

**Enter and view report
Newbridge Towers
11 July 2017**

Authorised Enter and View representatives

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1 Introduction

1.1 Details of visit

Details of visit:	
Newbridge Towers 169 Newbridge Hill Bath BA1 3PX	
Owned by Mrs Sevgi Iltas	
11 July 2017	

1.2 Acknowledgements

Healthwatch Bath and North East Somerset (B&NES) authorised volunteer enter and view representatives wish to express their gratitude to staff who were welcoming and helpful and the residents, who participated in conversations with Healthwatch.

1.3 Purpose of the visit

The purpose of this enter and view was to observe the care home following the appointment of the new manager and the Care Quality Commission (CQC) report December 2016 where the home was rated as 'good'. The visit was also to gather feedback from residents and their families about their experiences of care at Newbridge Towers Care Home.

2 Methodology

2.1 Planning

Healthwatch staff and volunteer enter and view representatives met and agreed dates at an enter and view planning meeting on 25 April 2017.

The CQC was approached to confirm that the planned Healthwatch visit would not coincide with any activity that they were planning to undertake. It was confirmed that it did not. The care home was contacted about the visit with a follow up letter and poster to display to inform residents and relatives of the visit.



A team of volunteer enter and view representatives, comprising of two pairs and the volunteer support officer visited the home on 11 July 2017 with the aim of observing the care home and to speak with residents, family members and staff members to hear and record their experiences of care.

After the visit Healthwatch volunteer enter and view representatives had a short debrief at the care home to discuss what had been observed and heard and identified the recommendations for improvement that should be made.

2.2 How was practice observed?

Enter and view representatives visited the care home and one couple spent time observing the layout of the care home. Volunteers were taken around the building by the deputy manager Donna Turner. The other enter and view volunteers spoke with the manager Maria Kelly Fursdon and the Quality and Assurance Manager. Residents were approached for their views and comments, although volunteers left the lounge when one volunteer became upset at our presence. Staff supported the resident and provided a 'fidget' blanket to calm them.

2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch volunteer enter and view representatives while engaging with residents and staff. Comments were recorded anonymously. Volunteer enter and view representatives used conversation and observation record templates to make their notes, these were typed up and shared with the staff member who drafted the report. The report is compiled and written based on the feedback from the visiting team.

2.4 What happens with the feedback Healthwatch has gathered?

The draft report will be shared with Newbridge Towers Care Home. Healthwatch will give the home 20 working days to comment on our findings and recommendations. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care and/or the Clinical Commissioning Group (CCG). The report and provider's response will then be uploaded onto the Healthwatch website for the public to read.

2.5 About the service

Newbridge Towers is a privately owned small care home providing care for older people. There are 20 beds at the care home, with 16 female and four male residents at present. The home is in a suburban location and is a large house with gardens. There is no parking at the care home, plans are in place for the future

renovation of the garden at the side of the house and the landscaping of the garden at the rear of the house. There are also plans for an extension to give extra capacity that may be used for short stay, respite and trial visits. During our tour of the rooms, volunteers observed how residents have bought their own furniture and possessions to personalise and furnish their rooms.

3 Findings

3.1 First impressions

“The care home looked very clean and tidy with lovely photos of residents and fresh flowers in the hall”

“It was good to observe and use the anti-bacterial hand gel on arrival in the entrance foyer”

3.2 Front entrance and hallway

The care home was accessed through the locked front gate; a small drive with garden borders led to a garden table and chairs, where a resident was having a cup of tea and a cigarette. The front door was open and we were welcomed into the hallway.

There were various displays in this hallway including some lovely photos of residents on the wall and a family photo frame. On a table volunteers observed: the hand gel and the visitors book, a leaflet rack with the CQC report, information on food allergies, the satisfaction survey, suggestion box, and on the wall behind, the list of activities for July. The care home had copies of their newsletter on the table available for residents and families. The care home had been sent a poster to announce the Healthwatch visit, this was displayed where families could view it. On the day we visited there were no relatives to talk with. On the opposite wall was the information on the Fire Assembly point. A fire alarm is tested weekly and fire doors are checked, there are regular fire drills. There is CCTV in place that covers the hall, landings, dining area and lounge.

3.3 Gardens

Healthwatch observed a garden in desperate need of a makeover, the volunteer enter and view representatives were told that three trees had been removed and one has a preservation order. The manager and deputy manager both explained that plans are in place for garden landscaping and a car park space to one side of the home. In the back garden, volunteers observed a storage shed that was filled



with walking aids. This space could be converted to provide space for gardening activities for residents. The back door is not linked to the CCTV so staff cannot see who is leaving the building, and the small covered outside area is used by staff wanting a cigarette. This is an area that could be tidied; there was no ashtray and a bucket filled with sand could assist in keeping the cigarette butts in one place.

3.4 Activities

The volunteer enter and view representatives heard that one resident had brought their cat to the care home and the cat, who is now very old, is being looked after by a member of staff, but still visits the home. There were lots of photos of the residents holding the cat. Residents were also photographed holding the activity coordinator's baby. Residents showed us their painted nails following the hand therapy sessions that are delivered regularly on a Tuesday. The Kiddley Divey music sessions for the elderly are held on a Wednesday and are designed to mobilise and stimulate elderly people. There are regular film times on a Monday afternoon, board games on a Saturday afternoon and bingo on a Sunday afternoon. With four male residents it would be good to see some activities focused on their needs, such as their previous hobbies or work. Gardening is a good start, but other activities for both men and women such as sport, fishing, bird watching, newspapers, card games etc may be beneficial.

