



Enter and view report Bristol Community Links North Tuesday 4 April 2017

Authorised Enter and View representatives

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Bristol Community Links North Lanercost Road Southmead Bristol BS10 6HZ
Service Provider	Bristol City Council
Date and Time	4 April 2017, from 10 am to 1 pm

1.2 Acknowledgements

Healthwatch Bristol authorised enter and view representatives wish to express their gratitude to the service users of Bristol Community Links North who participated in conversations with Healthwatch. We would also like to thank Bristol Community Links North’s management and all the staff who were willing and able to engage with us and answer our queries. Staff were very welcoming and helpful.

1.3 Purpose of the visit

The purpose of this enter and view visit was to find out about accessibility at Bristol Community Links North following the introduction of the new Accessible Information Standard, which became law in July 2016.

Healthwatch Bristol also aimed to gather feedback from service users about their experiences of care at Bristol Community Links North, and to find out what visitors and staff think of the day opportunity service.

2 Methodology

2.1 Planning

Bristol Community Links North was chosen for enter and view as it is a large day centre that Healthwatch Bristol was yet to visit. Healthwatch Bristol is focusing its



engagement on geographical areas like Southmead and Lockleaze, where there are higher health inequalities according to the JSNA. Furthermore, the day opportunity service provides support for older adults with dementia, adults with physical and sensory impairments and adults with learning disabilities which ties in with Healthwatch Bristol's last quarterly theme of Society, Health and Wellbeing. We visited BCL South in January 2017 and wanted to observe whether care was equally good at BCL North.

A planning meeting was held between the lead enter and view volunteer, volunteers and staff to discuss the enter and view visit to Bristol Community Links North. We agreed an observation checklist and prompt questions to use for our visits. We decided to focus our conversations and observations on service users' experience and accessibility (as the Accessible Information Standard came into law in July 2016) and the provision of activities, which is an ongoing area of engagement for Healthwatch Bristol's enter and view team. We identified questions we would ask the manager so we could find out more about how the service operates.

A Doodle-poll was sent out to volunteers and the enter and view was planned on the most popular date.

After the visit, staff and volunteers had a short debrief to discuss what we saw and heard and to identify any recommendations for improvement that we would like to make. Healthwatch Bristol volunteers and staff thought the day opportunity service was offering a fantastic service and heard no concerns or safeguarding issues during our visit.

2.2 How was practice observed?

Enter and view representatives visited Bristol Community Links North and spent time speaking with service users and staff there. We also spent time observing the environment, activities and staff-service user interactions.

2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch Bristol volunteers and staff whilst engaging with service users and staff. Comments were recorded anonymously. Conversation and observation record templates were typed up and shared with the representative who was drafting the report. Records were compiled and the report was written based on the records from the team.

2.4 What happens with the feedback Healthwatch Bristol has gathered?

The draft report will be shared with Bristol Community Links North. Healthwatch Bristol will give the day centre 20 working days to comment on our



recommendations, outlining what steps the day centre will take to address our recommendations. The final enter and view report and the service provider's response will be shared with the Healthwatch England, the local authority, adult social care and/or the CCG and the service provider we visited. The report and provider's response will then be uploaded onto our website for the public to read.

2.5 About the service

Bristol Community Links North is a large, Bristol City Council run day opportunity services in Southmead, Bristol. The service provides person-centred day centre activities and social interaction for adults with learning difficulties, physical and sensory impairments and older people with dementia and had capacity to support 41 service users on the day Healthwatch Bristol visited.

3 Findings

3.1 First Impressions

“Everything is really good.” - Quote from a service user.

“(I) enjoy it here, very much.” - Quote from a service user.

Healthwatch Bristol volunteers and staff thought the care offered by Bristol Community Links (BCL) North was excellent. The environment was welcoming, functional and bright, service users seemed happy and engaged and the staff were all very friendly and enjoyed their jobs.

