







Enter and View report:
Belmont Castle Care
Home

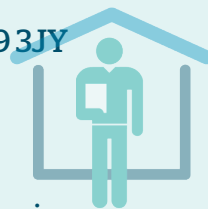
Contents page

Enter and View Report Single Provider.....	3
Details of visit: Belmont Castle.....	3
Acknowledgements	3
What is Enter and View?.....	3
Disclaimer	3
Purpose of the visit	4
Strategic drivers.....	4
Executive Summary.....	5
General Overview and Environment.....	6
Methodology.....	7
Findings and Recommendations.....	8
The physical environment.....	8
Communal spaces.....	8
Personal spaces.....	9
Familiar objects.....	11
Way finding.....	12
Visual access.....	14
Furniture.....	15
Colour	17
Lighting.....	18
Outside Spaces.....	19
The social environment.....	21
Person centred approaches.....	22
Least restricted approaches	23
Meaningful activity.....	24
The dining experience.....	29
Service provider response.....	34

Enter and View Report | Single Provider

Details of visit: Belmont Castle

 Service address:	18-20 Portsdown Hill Rd, Havant PO9 3JY
 Service Provider:	LRH-Homes
 Date and Time:	21st July 2017, 10.30am till 14.00
 Authorised Representatives:	David Loveridge, Fi Biggs and Jim Harrison
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Acknowledgements

Healthwatch Hampshire would like to thank Belmont Castle, 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 Belmont Castle 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.

Belmont Castle 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. The care home missed out on achieving the very highest rating of 'Excellent' by just one point!

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 Belmont Castle 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

Belmont Castle is a residential care home in Bedhampton, Havant, set in three acres of gardens, with views across the Solent and the Downs. Belmont Castle provides accommodation and personal care for up to 40 older people, including people with dementia and physical disabilities, who do not require nursing care. There were 36 people living at the home when we visited.



Belmont Castle residential care home has an active social activity calendar, 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 Portsdown Hill Road in Bedhampton, Havant, the residential care home offers accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, Caring for adults over 65 yrs

Other facilities and services include: Day Care • Respite Care • Convalescent Care • Physiotherapy • Own GP if required • Own Furniture if required • Pets by arrangement • Smoking not permitted • Close to Local shops • Near Public Transport • Lift • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room

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 Belmont Castle residential care home 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

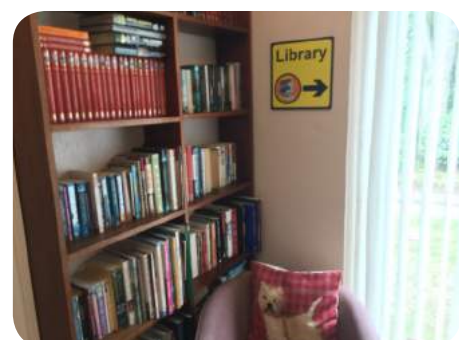
The physical environment

Communal Spaces

The corridors at Belmont Castle have interesting features on the walls that follow a theme to provide focal points of interest and create memorable signposting. Images or paintings are often 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.

Most corridors also led to meaningful places; dead ends were avoided and made interesting. There were age and culturally appropriate objects in communal areas to act as orientation cues and to stimulate every day familiar activity.

A variety of contrasting focal points were also created in lounges and other communal areas.



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 the care home 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.



Personal Spaces

There were personalised bedroom doors for most individuals living with dementia at Belmont Castle. No two bedroom doors appeared to be the same; each reflected the uniqueness of the person whose bedroom door it was. Bedroom doors were often painted in different colours which has been proven to assist as an orientation cue for some: "I've got the blue door". Appropriate door furniture e.g. doorbell, door-knocker, traditional front-door numbers, etc. also helped with orientation.



There was also a personalised entrance way around most of the bedroom doors for people with dementia. There was a variety of 'sign-posting' images of familiar pictures/objects around the outside of the doorway. Memory boxes were placed outside of each room which contained items that had specific meaning to the person whose room it was.

