can talk at a normal level
3. Display the complaints policy prominently in the entrance area where it will be immediately seen by visitors.

Acknowledgements

Healthwatch North Somerset would like to thank Hayley Fletcher and all the residents and staff of Tilsley House for their assistance in planning the visit and the preparation of this report as well as the provision of opinion and feedback.



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Appendix 1: Providers Response Comments.

1. Checking I.D. badges – a reminder has gone out to all staff to address the requirement to check I.D badges.

2. Downstairs hallway clinical – As discussed we are working with the Arts department at Weston College. The Head of the Arts department and his students have visited Tilsley House on 3 occasions in December 2016 and pitched ideas about how to add more artwork into the home. We aim to complete the 1st phase by Easter time.

3. No activities were listed on the board. This should say No activities were listed on the board that day.

4. Complaints policy - This is now displayed at the entrance.

5. Personalising bedroom doors – As discussed this was one of the ideas from Weston College that we will be implementing.

6. Resident in their bedroom making complaint of the service especially the manager and having been moved to several different homes.. I feel the wording of your report makes this sound dismissive which is not the case. Any concerns I do take seriously and too went down to the resident in question to ask if I can assist further in her complaints.