



Enter and View report Fairview Court Care Home 8 February 2017

Authorised representatives

Andrew Riches

Rosemary Dibble

Jenny Harris

Charlotte Reeves

Healthwatch South Gloucestershire

T: 01454 543 402

E: info@healthwatchsouthglos.co.uk

W: www.healthwatchsouthglos.co.uk

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Fairview Court Care Home 42a Hill Street Kingswood BS15 4ES
Service Provider	Westbury Care
Date and Time	Wednesday 8 th February 10:30am- 12:30pm
Authorised Representatives	Andrew Riches Rosemary Dibble Jenny Harris Charlotte Reeves
Contact details	01454 543 402 info@healthwatchsouthglos.co.uk www.healthwatchsouthglos.co.uk

1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the residents of Fairview Court Care Home and their relatives who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Fairview Court Care Home 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 a 2 hour morning enter and view visit to Fairview Court with the purpose of finding out about residents' lived experience of care.

The enter and view visit to Fairview Court 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.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plans for 2015/16 and 2016/17 was 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 residents in care homes.

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 representatives. These are used to agree which observations to focus on and prompt questions to use during enter and view visits. Observation templates and prompt questions have been continually amended and revised as authorised representative's learning and knowledge has developed.

2.2 How was practice observed?

On Wednesday 8th February, four authorised enter and view representatives visited Fairview Court Care Home. Information was gathered from the representative's observations of staff interactions with the residents. Observations were gathered by all the authorised representatives working in pairs.

Conversations with staff, residents and visitors 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?

Notes were made by all authorised representatives during the visit and the lead enter and view representative then compiled the report based on the records from the conversations and observations, and shared the report in draft form for all representatives to discuss and agree.

2.4 About the service

Fairview Court is a purpose built care home run by Westbury Care Homes. The home is about 11 years old and specialises in the care of people with dementia. The home is situated on 3 floors with 49 beds in total. There are 5 Pathway-3 beds which are used by community health services to prevent hospital admissions or for rehabilitation after hospital care. The home is a purpose built care home with facilities spread over three floors. After the initial assessment residents often opt to stay at the home.

The Care Quality Commission (CQC) inspected Fairview Care Home on 4th and 5th February 2016 and graded the care home as good in all areas.

3 Findings

Executive summary

3.1 First Impressions

- We were greeted warmly by the manager of the home. He told us that he is nurse trained and had considerable experience of managing in the healthcare profession. The manager is obviously very committed to his role and to ensuring that the residents are treated with dignity, respect and understanding.
- The entrance to the home was secure with a receptionist at the front desk and a signing in book for visitors. There was hand sanitiser in the foyer and others at key points throughout. The home appeared spacious, well decorated and had a homely feel. All rooms we visited smelt clean and fresh. The bedrooms were en-suite and made personal to the residents requirements.
- The staff we met were friendly and welcoming.

3.2 Environment

- The home appeared to be clean, bright and well decorated. The corridors are wide and have grab rails. There is plenty of space for wheelchairs to

manoeuvre. The walls are decorated with a variety of interesting art work, including murals, pictures and various tactile objects.

- Each bedroom door gives the name of the resident in a good sized bright colour. The manager said that when someone leaves the care home they redecorate and adapt the room for the new resident.
- The living rooms have designated themes - the room where we met a member of staff was called the Garden Room. The themes are updated from time to time to ensure freshness and maintain interest.
- The toilet and bathroom doors had large and bright signage. The hallways and bedrooms have laminate flooring whilst the living rooms are carpeted. There were clean and suitable soft furnishings throughout.
- There is large and well-presented accessible garden with bench seating at various points.

3.3 Staffing

- In addition to the manager there are two registered nurses on duty to cover the three floors. There appeared to be sufficient staff on duty on the day we visited.
- We were told by a member of staff that the care home do not use agency workers as they like staff to know the residents. When staff are off sick, they cover this by using staff from other floors of the care home or from the residential home adjacent (same manager).
- Two local GP's come in to the care home on a regular basis and nurses will advise the GP on who needs to be seen. End of life residents are seen on a fortnightly basis. There is also a dentist that comes into the care home, although the manager says this can be difficult to arrange. They have had some training from a dental nurse.
- They can have a physio come into the care home from Westbury Care Ltd.
- There is limited use of volunteers although the manager said that there are a number of 'unofficial volunteers', often relatives of former residents make cakes and come in to help out from time to time. The home currently has five volunteers with a DBS, but only one attends on a regular basis.
- Staff attend dementia training provided by Dementia Care Matters using material from the Alheimers Society - 'Yesterday, Today, Tomorrow'. In addition to their mandatory training requirements all staff are expected to undertake a Certificate in Care which is provided through on-line distance learning. Staff are also encouraged to do NVQ Levels 2 or 3 in Care.
- A member of staff said that when she first came to the home she had no experience of working in care but her induction was excellent and she was given a thorough description of each of the resident's needs. When asked what she thought about working in the care home, she said 'I absolutely love it'.
- A member of staff who had been at the Home for nine years said she was very happy working there. All staff we talked to appeared to have been told about Healthwatch and to know of our visit.