Inside the bedrooms visited there were visible personal belongings, possessions and furniture in the personal and private spaces. These bedrooms were often personalised with objects and pictures with frames of reference for the person with dementia. Own belongings had been clearly welcomed into the care setting to help create a home-like environment. These personal belongings if used appropriately by members of the care team, can help residents with dementia to reinforce their sense of identity.



Most en-suite bathrooms 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 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 1

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 Belmont Castle 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 Belmont Castle 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: toilets at the care home 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 overly 'clinical' in appearance. The view from some of the bathrooms visited was not a particularly 'domestic' one and observers noted that two resident's private en suite bathrooms seemed to be laden with an assortment of the residents belongings and /or various sanitary and cleaning items. The space, instead of resembling a conventional and comfortable bathroom, was spoilt somewhat by the view of the excessive storage of items.



Recommendation 2

Familiar Objects

The toilets and bathrooms in Belmont Castle 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 Belmont Castle 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 Belmont Castle 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.



Nevertheless, signage/information for staff is kept to a minimum and adopts clear principles of minimal display and discrete positioning. This is good dementia practice because it combats the risks of the environment being too institutional.



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 a very good use of signage, Observers could see little evidence of directional signage at eye level to the exits. These signs should direct the person with dementia to a safe out-door space or to the main entrance of the home, where there should be people available to support/assist them further. As with all signage to support people with dementia, the positioning and styling of these signs should adopt the principles as outlined above.

Recommendation 3

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.

Visual Access

There are very few visual barriers to crossing thresholds at Belmont Castle as the flooring throughout the care setting is mostly uniform in colour. Good dementia practices suggests that doorway thresholds should NOT have noticeable carpet strip/grip joining different flooring treatments. Instead 'invisible' joins/same colour carpet grips should be used.

There is good visual access to most relevant areas (toilets, dining rooms, lounges, the outdoors, etc.) at Belmont Castle. 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.



Access to 'safe' outdoor spaces was seen to be impeded however as obvious doors to the garden area were frequently locked and/or inaccessible and observers noted a lack of ramps to aide wheelchairs from going to and from the garden to the main house.

There was also a concern for the residents crossing the main pathway to get to the garden area as there was a slightly raised "brick wall" which was deemed a potential trip hazard. Similarly, although parts of the garden displayed an abundance of interesting features, there was felt to be too many uneven surfaces for someone with dementia to safely navigate without the use of handrails which seemed only occasionally to be employed inside and also outside in the garden area at Belmont Castle.

Indeed, although handrails are visible in some internal and external areas, they are not everywhere which is important to note as handrails should ideally be in all the corridors and walkways especially in high risk areas, such as thresholds, areas where there is a noticeable change in environment (lighting, decoration, garden etc.).

Although there is some visual access to food and drink on plates and tables there were moments identified during the dinner service where residents struggled with their peas on a green plate and chips on a yellow plate. There ideally should be noticeable contrast in the colours of foods on each person's dinner plate. If there are puréed/soft diets to be catered for then foods of noticeable colour (peas or carrots) would add contrast to foods on each plate.



Plates need to be of a plain colour, ideally with a single band of colour around the perimeter of the plate to help notify the edge of the plate. The plate needs to stand out on the table. Table coverings need to be plain and of noticeable colour difference to the plate. This is important to someone with dementia as the plate needs to stand out on the table.

Recommendation 4

Visual access

It is recommended that 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 also throughout the garden if possible. Grab rails are a simple but effective solution for reducing the likelihood of falls in and around the home, and like handrails, they should ideally be of a colour that stands out from the wall treatments.

This is important as older people living in care homes are three times more likely to fall than older people living in their own homes, with the results of these falls often being more serious. Many factors can contribute to this heightened risk, such as physical frailty, the presence of long term conditions including dementia, physical inactivity, taking multiple medications and the unfamiliarity of new surroundings. However, in many cases taking the right steps at the right time can actively support an individual and reduce the risk of falls and harm from falls.

