

**Enter and View Report | Blue Water Care Home**

**Details of visit**  
**Service address:**  
**Service Provider:**  
**Date and Time:**  
**Authorised**  
**Representatives:**

**Blue Water Care Home**  
**143-147 Kingston Road, Portsmouth PO2 7EB**  
**Bluewater Care Homes Ltd**  
**21<sup>st</sup> March 2017 10.30am - 2.00pm**  
**Fergus Cameron, Alison Nicholson**  
**Brenda Skinner & Jillian Dann**



## Acknowledgements

Healthwatch Portsmouth would like to thank the home manager, service provider, service users and staff for their warm welcome and contribution to the Enter and View programme.

## 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.

## 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 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 Care Quality Commission where they are protected by legislation if they raise a concern

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## **Purpose of the visit**

This visit was arranged following a meeting with the Registered Manager to look at the steps taken and were still being taken to ensure the standards of service provision meet those set out by the regulator

Healthwatch Enter and View representatives have statutory powers to enter certain funded health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

The aim is to report on the service that is observed, to consider how services may be improved and how good practice can be shared.

## **Methodology**

The Registered Manager was notified prior to the visit. Posters notifying staff, residents and visitors about the visit were sent to the home to display along with details about how to get in touch with us if they were not available on the day of the visit.

During the visit the Enter and View representatives observed the facilities, practices and spoke with the Registered Manager, Deputy Manager, residents, and staff.

At the time of our visit Bluewater was not an Approved Provider to Portsmouth City Council but there were two residents receiving funding from Portsmouth City Council. We did not investigate why Portsmouth City Council are commissioning services from a provider who is not on the Approved Provider list.

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## **Summary of findings**

Blue Water is a registered nursing home located on a busy main road in Portsmouth. Nothing about the outside of the building gives any indication of the home inside. We found parking difficult on the day of our visit which we felt may make it difficult for relatives and visitors.

Blue Water is registered to provide care for up to 60 service users but at the time of our visit there were only 19 residents and 2 day service users. During our visit we spoke to the senior management team including the Registered Manager and his Deputy, residents, a relative and a number of the staff. However it did feel like some of the care staff were not keen to talk to us, we felt this could be due to the small number of staff on duty.

We joined the residents in the spacious dining area for lunch and were able to sample the food on offer.



Blue Water is a large home with a management team who are passionate about the work they are doing. They have an approach to encourage members of the local community to come into the home and use it. While we felt this would bring a connection and could be vibrant we felt there was a lesser commitment to maintaining residents contact in the community and experience outside of the home.

Some residents commented that going downstairs to the in-house hairdresser or in-house cinema was in fact “going out”.

## Results of the visit

### Environment

The Entrance to the home is direct from the main road via call buzzer and into an attractive lobby with a lot of information on the walls including results of a survey and testimonials, there is an immediate impact of having moved into a valued and interesting home. The building is large and of local significance, The Oddfellows Hall. There is a spacious and airy feel from the outset, though it may feel different if the home was at full capacity. There are separated areas all well-furnished to encourage smaller groups and opportunity to interact. Access around the building feels ample with no crowding, thresholds or restricted areas. It is difficult to locate signage and navigate however there is good light and it is possible to see your way around.

While the environment is interesting, of high quality and varied, we felt in parts it was cluttered; with distracting strong patterns and furnishings, objects dominate and written posters and messages on the walls. Music was playing through the downstairs area and seemed not to be the choice of residents. Facilities are built into the ground floor; there are rooms for watching films, hairdressing, a sensory room and sitting in an interesting courtyard with birds and a herb garden maintained by residents.

Upstairs private rooms are spacious and by contrast quite spartan when compared to the halls and lobbies. Some rooms have access to a balcony onto the inner courtyard. We found the home clean and odour free. The home is maintained by domestic staff. Given the high standard of cleanliness we felt a large amount of time would have to be dedicated to maintaining the environment, the extensive soft furnishings, art work, objects at height and showcases. This indirect care is valuable but time consuming and may be distracting from giving time to the resident’s needs.

Our whole team found the home to be unlike any other residential care home they had visited, we found it fascinating and in period feel but it remains unclear to us how much the residents understand the environment or feel attached to it as their home.

We felt the home felt safe and secure, all staff wore ID badges and there were key coded doors where appropriate. Floor surfaces were trip free and there was ample space to circulate. All of the corridors had grab rails along walls and we saw residents with large electric wheelchairs able to move themselves from their room down to lunch, they were supported to do this independently with a little help at doors and using the lift. All the residents we spoke to talked of being safe, though their mobility was limited by recent falls and trips they felt they had been well looked after and were not critical of their care in any way.