On arrival, Healthwatch Bristol reported to the main reception. We were taken to the PCP (Person Centred Planning) office and then on a tour of the building by the manager. We thought the building and infrastructure was excellent. Reception was open and there was bright art on the walls throughout the whole service which made it feel welcoming and interesting. The centre also had very good security; we saw security cameras throughout the building and all room doors had a key fob entry to keep service users safe. The building was kept spotlessly clean and well maintained by the caretaking team and smelt fresh. The atmosphere was calm and relaxed and all service users and staff seemed happy or content at the centre.

The building was fully accessible: there was accessible parking close to reception, automatic doors and spacious corridors and rooms which were wide enough for two wheelchairs to pass by each other. The whole building was on one floor and there were ramps available in the garden where we saw the only steps.

Healthwatch Bristol volunteers and staff thought the care environment was excellent. There was a large garden with flower beds and a polytunnel for growing



plants and a big field which we were told is used for playing football in the warmer months. There was a rear enclosed garden which meant that service users who were on 1-to-1 observations could go out alone and be watched discreetly. This gave service users independence and autonomy whilst maintaining their safety. There were several large main rooms, including an accessible kitchen, arts and crafts room, computer room, quiet rooms and a well-equipped sensory room or snozelem. There was a large modern conservatory at the back of the building which had a large, bed hammock for service users with physical disabilities. There was a large café which is open to the public and Healthwatch Bristol tried some of the cakes, which were lovely.

Healthwatch Bristol saw lots of information available on the walls including signage about upcoming events and activities like a visiting magician and information about making complaints or giving compliments. We saw our Healthwatch Bristol posters up on the walls throughout the building. There was a “Dignity and Respect Board” which explained a little about some of the older service users’ past lives. This promoted seeing the person, not the disability, and enabled reminiscence for service users with dementia, which was good to see.

3.2 Service Users’ Experience at BCL North

All service users that we spoke to were very positive about BCL North. Service users told Healthwatch Bristol that they had made friends at the centre.

“It’s really really nice here.” - Quote from a service user.

“I come every day. I really like it. I’ve got a lot of friends here.” - Quote from a service user.

“It’s good. I like art.” - Quote from a service user.

“I was depressed before coming here.” - Quote from a service user.

“I enjoy coming to the centre. I do not think they could make it better.”
- Quote from a service user.

“Coming here enables me to cope with the death of my husband. I always feel welcome.” - Quote from a service user.

When we asked service users if anything could be better, three answered “no” or “nothing.” Healthwatch Bristol was impressed to see that BCL North had links with local residential homes and a service user was visiting from a nearby home to take part in activities.



3.3 Staff

The service users who spoke to Healthwatch Bristol all said positive things about the staff team at Bristol Community Links North.

One service user explained that they now live independently and that this would not have happened without the support of BCL North's staff team:

“The staff help me. They are kind.” - Quote from a service user.

Another service user told Healthwatch Bristol:

“The staff are very helpful, they listen to my problems.” The service user went onto explain, **“they (the staff) respect me, they don't talk down to me. I feel comfortable to ask for support when I don't understand something.” - Quote from a service user.**

Healthwatch Bristol was impressed by the amount of staff on shift during our enter and view visit. The manager explained that 26 care staff were on shift and 34 service users were present. Many service users had very enhanced needs (14 service users needed 1-to-1 support, six service users needed 1-to-2 support and 10 service users needed 1-to-3.)

All staff that spoke to Healthwatch Bristol said really positive things about working at BCL North. They enjoyed their jobs, received good training and said there was good team work at the day centre.

“It's very uplifting (working here).” - Quote from a member of staff.

“I come to work fresh as a daisy. I want to give service users a good day.” - Quote from a member of staff.

“I love it, (I have a) real passion for it.” - Quote from a member of staff.

“It's a lovely place to work.” - Quote from a member of staff.

“I work with amazing people.” - Quote from a member of staff.

“We have excellent training.” - Quote from a member of staff.

Healthwatch Bristol observed staff treating service users with kindness and patience. The staff showed genuine interest in service users and seemed to really care about their wellbeing. All service users were sat with staff, chatting or engaged in activities and it was clear that the service users felt comfortable and happy with the staff team.