Another recommendation would be to make gardens barrier free with clearly labelled exit doors, the removal of trip hazards or steep gradients (a secure garden may be required for residents who might wander onto roads or away from the building)

Again, this is important as accessible, outdoor space for service users should be mandatory. Indeed, residents should be able to spend extended periods outdoors when weather permits and where possible access the outdoor space independently. According to the National Care Standards, care homes for older people, revised November 2007, Standard 4 - Your environment. "Your environment will enhance your quality of life and be a pleasant place to live" and "you will be able to move around easily in the house and its grounds."

Plates also need to be of a plain colour, ideally with a single band of colour around the perimeter of the plate to help notify the edge of the plate. The plate needs to stand out on the table. Table coverings need to be plain and of noticeable colour difference to the plate. This is important to someone with dementia as the food on the plate, and the plate itself, needs to stand out on the table.

Furniture

There is a domestic appearance to most furniture (especially in lounges and dining rooms) at Belmont Castle. 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 are a variety of open shelves and glass-fronted cupboards. Objects that are designed to be used by people with dementia are clearly visually here. There was space too in communal areas for safely storing foot rests and mobility aids which is essential in a care setting. These items often need to be within visual reach of the individual living with dementia but not a trip hazard.



However, although observers saw furniture of different heights they could see few chairs with blades/runners instead of feet to enable physical abilities. This is important in a care setting as all seating provided should meet a spectrum of different physical needs. Seats should enable people to safely rise from sitting to standing (and vice versa). Ideally, dining chairs should have blades rather than legs, as these chairs are more stable and can be manoeuvred with greater ease.



Recommendation 5

Furniture

There is some evidence that furniture throughout the care home is of different heights which does meet a spectrum of different physical needs however it is recommended that where possible, dining chairs should have blades rather than legs, as these chairs are more stable and can be manoeuvred with greater ease.

Colour



There are strong and distinctive colours in key areas within the Belmont Castle care home which helps raise awareness of key areas. This is evidence of good dementia care practice as 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.)

Colour is used throughout Belmont Castle 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 door frames are in contrast colour to floor and walls at Belmont Castle. Good dementia practice dictates that to support greater awareness of floor, wall and doorway definition, skirting boards and door frames should be in a contrast colour to the walls and flooring.

Nevertheless, there is widespread evidence of bold patterning on the walls and sometimes floors at Belmont Castle which is a concern from a dementia perspective. Textbook dementia practice suggests that walls and floor treatments and all soft furnishings should be free of bold patterns as many 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 some toilet seats also at Belmont Castle offered little contrast to 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.

Recommendation 6

Colour

The team at Belmont Castle have done a tremendous job of brightening and also enlivening the care home environment through the employment of strong and distinctive colours. Nevertheless, there is widespread use of bold patterning on the walls and sometimes floors at Belmont Castle which can inadvertently cause a person with dementia to have great difficulty processing the visual information received. Indeed, what is two dimensional may in fact appear three dimensional (or may fluctuate between the two) to someone with dementia.

Our recommendation would be to avoid the use of prominent patterns which may be perceived as actual objects. People with dementia may perceive patterns and motifs as actual objects. For example a carpet with a pattern of white specks on a dark background may be distracting to a person with dementia. They may perceive the specks to be bits of tissue and so try to 'pick' them up off the carpet. Similarly, highly contrasting patterns on vertical surfaces may be perceived to be changes in depth, and so should also be avoided. A specific recommendation would be to avoid using bold and prominent patterns and motifs or stripes and zigzag lines because the motifs clearly contrast with the background colour and therefore could be perceived as moving objects and thus potentially very confusing and distressing to someone with dementia.

Lighting

There is a range of different types of 'domestic-style' lighting to create different 'moods' and promote recognition of place Belmont Castle. 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 Belmont could also 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 Belmont Castle (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, some areas 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 7

Lighting

Attention must be paid to certain areas of the care home 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 Belmont Castle 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.

The landscaping and design at the care home also 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 garden at Belmont Castle was 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, although there were paths leading to meaningful areas, there were few handrails around those pathways which can help make these outdoor areas more accessible and safer for people with dementia.



