




Enter and View report:  
Netley Court Care Home

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# Enter and View Report | Single Provider

## Details of visit: Netley Court

● <b>Service address:</b>	Victoria Road, Netley SO31 5DR	
● <b>Service Provider:</b>	The Cinnamon Care Collection	
● <b>Date and Time:</b>	11th July 2017, 10.30am till 14.00	
● <b>Authorised Representatives:</b>	David Loveridge and Lizzy Parkes	
● <b>Contact details:</b>	Healthwatch Hampshire, Westgate Chambers, Staple Gardens, Winchester SO23 8SR	

## Acknowledgements

*Healthwatch Hampshire would like to thank Netley Court, staff, residents and visitors for their 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 but, 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 CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

### What we hoped to get out of the visit is:

- Observe the physical environment to assess its dementia friendliness.
- Observe communal spaces, personal spaces, familiar objects, way-finding and signage, furniture, visual access, colour, lighting and outdoor spaces.
- Observe the social environment and understanding how person centred the care is.
- Observe staff communication skills, awareness of resident's needs, engagement with relatives and visitors, least restrictive interventions, food and drink, meaningful activity etc.



### Strategic drivers

The aim of Healthwatch Hampshire's 2017/18 Enter & View programme is to visit care homes across Hampshire to hear the voice of residents regarding their experiences of health, and/or social care, and/or their experience of their care home. Attention will be paid to observing the quality of dementia care as it is recognised that 70 per cent of people in care homes have dementia or severe memory problems. It is Healthwatch Hampshire's intent with these visits to celebrate good dementia care; learn about and share examples of what care homes do well from the perspective of people who experience the service first hand and identify where improvements are needed so that people living with age related diseases such as dementia, their families and carers can be more confident about the care they receive.





## Executive Summary

### Healthwatch Observation Rating: Exceeds Expectations

It was a pleasure to undertake the Enter & View Observation at Netley Court and we would like to extend our thanks to the Manager, staff, residents and their families who made us feel so welcome and expressed such an interest in the Observational exercise.

Netley Court achieved a very high Healthwatch observation rating meaning the home 'Exceeds Expectations' and that both the physical environment and the social environment are progressing to a very high position compared to many other care settings in developing its person-centred dementia care approaches to meet the needs of people living with dementia.

The following report highlights the good practice that was observed and reflects the opinions of residents and staff about the care and support provided. It is hoped that as Netley Court continues to develop, the observational exercise and the recommendations included within the main findings will guide them to achieve even more, whilst reflecting on all the elements of their care which are currently good and should be rightly celebrated.

## General Overview and Environment

Netley Court is a purpose-built residential care home set in the heart of the village of Netley Abbey and sits right on the waterfront. Netley Court can accommodate up to 70 residents. At the time of our visit the home had 53 residents and the Manager commented that they are only registered for 65 residents. Residents are predominantly privately funded.



Netley Court has a hairdressing salon, library, hobby studio, music room, balconies, potting shed, lifestyle kitchens, stunning views, large easy access landscaped gardens and other communal spaces.

Located on Victoria Road in Netley, Netley Court Care Home offers dementia care, day care and residential care, as well as short-stay care for people recovering from illness and operation. The home is privately owned by Cinnamon Care Collection.

**Other facilities and services include:** Palliative Care • Day Care • Respite Care • Convalescent Care • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Stairlift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access.

# Methodology

There are some key features that can be applied to the environment to help the person with dementia to be able to live well, experiencing as little disability and as much independence in function and social opportunity as possible. These features require an understanding of the impact of dementia and the likely impairments that people living with dementia may experience. By acknowledging these impairments, links can be made to create optimum physical and social environments.

A Care Home for people living with dementia should provide features which enable the person to:

- Recognise their surroundings and make sense of their current situation
- Find their way
- Take part in ordinary every day activities both in the care setting and in the surrounding community
- Take part in therapeutic activities specifically designed to meet their unique needs
- Be safe and protected from harm;
- Be able to take reasonable risks
- Have their own personal space
- Take control of their own environment

An observation of the physical environment of the Netley Court aimed to establish whether these features were present, whether all staff understood their purpose and how these were used to enable residents to live well. In practical terms, this involved the visiting team observing the following areas of the care home and judging whether each individual feature was present:

- Communal Spaces
- Personal Spaces
- Familiar Objects
- Way Finding
- Visual Access
- Furniture
- Colour
- Lighting
- Outside Spaces

The observation involved a 'walk around' of the Home by the Observer and a member of staff (Manager or Deputy or Dementia Champion or staff member having a lead role in the physical environment of the Home). As the Care Home is a place of residence, it was inappropriate for the Observer to explore the Home alone - especially the resident's bedrooms, bathrooms etc. A member of staff was present to protect the dignity and privacy of the residents and ensured that residents gave their permission for the Observer to enter their room and explore their living space.

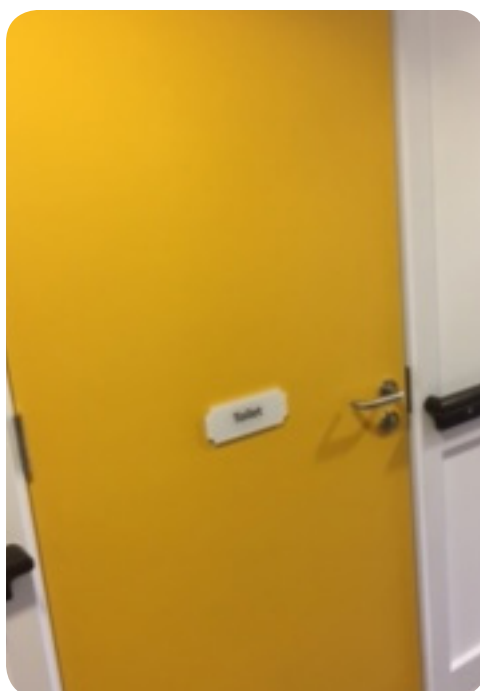
# Findings and Recommendations

## The physical environment

### Communal Spaces

The main entrance has level access and the front doors open automatically on approach making the home easily accessible for all. On entry into a lobby area, there was numerous comfortable chairs and a fireplace acting as a welcoming focal point. Displayed on the wall above were the home's CQC rating and action plan. The adjoining reception area was bright and staffed complete with a visitor's signing in book. Located off reception was the manager's office.