We asked staff how BCL North could improve:

“More funding would mean more staff so service users can go out more.” - Quote from a member of staff.

One member of staff said they enjoyed the Makaton training but would like time to practice this as a team and keep knowledge and skills fresh. A different member of



staff said they did not know how to book a British Sign Language interpreter but they would always ask their manager if it was needed.

The manager further demonstrated that BCL North was a good place to work by explaining that staff turnover was very low. No bank workers were employed but agency drivers were sometimes used if staff were on leave. He explained that all staff had received good training from Bristol City Council including mandatory training like Safeguarding and Manual Handling every year and Positive Behavior Management to keep service users and staff safe. BCL North staff had received Dementia training and had a Dementia Champion.

Healthwatch Bristol was also impressed that BCL North was using volunteers, one of whom was an ex-service user. One volunteer told us, **“I love my job (volunteering here).”** - Quote from a volunteer.

3.4 Activities and Supporting Service Users to Participate

Bristol Community Links North had a very person-centred approach to activities. Some activities were planned, like art and cookery, but others were spontaneous and designed with service users’ individual interests and goals in mind. This gave service users choice and flexibility in terms of what they chose to participate in on a daily basis.

Healthwatch Bristol was impressed at how staff enabled all service users to take part, particularly considering service users’ wide variety of ages and abilities.

All activities were mixed ability and staff explained that there was always **“a lot to be gained”** from being involved; service users with high needs may not be able to actively take part in cookery or pottery, for example, but the social aspect and the sensory stimulation would still be very enjoyable for them. Activities are always offered in small groups and service users with more complex needs have a one-to-one worker to attend activities with them.

Staff explained that BCL North’s person-centred approach enabled them to actively involve all service users, regardless of their needs. When a new service user comes to BCL North, the staff team find out about their **“likes, dislikes, goals for the future”** and their needs in terms of communication, eating, dressing, personal care and home circumstances.

“You can always help (people to get involved).” - Quote from a member of staff.

“We know everything about their needs and update their (person centred) plans often.” - Quote from a member of staff.

“Everyone (service users) does things they like to do.” - Quote from a member of staff.



Healthwatch Bristol observed several activities during our enter and view visit. All service users were engaged and socialising and no one was left alone. We saw a small group making Easter eggs in the art room, one service user preparing food 1-to-1 in the kitchen, several service users with mobility needs lying on the blow-up air space bed and laughing and stretching out with staff, some service users doing a quiz with staff and a group doing a crossword together. Two service users with high needs and their 1-to-1 workers were in the snozelem (sensory room) enjoying the lights and music and relaxing. We thought service users looked happy and engaged. The whole building was decorated with service users' art. Healthwatch Bristol also observed signs about upcoming activities like kitchen club, "Spangles" music group, the Summer Fair and a visiting magician. Staff also explained that local students with moderate learning disabilities come in to the centre to take part in a gardening class. We saw vegetables growing and bat-boxes in the process of being made in the polytunnel outside. The manager also explained that older service users were being taught to use iPads, particularly the musical instrument apps.

The service users we spoke to told Healthwatch Bristol they enjoyed playing Scrabble, art, cookery, talking with friends and staff, and taking part in reminiscence activities and puzzles. One service user said they would like to learn more IT skills.

We were impressed at how often staff took service users out into the community. During our visit, for example, one service user was out 1-to-1 doing some shopping in town, a group of service users were taking part in an outside performing arts group and another small group of service users were about to visit Bristol Cathedral for the music recitals. The manager explained that a group visited Weston the day before as it was really sunny and that the centre stayed abreast of what was happening in the locality so service users could be taken along to get involved in community events.

The service also had good links with outside community groups. They rented meeting rooms to outside organisations, allowed a local youth group to use the building every week and invited a local primary school in to do art projects and carol services at the centre.

In terms of facilities, the day opportunity service had a pottery kiln, a well-equipped sensory room and a hot tub (which was being fixed during our visit). BCL North also had sound beam equipment, which sends a beam of light across the room and makes musical sounds when service users touch the light beam.