There was also fallen apples on the pathways which could have been a trip hazard particularly to someone with dementia.

Recommendation 8

Outside spaces

Although there are some visible handrails along pathways which help make the friendly outdoor areas at Belmont Castle more accessible and safer for people with dementia, there are insufficient to make access to the outdoors, completely safe for someone with a dementia. Observers also noted a number of trip hazards outside including fallen apples and low lying walls. In fact, access to safe outside areas was difficult to find as four exit doors were tried but all failed to open. This could confuse someone with dementia in their attempts to gain access to the lovely garden area at Belmont Castle. It is recommended that trip hazards are removed, more exit signs are displayed and the employment of more handrails be explored to provide support and help people with dementia feel more secure when exploring the magnificent outdoor area of Belmont Castle. These recommendations are important because going outdoors has been shown to have multiple benefits including; providing physical exercise; helping to maintain normal sleeping patterns and daily rhythms; improving mood and helping people to cope with stress. A well-designed outdoor space can be enjoyed by people with sight loss and dementia, as well as their families.

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 person-hood. Kitwood argued that people's experience of dementia not only arises from biomedical 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 Belmont Castle, 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.

Person Centred Approaches

On arrival at Belmont Castle it was evident to see, hear and feel that staff are 'emotionally bright'. The care setting was calm throughout 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 Belmont Castle 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.

Least Restrictive Approaches

Staff at Belmont Castle were not focused solely on risk prevention and Health & Safety either. 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 Belmont Castle, regular use of the outdoors is mostly 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, it was less evident that people with dementia were freely able to go outside into safe, enclosed, private areas, without first being escorted (in groups) by staff. This is important as time outdoors and in gardens has been proven to be extremely therapeutic to those with memory impairment.



Recommendation 9

Least Restrictive Approaches

It is recommended that access to 'safe' outdoor spaces are made safe and uncomplicated so that if the person with dementia is wanting to walk outside alone, the risk of getting lost or getting into danger is minimised. This can be achieved by either arranging consistent outside walks; and/or designing a well-defined route that ideally does not entail danger and employs consistent railing support throughout. This is very important to note as 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).

Alternatively, consider employing 'Safer walking technology' such as alarm systems to alert carers to the fact that an individual has moved outside a set boundary and / or employ electronic tracking devices used to locate a person. Tracking technologies can be said to give people with dementia greater freedom and independence, enabling them to walk more freely; carers may feel greater peace of mind knowing that the person can be tracked should he or she wander from home. This type of technology could be said to be less restrictive than, for example, a constantly locked door however, there are issues of loss of privacy and the negative associations with the word tagging to consider.

Similarly, it was not wholly evident that people with dementia were enabled to access the outdoors without the need to first unlock doors. Indeed, several doors were tried by observers and they could not be opened. For these reasons, it could be argued that some staff at the care home are possibly more focussed on risk prevention and health and safety than on promoting the rights, choices and independence of residents with dementia. It is important therefore that, where possible, families, friends and carers support the person to do things for themselves rather than 'taking over'. This increases the person's well-being and helps maintain their dignity, confidence and self-esteem, rather than making them feel helpless or worthless.

Meaningful Activity

On the day of the visit, people with a dementia were not observed undertaking regular domestic activities, however, it was noted that staff do attempt to facilitate opportunities for residents to 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 very much in evidence though at Belmont Castle. 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. 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 really 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 be 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 on the actual day of the visit 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. An ex-mechanic may be given a piece of an engine and some tools.



Recommendation 10

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 10 (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 Belmont Castle 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 generally the exception and not the rule and seemed only to be 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 (e.g.. '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.

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.

Staff were observed to eat/drink with the residents - space around the table and seats were made available for this to happen. This is good dementia practice and also important as eating in company can enhance eating as the person with dementia copies others. Indeed, family members and paid staff can play an important role in both encouraging eating and identifying eating-related problems that could be resolved.



However, 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.