Most corridors at Netley Court lead to meaningful places; dead ends were mostly avoided or made interesting (e.g. 'reading corner', 'music library etc.). Many of the corridors at Netley Court also have interesting features on the walls that follow a theme to provide focal points of interest and create memorable signposting. However most corridors on the top floor (which is designated as a Dementia Community) appeared to be uniformly of the same colour except the main communal area which was very colourful and inviting.



Employing strong and distinctive colours in key areas is important as they help raise awareness. Navigation of a care setting and/or awareness of significant doorways and specific areas can be improved by employing the use of strong and distinctive colours (e.g. If toilet doors are painted orange, then some people with dementia may recall that the orange door is the toilet.)



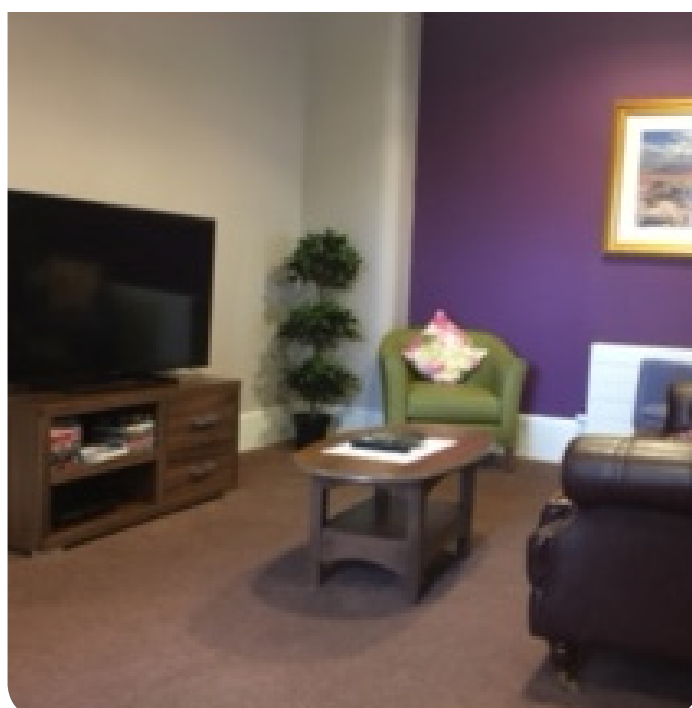
Images or paintings could be hung on the walls outside key rooms to act as 'signposting'. For example: outside the lounge door there could be a 'fireplace' style painting to act as directional signage for people walking from the corridor.

Nevertheless, corridor junctions at Netley Court were often made into areas of interest. Good use of way-finding signage/signposts to other areas of the care setting, plants, maps of the local area, appropriate seating plenty of newspapers on tables was evident at Netley Court. These spaces encouraged people to sit, socialise and 'people watch'.



There was evidence too of age and culturally appropriate objects in communal areas that acted as orientation cues and helped to stimulate every day familiar activity. A variety of contrasting focal points was also created in lounges and other communal areas. The Call-bell systems at Netley Court were discreet. They alerted members of the care team but did not cause potential distress or upset to individuals with dementia. Loud call-bells systems can cause distress to some people. Often the call-bell alarm is situated near where people with dementia might hear them.

Netley Court did not smell unpleasant either - this related to all communal spaces (including bathrooms and toilets).



# Recommendation 1

## Communal Spaces

Employ more contrasting colours in the corridors on the top floor to help people with Dementia navigate better. Contrasting colours on the walls and floors can give the person with dementia a sense of depth and perspective and help them to define important aspects of their environment.

## Personal Spaces

There were visible personal belongings, possessions and furniture in personal and private spaces. Most bedrooms were personalised with objects and pictures with frames of reference for the person with dementia. This is important as personal belongings should be welcomed into any care setting to help create a home-like environment. These should always be used appropriately by members of the care team to reinforce identity.

Most en-suite bathrooms on top floor at Netley Court also displayed access to low-level directional lights which could be left on at night. Again this is important as night-time directional lights can assist with way-finding.

However, none of the bedroom doors on the top floor displayed a personalised entrance only a simple name badge. Often, every corridor and door can look the same within a care home setting. Personalised bedroom door signs can help people with Alzheimer's or dementia recognise where their bedroom is.

Also, none of the bedrooms / en-suite bathrooms observed had a mirror that could be easily removed or could be covered by shutters/covers / doors. The option to cover the mirrors is important for people living with dementia as there can be a range of triggers that cause anguish or agitation. For many, this can include mirrors. Mirrors can be upsetting because many with dementia don't recognise the person in the reflection as themselves. Their response can range from anything from believing that a stranger is in the room with them or frustration that they don't reply to them or copy what they're doing. They can be scared that there is an intruder in their room or embarrassed that they have to undress in front of someone, in the case of a bathroom or bedroom.



## Recommendation 2

### Personal Spaces

Reduce the potential for distress by having the option to remove and/or cover bedroom / en-suite mirrors. Taking away mirrors could be detrimental to those who like the reflection and isn't fair to those who have no unusual response. A solution, therefore, must be flexible and easily adaptable on a patient by patient basis. One recommendation could be to employ reversible mirrors. It is actually a very simple concept; on one side you have a standard mirrored surface and on the other, a pictorial image. It is easy to mount on the wall, take down, reverse and put back up again. Those who like to have a mirror can do so and those who find it distressing can have a nice picture in their bedroom/bathroom. It can be easily changed from room to room, patient to patient; very quickly and without any specialist skills. It can be done as part of the process of turning a room around for a new patient or as needed once monitoring of the patient's needs has been conducted.

Another recommendation would be an option to cover mirrors with a roller blind or curtain and close curtains in the evening, so they can't see their own reflection in the glass.