3.5 Conversations with residents

The volunteer enter and view representatives entered the lounge where 12 female residents were sitting around the room. The volunteers introduced themselves and then spoke to some of the female residents in the lounge and heard that families can visit at any time. Residents can choose their own meals and like the food and the choice available. Some residents would like the option of making their own cup of tea. Residents communicated that they could choose when and how often they have a shower, and particularly enjoyed the hand massage and nail painting. Residents told us that it was Ruth's birthday and they had had cake and would be having a party later in the afternoon. Feedback from residents who had gone on the trip to Weston Super Mare was really positive and they all seemed to enjoy the opportunity to go out. One of the residents said she particularly enjoyed the singing sessions.

One of the female residents became agitated that the Healthwatch volunteers were in the lounge and so volunteers cut short their conversations and withdrew.

Volunteer enter and view representatives spoke to a female and male resident sat in the front garden and heard that they were happy living in the care home, it was said to be "like home".



3.6 Communication with the manager

Staff were welcoming and the volunteer enter and view representatives observed a good rapport with residents. Two enter and view volunteers spoke to the manager Maria Kelly Fursdon and the quality assurance manager, from the start it was obvious that both were committed to the welfare of the residents.

The hold up with CQC registration is a frustration for the manager who has now been in post for seven months and has made changes to improve the care experience. Care plans are in place and the manager has kept updated with Deprivation of Liberty Safeguards (DoLS). The main changes have been meal times where every resident has been asked for their menu choice and gets their preferred choice once a month, although there is always an alternative. Meat and vegetables are sourced locally and vegetarian options are provided. The food is home cooked by a City and Guilds qualified chef. It was a shame that our visit was drawn short (the volunteer enter and view representatives withdrew when a resident became agitated in the communal lounge) and so we did not observe lunch time. During the Healthwatch visit the dining room was also being used by an advocate so this room was not observed. The manager shared the weekly menu with volunteers to show the varied choices residents had made.

The manager explained that the activities coordinator attends twice a week, with outside entertainment most weeks, and a vicar comes to take a service each month. However, on the morning of the Healthwatch visit, 12 women were sat in the lounge relaxing, volunteers were told that a birthday party was planned for the afternoon. The care home had recently taken 12 residents in two mini buses to Weston Super Mare and each had had a fish and chip lunch. The manager went on to explain that they are going to research the purchase of I pads for the residents, so they can Skype with their families and use Facebook. Families are important and are encouraged to join in, one family member plans to set up a memory café for a coffee morning.

4 The environment

Newbridge Towers is a large house imposed with some constraints on conversion to residential use. Never the less care had gone into the conversion, with non-slip flooring in rooms providing an easily cleanable and hygienic surface. Each room has access to either en-suite facilities or a toilet and shower on each floor. Residents



can access shower facilities daily if required and staff will support a resident just in case of falls. If a resident falls they are assessed and if they can safely be helped up they will be, if not the emergency services will be called. Each room has a call bell and every room has a TV. The home is cleaned daily and was scrupulously clean with no clutter and some very carefully chosen furniture. What the home lacked in modern facilities was compensated by the attention which was given to individuals' wishes. There was a definite feeling that the residents are treated as individuals with a system in place to fit their needs. It was clear to Healthwatch volunteer enter and view representatives that residents are happy at the home, most of their needs are catered for and the residents we spoke with have found staff very accommodating.

The visit was aimed at looking at how the care home functioned and volunteers were shown all levels, two higher levels and one lower accessed by a stair left. In the basement volunteers observed the laundry which is all done in-house, including the ironing. This has helped residents, some of whom had found that harsh chemicals used by external launderers had led to the bedding affecting their skin. Residents have their names in their clothing and generally get their own clothing back from the laundry with staff knowing who wears what. Volunteer enter and view representatives were also shown the store room and this is where the resident's alcoholic drinks are stored. The residents can ask to have drinks and staff monitor 'safe drinking'.

On the second floor is a medical room; each resident has a dosette box put together by Wellsway pharmacy locked in a cabinet. There is no employed nurse so medicines are administered by an appropriately qualified member of staff and the care home is regularly visited by the district nurse who will change dressings for residents. The change over from Sirona care & health to Virgin Care has gone smoothly. The medical room has information on safeguarding and a weight and height chart, the volunteers asked if residents are regularly checked.

Walking through the corridors volunteer enter and view representatives noted that the residents' rooms have their names in small plaques and numbers on the doors. In other care home visits Healthwatch has observed residents' photos on doors and memory boxes on the wall next to the doors.

5 Recommendations

Healthwatch Bath and North East Somerset volunteer enter and view representatives were very impressed with the care at Newbridge Towers and

appreciate that much of the exterior garden work is being planned to take place soon. Healthwatch have identified just a few areas at Newbridge Towers that could be improved:

- The covered area by the back door is tidied and an ashtray (bucket of sand) is available to make this a nicer space to sit
- The garden shed could be utilised to extend activities and have some gardening activities
- Photos/ memory boxes could be added to residents' doors to personalise the rooms

6 Recommendations summary

Recommendations	Comments from the service provider
The area by the back door is tidied up and an ashtray provided	This is a staff area, not used by residents.
The shed (being used as a store) could be used as a potting shed to deliver gardening activities - particularly to include the male residents	The shed was bought to be a storage shed. The male residents have been asked if they would like to join other small local homes to form a men's group. Gardening is done at the front of the house.
Photos / memory boxes could be added to residents' doors	Our residents enjoy their privacy and do not want things everywhere they are in their rooms.

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).

7 Appendices

7.1 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.