The dining environment had a welcoming, 'Family' atmosphere. The furniture, pictures and object placement replicated a 'homely' dining environment, however, the decor was, again, very 'busy' and potentially confusing to someone with dementia.

This is because bold and repetitive wall paper patterns and those with real life objects such as pots and pans, flowers etc. can cause fear, restlessness, frustration, delusions and confusion to people suffering from dementia. For example, trying to pick patterns such as flowers and leaves, pots and pans off the wall can cause much frustration.



Textbook dementia practice suggests that walls and floor treatments and all soft furnishings should be free of bold patterns as many 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. For this reason, it is widely recommended that walls are plain and decorated with muted or pastel colours (van Hoof and Kort, 2009). Eggshell or silk finish paint is also recommended as it reduces glare.

Also, at the time of the observation, residents were not observed being involved in the preparation and/or serving of meals at lunchtime, but, according to staff, residents are sometimes 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.

Finally, grazing stations offering residents a choice of 'finger food' were very much in evidence at Belmont Castle which is excellent dementia practice. Such food outlets 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. 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.

Recommendation 11

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 well-being should also help to ensure the person with dementia is less agitated and anxious.

Recommendation 11 (continued)

The use of patterned wallpapers should also be avoided as they are seen to cause confusion for some people with dementia. If it is an existing wallpaper then it may help to keep it. We would recommend you consult with the person with dementia and their family/carers for their feedback.



Conclusion

Healthwatch Hampshire would like to thank Belmont Castle 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. Belmont Castle 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. It is worth noting again that Belmont Castle missed out on achieving the very highest rating of **'Excellent'** by just one point.

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

Thank you so much for positive and constructive feedback regarding your visit to our home. It was a real pleasure, to show you all around. Especially having a fresh pair of trained eyes observing how we are progressing, and developing as a team. We enjoyed sharing with you our delivery of a person-centred approach to caring for people living with Dementia at Belmont.

We definitely will be implementing your recommendations as we continuously try to improve the quality of care our people receive and always welcome others input to enable us to make a difference.

Recommendation 1 (Personal spaces)

The home will purchase reversible mirrors as and when needed. Mirrors already in place we will look at the idea of using roller blinds or curtains especially at night.

Recommendation 2 (Familiar Objects)

We will take away objects which appear clinical and replace with wall cabinets to store PPE and incorporate a shower curtain over the coming weeks. All our people, relatives and staff will be asked for suggestions on how to improve the bathrooms/showrooms. Then the final decision will be down to our people at their monthly meeting.

Recommendation 3 (Way finding)

Directional Signage will be installed

Recommendation 4 (Visual Access)

Introducing handrails/grab rails whilst work closely with central office.

Recommendation 5 (Furniture)

The home will liaise with central office for existing furniture to gradually be phased out and replaced with blades rather than legs.

Recommendation 6 (Colour)

For future reference, the use of patterned wallpapers will not be used and we will be avoiding bold colours which may confuse and distress our people.

Recommendation 7 (Lighting)

The home will be covering the windows with a transparent film that reduces the glare without effecting the sunlight.

Service Provider response (continued)

Recommendation 8 (Outside spaces)

We will be working together in creating a safer outdoor space by introducing handrails, checking the outside gardens for trip hazards on a daily basis and better signage to highlight exits.

Recommendation 9 (Least restrictive approaches)

We will also look at suggestions from everybody involved with the home in creating a safe garden to ensure that the people who choose to walk alone can come and go freely knowing they are protected from danger or harm.

Recommendation 10 (Meaningful activity)

We totally agree with the delivery of meaningful activities. All our individuals are encouraged to carry out daily tasks or chores which promote a sense of self-worth and individuality. These are highlighted on our Facebook page. Staff have regular meetings, training workshops. We will continue to look at ways to empower and develop our people with their meaningful activities.

Recommendation 11 (The dining experience)

We will now be concentrating on how as a team, we can support and enable our people to have more control over their individual dining experience so that we deliver an excellent dining experience whilst promoting independence. Patterned tablecloths will be replaced with subtle pastel colours. Plain dinner service with a band will be introduced.