Healthwatch Bristol saw that all service users were speaking to other service users or staff and were supported to engage in activities. All service users at the centre seemed very happy.

3.5 Person Centred Care and Meeting Individuals' Needs

Person centred care was excellent at Bristol Community Links North. Healthwatch Bristol heard and saw that staff made every effort to ensure all service users could participate and get what they wanted and needed from the service.

“Everyone has a PCP or person centred plan (which helps us to support service users to do what they like.)” - Quote from a member of staff.

One staff member explained that service users are treated very much as individuals. One service user was learning about money, whilst another had been supported to use public transport and another was working on spellings and reading. One staff member said the person centred planning enabled them to help one service user move into supported housing: **“we helped change her life.” - Quote from a member of staff.** The manager also explained that person centred planning had reduced incidents of challenging behavior because they knew each service user so well and what might cause them to become upset.

The person centred planning office had a case study of one ex-service user drawn out on the white board, again demonstrating that the care each service user receives is led by their needs and goals. The case study broke down the service user's goal into manageable steps: to become a volunteer, for example, the service user would need to do individualised activities to learn about money, then use the buses independently, then apply for a police check. There was also another white board identifying which member of staff was responsible for designing which service user's PCP and when this needed to be reviewed or updated, suggesting that person centred planning was at the centre of all staff's responsibilities. The centre has a person centred planning coordinator who was responsible for ensuring all service users have a plan to meet their interests, goals and needs.

The staff team also had a very personalised approach to communication. Healthwatch Bristol observed BCL staff using taps and slow and clear speech to communicate with different service users. Staff also explained that they would use Makaton, objects and photographs with service users who had limited verbal communication. It was very good to see that every service users' communication needs were being met.

“Every service user has their own method of communication - this is recorded in the PCP.” - Quote from a member of staff.

A service user told Healthwatch Bristol:

“They are very patient with me, I have a speech impairment, they know how to talk to me.” - Quote from a service user.

Healthwatch Bristol spoke to BCL North's manager, who explained that a focus on person centred planning and individual needs is at the heart of their vision for the service. The manager explained that, when a new referral is received from a social

worker, they visit the service user at home to find out everything about them. BCL North's initial home visits are very thorough and find out what the service user can do, what the service user wants to be able to do, and the service users' personal aspirations. They use a holistic approach and **“try to fulfil what individuals want”**, rather than focusing on what the service user struggles with.

BCL North uses something called Ratio Profiling to ensure each individual receives the support they need. The profile goes through lots of areas, like personal care and activity engagement, and gives the service user a score for their need, which enables BCL North to identify how many staff service users need to support them with different aspects of their day at the centre. The service user may need, for example, 1-to-1 support with personal care but may be able to engage in activity groups or eat their meals with 1-to-3 staff support.

Healthwatch Bristol was very impressed with how BCL North tailored support, communication and activities to each service user and treated each service user as a unique individual.

3.6 Accessibility

The building was fully accessible for service users who use wheelchairs and all the rooms and corridors were spacious enough for two wheelchairs to pass by one another. Staff explained that the large rooms enabled them to support service users who were upset or agitated and to help calm them down safely.

All activity rooms had comfortable plinths so that service users with limited mobility were able to get out of their wheelchairs and stretch and move. The rooms also had ceiling mounted hoists so service users could move about independently and cushioning around pillars so service users did not accidentally hurt themselves. The kitchen was fully accessible with shelves, cooking hobs and sideboards that could move up and down for wheelchair users. All the kitchen cupboards were Perspex and transparent to support independence for people with Dementia. The sensory room and large air space bed in the café meant that there was tactile and sensory stimulation available for service users with very enhanced needs. The snozelem also had a blue tooth, large print, push pad controller which meant that service users with limited movement could control the music and lights independently. Gardens were accessible and safe for all service users' needs and there were many stand aids and mobile hoists available. Staff told us that all service users' dietary needs were met by the café's chefs.