### Familiar Objects

The décor at Netley Court is age and culturally appropriate. This is important because the diversity of those living in the care setting should be reflected in the décor, the objects and imagery.

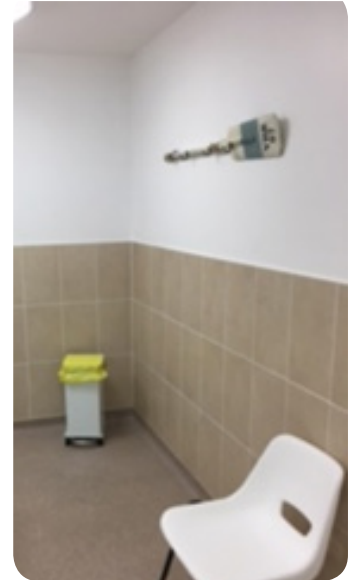
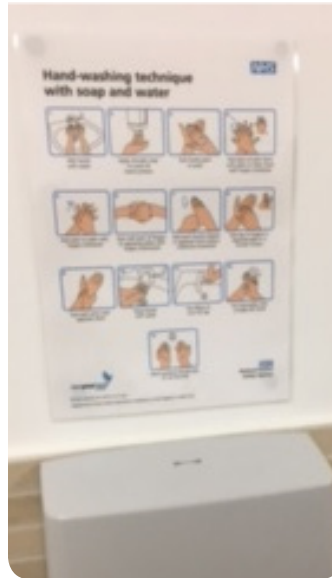
Views from the windows at Netley Court are not obscured by heavy pelmets and net curtains either. This is important as people with dementia should be enabled to see the outside world and feel connected with the community. All vistas should be valid (depending on the individual). Some people with dementia may prefer views overlooking the gardens or rural scenes; others might want to see busy roads, cars and people coming and going - both options should be seized, where and when possible.



There are recognisable and easy to access bathroom facilities and visible bathroom accessories at Netley Court. Toilets at Netley included familiar toilet cisterns, taps, domestic style (and accessible) toilet rolls on familiar-style holders. Hand washing facilities are mostly recognisable and appropriate for the individuals using them.

However, despite the bathrooms and toilets visited looking and smelling clean they seemed too 'clinical' in appearance. It is recognised as 'good practice' for bathrooms and toilets to have familiar and age appropriate objects within them to aid with place recognition.

Bathrooms and toilets should have appropriate bathroom ornaments and accessories, colourful shower curtains, toiletries and towels (only for orientation and not for use in communal bathrooms), 'safe' candles, music facilities, etc.



## Recommendation 3

### Familiar Objects

The toilets and bathrooms in the Home have a very clinical appearance currently. It is suggested that the residents, their relatives and staff look together at ways to make the toilets and bathrooms look more 'homely'. The residents, their relatives and staff could work together to agree a theme for each bathroom perhaps. Themes of 'the sea', 'the countryside', 'holidays', 'flowers' etc could be used to generate ideas as to the décor of each bathroom - wall colours, colour of bathroom accessories (towels, flannels, soap tray), shower curtains, culturally appropriate and age appropriate bathing products - shampoo, bubble bath etc. NB/ It is not intended that these objects are actually used as residents will have their own towels, products etc they prefer to use (and to adhere to infection control requirements).

The bathing experience could be made more enjoyable if the view from the bath was more interesting, relaxing or engaging. Pictures or objects should be in the direct line of sight from the bath.

It is also recommended that clinical or hygiene focused items such as paper hand-towel dispensers, sterile wipes, shelves with protective clothing (Rubber gloves, aprons) be placed out of sight or housed in a cupboard rather than in sight of residents and visitors, as this will also reduce the clinical appearance of these rooms and make them look homelier.

## Way Finding

At Netley Court there are appropriate noticeboards for orientating messages in entrance foyer. Noticeboards for people with dementia are displayed in appropriate places with information delivered in a way that meets a variety of different cognitive and sensory abilities

Noticeboards for staff and for visitors are in reception areas, offices and staff rooms only. The signage/ information for staff is kept to a minimum at Netley Court and adopts clear principles of minimal display and discrete positioning. This is important as it helps combat the risks of the environment being too institutional; good care practice and safety guidance information should be kept to a minimum.



If needing to be displayed in communal areas, then it should be discretely displayed out of the direct line of sight of people with dementia (inside a cupboard door or on the side elevation instead of being displayed on the front). This signage for 'others' should adopt the opposite principles to those outlined above.



However, although there is signage, the lettering was not felt to be contrasted (i.e. black on yellow background) enough to enable perfectly clear wayfinding. Also, clear directional signs and 'place names', although evident, were sometimes displayed above eye level. Observers could see no directional signage to the exits on the top floor.



## Recommendation 4

### Way finding

Directional signage (particularly signage to the exit) and notices could be made more prominent and clear for a person with dementia through the use of greater colour contrast and placement at eye level. This is important for those with dementia as it offers them maximum opportunity to find their way around which has the obvious advantages of getting them to the right place but also minimises anxiety. Good, clear and prominent signage in a contrast colour to the walls that employs familiar pictures and words in lower case lettering can also help to reduce pressures on staff.

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## Visual Access

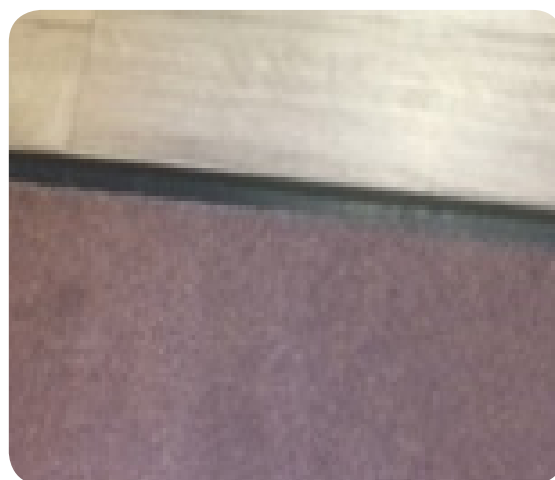
There is good visual access to all relevant areas (toilets, dining rooms, lounges, the outdoors, etc.) at Netley Court. This is important as there should be no limited visual access to toilet doors from the dining rooms/kitchenettes/ lounges. There is good visual access to the en-suite bathroom doors from the beds and there is good visual access to the outdoors; views from windows were not obscured by heavy net curtains.