First Aid had been carried out for one resident and Community Nurses were visiting the next day to advise on wound care and dressings, we felt this showed good links with Community Health services and safe and open approaches to care. The Registered Manager showed one of our team the electronic care management system and this had extensive applications including personal safety information on aspects of water flow, nutrition, falls, risk assessments with staff maintain a high level of recording on handhelds that were maintained in real time with direct access to personal information and staff handover. For reasons that were unclear paper records were also needed for the upstairs areas.

## **Personal Care**

### **Dignity & Independence**

Having met several residents they all appeared in good spirits, despite having had to leave their family home due to rising care needs. Residents were mainly upstairs either in their own accommodation or in the café/lounge area until lunchtime. Most of the residents were either sitting out of their bed or taking part in an arts activity group.

Residents spoke warmly about their care, one resident said they felt restricted by a threshold onto the balcony area, we discussed this later with the management team and were informed this is fixed to prevent water coming in if the threshold was taken down further. The resident is being supported with their anxiety about walking in general and they are going to be offered another room which will give her a view.

When residents required personal care doors were always closed and we witnessed staff knocking on doors and waiting for a response before entering. Residents were nicely dressed and spoken to with dignity in the interactions between residents and staff that we saw but we felt they were not always being given time to respond or initiate their own conversation. Many had strong personalities and were able to keep regular contact with family members.

### **Recreational activities and methods of reducing social isolation**

We were shown the weekly plan offering daily activities, residents were using the hairdressing suite and the cinema, again very decadent in posters, fabrics and thematic décor ( posters and artefacts). Upstairs there is a coffee group area and residents were meeting and being part of an arts group though with limited engagement, more as observers. Staff were sitting with residents.

We were given a copy of the Blue Water Echo, the homes newsletter “that keeps residents, family and friends up to date with forthcoming events and news within the home”.

### **View of relatives**

During the visit there were very few visitors to talk to but one resident was happy to chat. She told us that she was very happy with her relative living at Blue Water and would 100% recommend it. She told us it was easy to talk to staff about her relative’s care and would feel confident raising any concerns she had but also that the home phoned her to keep her informed.

She felt the facilities and activities the home offered such as music, the café and the cinema were all helping with her relatives' independence. She told us that although her relative doesn't always take part in the activities they are very proud of what they make. Her relative is also encouraged to help with the garden as this was an activity she had previously enjoyed.

## **Staff behaviours & attitudes**

Whilst the interactions we saw between residents and staff were warm and appropriate we did feel that some of the care staff were not comfortable talking to us. We understand it is hard to make anonymous comments when there are so few on shift but it would have been helpful to hear what the more established members of care staff thought about working at Blue Water. We did speak to a couple of members of staff and someone who was on a work experience placement and they all said they felt very supported and enjoyed working at the home. Care staff are expected to complete their competence certificate within 12 weeks of starting work but we were given the impression this was not always the case. One member of staff spoke highly of her tutor who is assisting her to complete her training.

All the care staff appeared very busy and it's difficult to see how staff time is given to residents outside of support in personal care, health monitoring, safety and risk management. Whilst the application of electronic recording is innovative it may form a barrier as it requires staff to focus on recording to demonstrate that things have been done rather than to focus on the person.

## **Food and Drink**

The food was an area highly praised by all of the residents and a menu plan we were told would always be adapted for individual preference, possibly twice if a person was undecided or confused about what they wanted and changed their mind. We feel this was a real strength, people clearly enjoyed their food, it was naturally a very pleasant part of the day and they appeared well nourished. We were told weight was closely monitored by weight checks and residents were observed in a non-intrusive way at each meal time.

A four week menu plan was on display at the entrance to the dining rooms and a further reminder was visible on the exit from the lift.

The TV was on in the dining room whilst everyone was eating their lunch. We found this distracting and made conversation more difficult. It did not appear that anyone was watching it.

We were shown the truck trolley that is taken round to the residents who are unable to get out to the shops. This enables them to purchase snacks and treats as well as personal care items such as shampoo. The choice of products available appears to be the choice of whoever goes to restock it but we were assured that if a resident had a particular item they required then staff would obtain it.

We did not see any water available to residents in their own rooms, we did however see that staff were making refreshments for residents on a fairly regular basis.

## Recommendations

This report identifies the good practice we witnessed whilst visiting Kinross and reflects how staff and residents feel about the care provided

From the visit, Healthwatch Portsmouth recommends the following:

1. The management team to encourage community groups coming into the home to extend invitations to come out of the home and be in the community on their doorstep.
2. The environment is assessed by a “dementia friend” to consider a balance between an interesting home and a confusing environment and recommend changes as needed.
3. The technology used to record key tasks and wellbeing is developed beyond being a management tool into a more person centred approach.
4. Staff narrative and feedback on residents emotional wellbeing is encouraged.
5. Staff focus on their communication with residents and allow time for interaction.
6. The use of music as background noise in communal areas is reduced or built into residents choice as a therapeutic approach.
7. The TV in the dining room could be turned off during mealtimes to encourage more interaction between residents.

Blue Water has not responded to the recommendations in this report



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