There were several large accessible bathrooms with call bells, handles, shower trolleys and hoists which covered the whole room. Some of these were supported bathrooms where staff could help service users and others were adapted so they could be used independently. The manager explained that the adapted bathrooms at the front of the building could be used by local people in the community and that local people could come in to practice using the facilities before their flat is



adapted if, for example, they were new to their disability. Healthwatch Bristol thought this was an excellent service.

Signage at the day centre was very good. Fire alarm signage, for example, could be seen throughout the whole centre and was in large print and picture format so it could be understood by service users with diverse communication needs. All activity rooms and bathrooms had large picture signs on the doors. Signs about Service Users' Meetings, for example, were in large print and simple fonts. There were big clocks on the walls too.

Staff told us that the fire alarm system uses flashing lights when it is activated, which helps people who have sensory impairments during an emergency. The centre had a plan to ensure all service users would be evacuated safely.

The day centre had several community transport buses which they used to pick up service users who could not independently travel to the centre themselves.

3.7 History of BCL North

The manager explained that BCL North has not always provided day opportunity activities for adults with such a diverse range of needs. Bristol City Council reviewed and transformed day centre opportunities in 2012/13 to help cut costs and improve building infrastructures. Several day centres were closed across the city and the new services, called Bristol Community Links, brought different service users with different needs together in one place. The manager explained that providing learning disability day care, dementia day care, physical disability day care and sensory impairment day care all in one place had been very positive. He explained that it had encouraged positive relationships and mutual respect between different client groups, intergenerational contact and had reduced incidents of challenging behavior. Healthwatch Bristol saw service users with dementia sat with service users with learning disabilities and could see that the mix of service users worked well at the centre.

From our observations, Healthwatch Bristol volunteers and staff agreed that the work of BCL North is invaluable to its service user group. A cutting or changing of the service would be sorely missed by the community.

4 Conclusion

Healthwatch Bristol was very impressed by Bristol Community Links North day opportunity services. The service was hugely user-led and had personalisation at the heart of all its activities, staffing levels and care. The service met the diverse needs of its different service user groups.

Healthwatch Bristol thought the building was fantastic. It was very accessible for service users with diverse and enhanced needs, modern, well-maintained, welcoming, calm and very clean.

Healthwatch Bristol volunteers and staff left the North Link Service feeling very positive about the care and opportunities offered and thought there were many things to commend at BCL North, including:

- person centred care that meets each service user's individual needs, interests and goals
- spontaneous activities that respond to individual service users' needs and wants
- staff-service user interactions and the patient, kind and caring approach of the staff team
- staff's enthusiasm for their work and genuine interest in supporting service users to meet their goals
- staffing levels and ratio profiling
- the accessibility of the day centre environment
- the centre's use of volunteers
- the centre's facilities including the pottery kiln, hot tub, gardens, and excellent sensory room.

All service users and staff were really positive about the day centre and Healthwatch Bristol did not hear one negative comment about the care offered at BCL North.

5 Recommendations

Healthwatch Bristol volunteers and staff would like to commend BCL North for providing personalised and stimulating activities for service users with a diverse range of needs. We have identified a few minor ways that Bristol Community Links North could improve the already-positive experience of their service users even further.

1. Introduce tactile wall displays or "twiddle boxes" for service users with dementia and sensory impairments
2. Change room signage to a yellow background to improve accessibility for service users with dementia and sensory impairment and replace the missing bathroom sign by the conservatory
3. Replace the outside benches at the front of the centre (Note: this was the only place Healthwatch Bristol observed wear and tear)
4. Ensure fire extinguishers do not block fire exits



5. Raise flower beds so service users who use wheelchairs can garden from their chairs
6. Introduce a regular Makaton practice/refresher for BCL North staff
7. Use the self-audit tool, “Is your care home dementia friendly?” by The Kings Fund to assess if the environment could be further improved for service users with dementia.

Disclaimer

- This report relates only to specific visit times.
- This report is not representative of all service users, 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
- 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.

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.

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.

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 simply to observe the service, talk to service users, patients, visitors and staff, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report will also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

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).

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.