There are easily visible handrails around the top floor of Netley Court also. This is paramount as handrails should be in all the corridors, especially in high risk areas, such as thresholds, areas where there is a noticeable change in environment (lighting, decoration, etc) and in the garden Handrails should be of a colour that stands out from the wall treatments.

There was also good visual access to food and drink on plates & tables and there was noticeable contrast in the colours of foods on each person's dinner plate. Plates were of a plain colour, often with a single band of colour around the perimeter of the plate to help notify the edge of the plate. This is important to someone with dementia as the plate needs to stand out on the table. Table coverings at Netley Court were also plain and of noticeable colour difference to the plate.

However, there were a few visual barriers to crossing thresholds. There were colour differences on some doorway thresholds on the ground floor but fewer on the top floor. Good dementia practice suggests that there should be a uniform colour flooring throughout the care setting. Doorway thresholds should NOT have noticeable carpet strip/grip joining different flooring treatments. Instead ‘invisible’ joins/same colour carpet grips should be used.

Access to ‘safe’ outdoor spaces was seen to be impeded also: there was a resident’s chair blocking access to the ‘safe’ outdoor balcony on the top floor which could have prevented other residents from going outside.



## Recommendation 5

### Visual Access

It is recommended that outdoor spaces are not impeded so that there is clear access to ‘safe’ outdoor spaces. It is also recommended that doorway thresholds are clear and unobstructed to ensure that visual barriers (such as noticeable colour contrasts on the floor and noticeable carpet / grip joining different flooring treatment together) are minimised to avoid any unnecessary distress. This is important because contrasting edges could be perceived as a barrier by some people with dementia. In such circumstances, stark contrasts at floor level might become a hazard. In making changes to a person’s home or living spaces it is important to consider what that person needs and wants, and to achieve the appropriate balance between protecting them from potential hazards and supporting their independence and freedom of choice.

### Furniture

There is a domestic appearance to most furniture (especially in lounges and dining rooms) at Netley Court. All furniture appeared to be age appropriate and culturally specific in nature. This is important as the care setting should have a domestic feel, with larger lounges being broken down into smaller ‘activity zones’ by the arrangement of furniture, room dividers, plants, etc.

The arrangement and provision of furniture enabled social and occupational opportunities to occur. There were coffee tables and sideboards filled with objects that may facilitate exploration and use. Drawers filled with objects (napkins and blankets for folding; magazines; sensory objects) – drawers were left a little open.

There was furniture of different heights and chairs with blades/runners instead of feet to enable physical abilities and there were a variety of open shelves and glass-fronted cupboards. Objects that are designed to be used by people with dementia were visually accessible.

However there did not appear to be sufficient and /or a dedicated space in the cramped communal area on the top floor for safely storing foot rests and mobility aids when residents were using it. Safe storage of mobility aids and foot rests is essential. These items need to be within visual reach of the individual living with dementia but not a trip hazard.

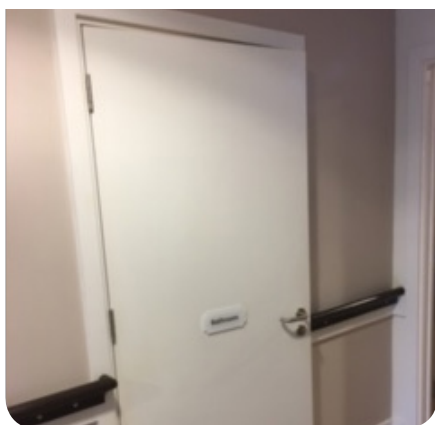


## **Recommendation 6**

### **Furniture**

It is recommended that space is made available in the top floor communal area for the safe storing of foot rests and mobility aids to reduce trip hazards.





## Colour

Colour is used throughout Netley Court to reduce awareness of unsafe areas. Some people with dementia may become agitated and frustrated if they can't open/get through 'obvious' doors, which for security/safety reasons are kept locked. Doors that lead to these areas should be made less visible. These doorways should have flat un-panelled doors and be given the same treatment as the walls around them. Door furniture should be discrete and if possible, of the same colour as the door.

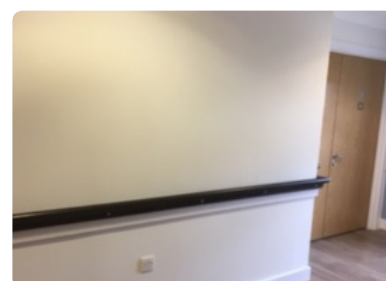
Most skirting boards and doorframes are in contrast colour to floor and walls at Netley Court. Good dementia practice dictates that to support greater awareness of floor, wall and doorway definition, skirting boards and doorframes should be in a contrast colour to the walls and flooring.

No pattern/low pattern is used on most surfaces at Netley Court. Textbook dementia practice suggests that walls and floor treatments and all soft furnishings should be free of bold patterns. Some people with dementia may have difficulties with processing the visual information received and what is two dimensional may appear three dimensional or may fluctuate between the two.

The colour of most toilet seats at Netley also contrasts with both the toilet bowl and floor/wall. To aid with orientation, it is good practice to have toilet seats in a strong contrast colour to the pan and the wall. Ideally this should be of a colour that will not cause further confusion to some people with dementia. Nevertheless, despite some areas of good practice (see image of a toilet door in contrast to the adjacent wall) it was felt that there was not enough strong and distinctive colour differences in some key areas to help raise awareness. Navigation of a care setting and/or awareness of significant doorways and specific areas can be improved by employing the use of strong and distinctive colours (e.g. If toilet doors are painted orange, then some people with dementia may recall that the orange door is the toilet.)