3.4 Activities for Residents

- There are three activity coordinators who work weekdays and some weekends. The lead activity officer produces a weekly newsletter with dates for forthcoming events which relatives can then plan to attend. He said that in view of some of the residents frailty one to one activity work is carried out as well as work with groups. The activity coordinators are dignity champions.
- While we were visiting there was a group of residents baking lemon cakes. They had a cupcake plug in cooker so the residents would be able to smell the cakes. They were also baking a cake for a resident's birthday. On another floor there was a coffee morning with singing. One resident left the room singing an old war song with her two daughters. Other activities include trips to local venues, for example the Garden Centre
- There is a hairdresser and a chiropodist who visit the home both of whom have had training in Dementia. A partner organisation comes to the home to do exercise and music classes. There are also opportunities to attend a sensory group and hand massage can be provided in the resident's rooms.
- Residents are able to make use of the garden in the summer months.
- The manager said that the mobility of residents and retention of their core strength is a prime objective and gentle exercising is encouraged. The staff take the time to allow residents to take small risks to help them to keep their physical strength, for example they will not automatically use a hoist. The home use an external partner who comes into the care home to do exercises with the residents.

3.5 Person-Centred Care and Residents' Choice

- Life story work is carried out with residents and a resume of their life experiences is provided in each of the resident's rooms. There are individual 'murals' on each bedroom door, as well as the resident's name.
- We observed one resident enjoying a second breakfast, because after falling asleep she often asks for breakfast when she wakes. The staff said that residents can have food and drink whenever they want throughout the day and night.
- We also observed staff moving a resident and they carried out the task with great patience, allowing the resident to take their time.
- We were told that there is no specified bed time as it will depend on each resident's preference and needs. We were told that residents can have an extra shower whenever they need one.
- A member of staff said that they have a policy of talking to relatives when they come to the home, so that they have more of an understanding of the resident's preferences and behaviours. A member of staff said that families are involved in care planning meetings. She said that relatives can visit at any time and we observed several visiting whilst we were there.
- The manager said they often care for residents who have come from other care homes where there have been specific difficulties, for example residents presenting challenging behaviour.

- The deputy manager referred to a resident who had to leave a care home as she had hit another resident. They had then been able to work with the mental health team to support her in adapting to a new life at Fairview Court.

3.7 Conversations with residents/relatives/friends/visitors

- A Pathway-3 resident said she felt very positive about her care, everyone was friendly and always available to help her. Another resident said that the home was very good, friendly, and will do anything for you.
- Two ladies whose husbands were in the home expressed their complete satisfaction with the way the home was run and the care their husbands received. One lady said that she was aware that her husband was nearing the end of his life and had been told to prepare herself for this by staff. One lady told us that her husband had a far better quality of life in the home than he would have in his own home.

3.6 Nutrition and Hydration

- There are two cooks on duty at the home throughout the day. There was a good sized menu board on the dining room wall which showed a choice of meals including a meat dish and a fish dish. The menu is rotated every four weeks.
- All food is bought from a main local wholesaler and considered to be of good quality. The cooks make all their own cakes, soups and sauces and 'nothing is from jars'. Vegetarian food is available as well as pureed meals. Sandwiches are kept in the fridges on the three floors in case residents want a snack at any time. Each floor has a kitchenette which is mostly used when residents want a drink or snack during the night.
- Residents are asked what they would like to eat. Residents may sit wherever they want and we saw a group of residents sitting together around a table for lunch with another on his own in an easy chair. The food looked appetising and smelt good. They said they can adapt the menu for individual tastes. We were told snacks and hot drinks are always available day and night.

3.7 Communications

- The manager said one of the activity coordinators produces a newsletter for relatives and friends, which is displayed by the front door. They also have staff meetings on a regular basis and meetings are held with residents/relatives, although low attendance at these meetings can be a problem.
- We observed that staff spoke to residents and relatives in a respectful and friendly way. Staff spoke positively of management. The manager said he has a good relationship with the owners, Westbury Care Ltd and that he has



a group manager who he communicates with on a regular basis. He said he is given a lot of freedom to run the care home as he wishes.

4 Conclusion

This enter and view visit found a person-centred approach to care for elderly people with nursing and/or dementia care needs; with enthusiastic leadership, and dedicated, caring members of staff.

The home has a variety of meaningful and interesting activities for residents.

Consideration had been given to enhancing the decorative environment to ensure the home is dementia friendly.

A relative of a resident who had been living at the home for five years said that 'they don't just give care here, they give love.'

Fairview Court Care Home is to be commended for:

- a person-centred approach to care for elderly people with nursing and/or dementia care needs
- enthusiastic and dedicated leadership
- dedicated, loyal and caring members of staff
- availability of meaningful activities

5 Recommendations

It is suggested that Fairview Court considers making greater use of volunteers to support the work of the activities coordinators and develop links with the local community.

Disclaimer

- This report relates only to a specific visit on 8th February 2017.
- This report is not representative of all residents, staff and visitors (only those who contributed within the restricted time available.)

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 include¹:

- 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 providers² 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

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 conversations with residents/their relatives
 - what questions were important to ask residents/their relatives
 - how to record the conversations with residents/their relatives
 - what questions were important to ask members of the care staff
 - how to record the conversations with members of staff
 - how to collate all the data gathered and write a final report
 - 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 were 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.