Most corridors on the top floor, which is designated as a Dementia Ward, appeared to be of the same uniform colour except the main communal area which is very colourful and inviting (see image on next page).

Also, none of the bedroom doors on the top floor were distinctive and/or displayed a personalised entrance only a simple name badge. Often, every corridor and door can look the same within a care home setting. Use of colour contrasting and personalising bedroom door signs can help people with Alzheimer's or dementia recognise where their bedroom is.



## Recommendation 7

### Colour

It is suggested that corridors and bedroom doors be more distinctive appearance and colour to help raise awareness. . Navigation of a care setting and/or awareness of significant doorways and specific areas can be improved by employing the use of strong and distinctive colours

Use of colour contrasting and personalising bedroom door signs can help people with Alzheimer's or dementia recognise where their bedroom is.

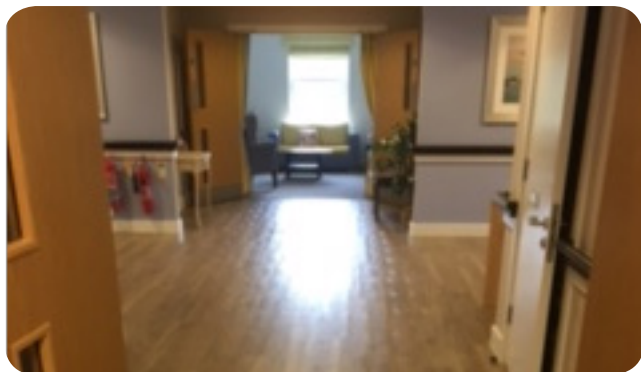


### Lighting

There is a range of different types of 'domestic-style' lighting to create different 'moods' and promote recognition of place Netley Court. These included table lamps, standard lamps, reading lamps, wall lights and overhead pendant lights. These light fittings were often of a domestic appearance and were be age and culturally appropriate.

Also the doors to potentially hazardous areas were made less 'visible' than other doorways. The lighting levels at Netley could be increased to support visibility in work areas and there was facility to lower lighting to 'darkness' at night in the bedrooms visited.

Lighting is also used to aid with directional signposting at Netley Court (e.g. light over the en-suite toilet and lamp by the bedside). This is important as it is recognised that specialist lighting can act as a powerful signpost especially for people with dementia. Installing lighting that enhances/spot-lights an area can draw in and/or prompt some people with dementia to carry out daily duties, routines or activities. e.g. a reading lamp spot-lighting a book or knitting basket may draw some to engage with the activity.



However, although most floors and surfaces have non-reflective / low - sheen treatments, one corridor floor which led to a pleasant seating area (focussed by a large, sun-lit window) displayed a highly reflective sheen which could be perceived as 'water' or 'ice' to a person with dementia and could inadvertently induce a state of anxiety and/or confusion if not addressed.

## Recommendation 8

### Lighting

Attention must be paid to areas on the top floor where sun light entering through windows has the potential to cause glare on walls, woodwork, floors and surfaces. Glare off reflective surfaces can increase a state of anxiety and confusion for some people with dementia as they may perceive the sheen as 'water' or 'ice'.

## Outside Spaces

Outside at Netley Court there are traditional and familiar outdoor objects to enable every day familiar activity. These objects were often familiar and relevant to the outdoor setting. e.g. garden tools, potting sheds, greenhouses, tables and chairs, benches, parasols, bird tables, safe water features, washing lines, etc.

However, though the outside space presented a potting shed, there was no signage to label it as such.

The landscaping and design at Netley Court enabled orientation to the season/time of year and enabled every day familiar activity. Seasonal planting and seasonal garden objects were present (e.g.: Spring: snowdrops, crocuses & daffodils in window boxes and planters. Trees with blossom. Summer: parasols, sun-hats, watering cans & washing lines full of clothes. Autumn: cabbages, pumpkins and apples,

Autumn colours, mounds of leaves. Winter: holly bushes, fir, pine or spruce trees with lights, bird-feeders, all within visual range from indoor seating areas. The planting and ornamentation really did facilitate opportunity for a variety of sensory experiences.



The gardens at Netley Court offers residents spectacular views over Southampton Water. This is worth noting as people can derive much pleasure and therapeutic benefit from watching boats and ships along the water.

The gardens themselves were a sensory experience and stimulated touch, smell, sight, taste and, hearing (chimes, the rustling of grasses and/or bamboo, light and/or wind catching ornaments, water features, soft textured/tactile/highly scented plants, edible plants and brightly coloured flowers) had been developed.

However, though there were paths leading to meaningful areas at Netley Court, there few handrails around those pathways which can help make these outdoor areas more accessible and safer for people with dementia.

There was also a hose lying on the ground which could have been a trip hazard particularly to someone with dementia.



## Recommendation 9

### Outside spaces

It is recommended that the employment of handrails be explored to provide support and help people with dementia feel more secure when exploring the magnificent outdoor area of Netley Court. It is also recommended that, where possible, traditional and familiar outdoor objects such as a washing line be installed to enable everyday activity and a distinctive label be put on the potting shed that describes exactly what its purpose is. Making it clear where things are and what things are - whether in a garden, kitchen or a dining room - always helps a person with dementia.

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# Findings and Recommendations (continued)

## The Social Environment

It is often an empathy with social care values that steer people into this area of work in the first instance. Staff need to be able to translate their understanding of those values into the way they relate to residents. Attitude and ways of working, trying to understand things from the residents' point of view, is fundamentally important to the quality of care experienced by residents. Having the confidence, abilities and skills to practice creatively and intuitively as well as operating with professional competence enable staff to deliver good care.

The feeling of being 'cared for' is a key issue for residents, and it goes far beyond being kept safe or being on the receiving end of care tasks, however competently those things are delivered. Training, supervision, leadership and management and good practice must all keep core values at the heart of what they do, and help to create not only a learning culture, but a culture concerned that promotes positive outcomes.

The Person-centred approach in dementia care was described by Tom Kitwood in the late 1980's/early 1990's. Kitwood argued that viewing people with dementia only in medical terms led them to be seen as 'objects' and as having no subjectivity or personhood. Kitwood argued that people's experience of dementia not only arises from bio-medical phenomena such as their degree of neurological impairment and their physical health but also from social and psychological factors such as their personal biography and day to day interaction with other people.

Kitwood suggested that staff who support residents with dementia should be in possession of the following person centred qualities:

- **Respect**
- **Non-judgemental acceptance**
- **Emphasis on feelings**
- **Holistic**
- **Accent on relationships**
- **Positive**
- **Non-directive approach**

The observation of the social environment aimed to establish whether these qualities were present at Netley Court, whether all staff understood their purpose and how these were applied to enable residents to live well.

The observation of the social environment involved observing staff interactions with residents, colleagues and visitors. The Observer noted how they personally were responded to throughout their 'Enter & View' experience in the Care Home. Discussions with the Home Manager, staff, residents and their families and visitors were drawn upon. Participation in the dining experience also contributed to the completion of observation.

Overall there were 32 features in the social environment measure which were observed and in practical terms, this involved the visiting team observing the following:

- **Person Centred Approaches**
- **Least Restrictive Approaches**
- **Meaningful Activity**
- **The Dining Experience**

There was specific guidance beneath each individual feature, detailing what the Observer was looking for. The Observer judged whether each individual feature was present in the Home or not.

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## **Person Centred Approaches**

On arrival at Netley Court it was evident to see, hear and feel that staff are 'emotionally bright'. The care setting was calm without and staff were engaging with people with dementia, and sharing their 'lived' experience and there was genuine warmth, affection and recognition. Support and delight was taken in the skills and achievements of individuals living with dementia and staff responded appropriately to their own and others emotional needs.



Love, comfort and other signs of affection were also apparent, when and where appropriate. Staff really did show genuine warmth and affection for the person with dementia (clearly following the care plan guidance and the preferred communication modalities of the person with dementia).

There are times when members of staff were to be seen sitting, chatting and just 'being with' people who live there. Staff provided a sense of genuine calm and supportive acceptance regardless of abilities and/or disabilities of the person with dementia.

Staff also demonstrated that they could connect with the experiences, and step into the 'reality,' of the person with dementia. Staff at Netley demonstrated sensitive understanding of references made by people with dementia to specific individuals/places/experiences. The staff understood and responded appropriately to the emotional experiences of the person with dementia in the moment.

Overall there was much visible and audible evidence that staff were engaging and connecting in a sensitive and person centred way. However, observers did witness an occasion when a member of staff appeared to compromise residents right to privacy when they entered a bedroom without first knocking.

## Recommendation 10

### Person centred Approaches

To ensure the person with dementia's right to privacy is respected, it is suggested that all care staff knock on bedroom doors before first entering. If the person needs help with intimate activities such as washing or going to the toilet, this should also be done in a sensitive way by making sure that the bathroom door is kept closed if other people are around, for example.



### Least Restrictive Approaches

Staff at Netley Court were not focused solely on risk prevention and Health & Safety. Indeed, Staff appeared to fully understand their duties within legal and policy and procedure frameworks. The approach of staff was in the context of promoting the rights and choices, minimising risk and maintaining the independence of the person with dementia.

Staff also recognised the importance of emotional memory of people with dementia and demonstrated this in their contact with them. Staff at the home displayed a depth of knowledge of the treasured emotional possessions of the person with dementia and supported them with sensitivity and genuine kindness

Specialist skills when supporting people with dementia who have significant communication difficulties and/or who may display 'behaviours viewed as challenging' was also evident. There was a continuity in care practice and all staff communicated effectively, remained calm and displayed evidence of their understanding of supportive person centred care practice. On the ground floor at Netley Court, regular use of the outdoors is ensured. There was a real sense that the outdoors and indoors merged together as one area within which to engage people with dementia (e.g. a busy garden, a cosy lounge, an old car on blocks, washing lines, kitchen / diner, 'activity' based sheds etc.)

However, on the top floor area of Netley Court, it was less evident that people with dementia were freely able to go outside into safe, enclosed, private areas. People with dementia did not appear to be enabled to access the outdoors without the need to either navigate around obstacles such as chairs and /or unlock a door or to be accompanied. Indeed, observers noted that a resident's chair was in fact blocking access to the 'safe' outdoor balcony on the top floor which appeared to have prevented residents from going outside (see page 21).



## **Recommendation 11**

### **Least Restrictive Approaches**

It is recommended that access to 'safe' outdoor spaces are unimpeded so that there is clear route to 'safe' outdoor spaces. Outside views, together with access to sunshine or direct daylight, have been shown to benefit residents with dementia. Indeed, research suggests that easy access to outside spaces reduces aggressive behaviour (Alzheimer's Society, 2010).

### **Meaningful Activity**

On the day of the visit, people with a dementia were not observed undertaking regular domestic activities throughout the day. However, staff do facilitate opportunities for residents undertake regular domestic duties such as assisting with meal preparation, tidying, dusting, polishing, baking, vacuuming/sweeping, pegging laundry, washing clothes, ironing, garden maintenance, home maintenance - putting up pictures, painting walls, sewing/darning etc. Staff on the whole recognise that the feeling of being 'at home' is to do with activities which reinforce the sense of being at home.



## Meaningful Activity (continued)

Sensory calming and sensory stimulating items and approaches were evident at Netley Court. Sensory calming approaches such as gentle/quiet/comforting music and vocal tones, cool colours, (green, mauve), smells (baking bread, lavender), dimmed lighting, hand or foot massage, dolls and soft toys were available to residents. It was understood from talking to staff that other sensory stimulating approaches such as strong music, singing, clapping, raised vocal tone and volume, stimulating colours (yellow, orange, red), smells (coffee, spices, citrus), dancing, moving to music, increased lighting levels were also options available to residents.



Dolls, prams, soft toys, comfort objects were all available and visible within the care setting and staff appeared to understand the therapeutic value of these objects and supported residents to engage with them in a person-centred manner. Planned and spontaneous approaches to the use of these objects was offered. Staff seemed sensitive to the emotional and biographical experiences of the resident and adopted the residents' language / communication style when engaging with these objects. Staff were not 'precious' about these objects being moved by residents around the Home.

Sensory fabrics to touch and feel, e.g. velvet, fur, etc. were scattered about and there was evidence that staff have applied person centred approaches to the provision of sensory fabrics. Indeed, throws, blankets, cushions, towels, curtains, scarves, gloves, animals (animate and inanimate) are available in communal areas and bedrooms. Again, staff are not 'precious' about fabrics being moved by residents around the Home.



Many spontaneous connections between staff and residents appeared to occur at the time of the visit. All staff appeared to know how to create lots of positive moments and there was evidence of meaningful connection between the resident and others - when passing in a corridor, passing a resident's bedroom, engaging in a planned or spontaneous activity. Connection was not flippant or 'in passing' - it appeared purposeful. Residents were never ignored.

Plenty of daily newspapers and current magazines were available in the communal areas, reception areas etc. And there is evidence also that the staff have considered the need for newspapers etc. to be current for some residents to aid orientation.

There was lockable and low visibility storage for hazardous activity equipment and staff were seen checking that those storage facilities were locked when passing. There were no signs on the storage facility saying, 'Keep locked'. (Staff knew why these doors must be kept locked without prompting, and understand that signs of this type may be disorientating and unhelpful for people with dementia) in fact signage referring to hazardous substances was placed discreetly.

There was age and therapeutically appropriate large size and brightly coloured equipment available to meet a range of ability levels and there was evidence that staff understood the sensory and developmental needs of the resident in offering this equipment.

Large size and brightly coloured equipment was observed being offered to residents in an age appropriate, respectful and person centred manner.

Nevertheless, on the day of the visit people with a dementia were not observed being helped to 'do' a part of a work-like job they did in the past. There was no real evidence that staff used their knowledge of the residents' life history to provide activities which reinforced their work-like roles: e.g. a teacher may be given exercise books to mark, a secretary/PA may be given a typewriter/ computer and notebook to engage with. A mechanic may be given a piece of an engine and some tools.

Further, even though there is some indication staff have consulted with residents about the choice of music (Frank Sinatra, although a popular choice, appeared to be playing on a constant loop before, during and after lunch) alternative music for example natural sounds were not heard during the course of the observation which could have provided more variety and a different mood which might help residents with dementia understand and recognise their environment better.



## Recommendation 12

### Meaningful activity

The benefits of and need to engage residents in domestic activity must be acknowledged. Members of staff need to recognise that the feeling of being 'at home' is largely reinforced by the doing of activities which reinforce the sense of being at home. A sense of comfort, self-esteem, 'family' and maintaining roles can be achieved through residents being supported to undertake domestic activities.

From their admission, residents should be encouraged and supported with drink and meal preparation, tidying, dusting, polishing, baking, vacuuming/sweeping, pegging laundry, washing clothes, ironing, garden maintenance, home maintenance - putting up pictures, painting walls, sewing/darning, etc.

It is essential that the resident's family and friends are involved in this as they can be a resource for information and guidance, they may like to engage in the activity with the resident and it will help them to understand the role of the Home and what person-centred care is.

People can quickly become 'institutionalised' (the process whereby a person entering the 'institution' is 'reprogrammed' to accept and conform to controls that enables the institution to 'manage' a large number of people with set practices and approaches). Once a person accepts the new 'norm' it can be very difficult to reverse the process.

Members of staff should be encouraged to use their knowledge of the resident's life history to provide activities which reinforce their work-like roles: e.g. a teacher may be given exercise books to mark, a secretary/PA may be given a typewriter/computer/notebook to engage with. A mechanic given a piece of an engine and some tools. By involving the resident, their family and all staff (where appropriate) in the collection and use of life history information, these skills and roles can be maintained and valued to increase the self-esteem of the resident.



## Recommendation 12 (continued)

For some residents, the experience of being a parent may be the most significant and fulfilling aspect of their life. By providing dolls, soft toys, prams, 'baby care' equipment, residents may be able to achieve a sense of love, fulfilment and meaning in their lives. These items should be provided in an unobtrusive way - residents should be invited to 'come upon them' rather than be given them. Staff should be enabled to observe how each resident responds to the items. Staff should then be guided to understand how to support the resident to engage with them.

Members of staff should be trained to recognise when residents are attempting to undertake these occupational aspects of their identity and provide the time, environment and equipment for them to do so.

### The Dining Experience

The mealtime experience at Netley Court was a flexible, relaxed, social occasion & not a task. Everyone was clearly trained in how to keep mealtime conversations going using objects, things in their pockets and a range of table top items providing opportunities to talk.

The atmosphere throughout the dining experience was calm, people were supported to walk or move if they wish to. Verbal communication was constantly at an appropriate volume and tone. Staff did not speak/shout to each other across the room. There was no evidence of people with dementia or staff being rushed.

Protective clothing was mostly the exception & not the rule & was only being used when following a clear plan of care. This was non-invasive, age and culturally appropriate. (Plastic aprons should not be used as a 'rule.'

Paper or linen napkins and serviettes should be used) A person centred approach to the provision of napkins and serviettes was clearly observed. Residents were empowered to place their own napkins or serviettes on their person. Staff sought the permission of residents to place napkin or serviette on them before doing so.



Both the meal and the dinner table were inviting: the dining room had tables laid for lunch with table cloths, cutlery and napkins. Additional features such as flowers, menu cards, salt and pepper helped to turn the act of eating into a more social experience of dining. Food was arranged on the plate in an appealing manner with colour contrast between food items.

There was an appropriate number of residents eating together in the dining room at any one time without it feeling cramped; this is important because if there are more than 10 people within the dining area it is likely that noise levels will be greatly increased, and there will be more distractions for residents. This will increase the possibility of over stimulation and compromise resident's ability to concentrate during the dining experience. Staff showed awareness of this and adapted the situation accordingly with respect, sensitivity and discretion.

Alternative spaces to eat have been clearly identified and utilised (eg. 'pub' or 'café' areas, domestic-sized lounge / dining rooms, bedrooms, patio, conservatory, etc.) to enhance the dining experience and it was obvious that they were being used for these purposes as residents were seen eating there.



It is evident too that staff are meeting residents needs to sit in the most comfortable and orientating environment for them at mealtimes. This is linked to knowledge the staff have of the residents biography.

Overall the dining environment had a welcoming, 'Family' atmosphere. The décor, furniture, pictures and object placement replicated a 'homely' dining environment. Staff and others reinforced the sense of welcome and family atmosphere by being approachable, friendly, appropriately humorous, interested in others, responsive and spontaneous.

Any noise from the kitchen was not distracting to residents. Noise was kept to a minimum whilst residents were dining (other than that which supported an engaging atmosphere) All staff were evidently mindful of this and did not make noise - no loud talking in the kitchen, no loud noises of plates etc. being washed, staff were not vacuuming in the rooms next to the dining area.

Crockery, cutlery and all tableware was of a traditional and culturally appropriate design. Adaptive cutlery (easy grip handles, plate guards, spill-proof cups, etc) was also available. Residents were empowered where possible to choose this themselves within the dining area if they wished. Residents requiring adapted cutlery and crockery were provided with this with care and sensitivity. Food and drink was clearly placed within the resident's visual field and located toward their dominant hand.

Nevertheless, at the time of the observation residents were not observed being involved in the preparation and/or serving of meals at lunchtime however they are encouraged to help wash up after the meal has finished. The importance of involving people with dementia in the whole dining experience can help to meet orientation, self-esteem, comfort and identity needs. Observers would recommend that people with dementia are more involved in pre-and / or post dining activities as routine and continuity are important in activities.

Also, though a variety of ways are provided to reinforce meal choice at the time of the meal, staff chose not to plate and present the various meal options to residents which could have better stimulated their senses, appetite and imagination. This is important too as it is often unlikely that people with dementia are able to recall what they have requested for their meal or what menu choices are. Some people with dementia may not be able to indicate their choice of meal.

Similarly, staff also were not observed eating and drinking with residents nor were spaces around the table and seats made available for this to happen. This is important as eating in company can enhance eating as the person with dementia copies others; also, family members and paid staff can play an important role in both encouraging eating and identifying eating-related problems that could be resolved.

Finally, although there is an afternoon tea service and lollipops are provided during the hot summer months, there were no visible 24 hour finger foods / 'grazing stations' evident at key points across the top floor which is good dementia practice. Finger foods and/or grazing stations are particularly useful for people who are not following their usual eating pattern of three regular meals or for those who like to leave the table and walk about at mealtimes.

## Recommendation 13

### The Dining Experience

Observers would recommend that people with dementia are more involved in pre-and / or post dining activities as routine and continuity are important in activities. It is especially useful to encourage daily activities such as buttering bread; washing up etc. - even if they are done over and over again. Though it is important that the person with dementia is happy to do the tasks and activities. Being allowed to carry on with everyday activities for as long as possible will not only help the person with dementia hold on to these skills and encourage independence, but will allow him or her to feel able to contribute and know that the help is valued. This sense of purpose and wellbeing should also help to ensure the person with dementia is less agitated and anxious.

Experts further recommend integrating people with dementia into the entire mealtime process by encouraging them to help prepare the food, set the table, pull out the chairs, or put the dishes away. Doing so helps the care recipient experience eating in a larger social context and as part of daily activity, rather than as an isolated task. Moreover, participating in the mealtime process helps the person maintain functional skills and feelings of personal control. Although a variety of ways are provided to reinforce meal choice at the time of the meal, staff could also consider plating and presenting the various meal options and/or employ picture menus. Both options could further help



to stimulate resident's senses, appetites and imaginations.

Where practically possible, staff, resident's relatives and friends could be encouraged and enabled to eat/drink with people with dementia. Space around the table and seats could be made more available for this to happen. This is important as eating in company can enhance eating as the person with dementia copies others; also, family members and paid staff can play an important role in both

encouraging eating and identifying eating-related problems that could be resolved.

Notwithstanding lunch snacks, afternoon tea and dinner, the employment of 24 hour visible finger foods/'grazing stations' out in public areas and corridors - changed hourly to meet Food Hygiene Regulations - could be employed with the aim of encouraging individuals living with dementia to eat when they feel like it. Finger foods are particularly useful for people who are not following their usual eating pattern of three regular meals or for those who like to leave the table and walk about at mealtimes.



## Recommendation 13 (continued)

Using finger foods in addition to traditional meals may also prolong a person's independence and stimulate them to eat more frequently. Finger foods can be eaten easily, without the need for cutlery, hold their form when picked up and require limited chewing. Serving finger foods for people with moderate to severe dementia is a way to help preserve dignity, increase self-esteem and enable independence at a time where mobility or coordination may be limited. A person served finger foods is in complete control over what they eat, when they eat and how much they eat: a vast contrast to that of being helped to eat, especially in institutional settings (such as aged care homes) when a member of staff has only a limited time available to help at mealtimes.



## Conclusion

Healthwatch Hampshire would like to thank Netley Court staff, residents and visitors for their contribution to the Enter and View programme. This report relates to findings observed on the specific date set out above. The 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.

Overall representatives felt that the visit provided a good insight into residential care. Netley Court achieved a very high Healthwatch observation rating meaning the home **'Exceeds Expectations'** and that both the physical environment and the social environment are progressing to a very high position compared to many other care settings in developing its person-centred dementia care approaches to meet the needs of people living with dementia.

Healthwatch Hampshire is keen to find out how useful this Enter and View report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

## **Service Provider response**

Netley Court were delighted to welcome Healthwatch Hampshire to undertake an observational audit on our Dementia Community

The report produced is very balanced and has identified some of things that were being discussed for implementation prior to the visit taking place, these will be actioned within the coming months.

The improvements will further enhance the service we provide to the people living at Netley Court.