

**Enter and view report  
Ivy Bank House  
23 August 2017**

**Authorised Enter and View representatives**

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Ivy Bank House Ivy Bank Park Bath BA2 5NE	
Brighter Kind (part of Four Seasons)	
23 August 2017	

## 1.2 Acknowledgements

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

## 1.3 Purpose of the visit

The purpose of this enter and view visit was to observe the care that residents receive at the home. In addition to observation, representatives also wanted to gather feedback from residents and their families about their experiences of care at Ivy Bank House Care Home.

# 2 Methodology

## 2.1 Planning

Ivy Bank House was chosen for an enter and view visit following the Care Quality Commission (CQC) inspection report in April 2017. Healthwatch noted that the Care Quality Commission (CQC) inspection gave the home an overall rating of 'Requires improvement'. For the area of 'Caring', the CQC gave a rating of 'Good', but other areas of 'Effective', 'Responsive' and 'Well Led' were all rated as 'Requires improvement'.



Healthwatch staff and volunteers met and agreed dates at an enter and view planning meeting on 25 April 2017 to visit a range of care homes across B&NES.

The CQC was approached to ensure that our visit would not clash with any activity that they were planning to undertake. Following this, the care home was contacted in writing to confirm the visit and provided with a poster for display to inform residents and relatives of the upcoming visit.

A team of two pairs of authorised representatives visited the home on 23 August 2017 with the aim of observing all areas and to speak with residents, family members and staff members to hear and record their experiences of care.

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

## 2.2 How was practice observed?

Enter and view representatives visited the care home and were shown around by Erin Stewart, reception staff, who welcomed the Healthwatch volunteers and took us around the care home where we were able to observe the reception area, stairs, landings and corridors, the lounge, dining room, bathrooms and garden areas. Enter and view representatives also spoke with residents, a day resident and some of the staff and spent time observing the environment and the patients' and staff interacting.

## 2.3 How were findings recorded?

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

## 2.4 What happens with the feedback Healthwatch has gathered?

The draft report will be shared with Ivy Bank House Care Home. Healthwatch will give the home 20 working days to comment on our findings and recommendations. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, B&NES Council, adult social care and/or the Clinical Commissioning Group and the service provider we visited. The report and



provider's response will then be uploaded onto the Healthwatch website for the public to read.

## 2.5 About the service

Ivy Bank House is a large care home providing care for older people and those with physical disabilities and sensory impairments/conditions. The home can cater for 43 residents; there are 37 single rooms and three double rooms (only one of the double rooms was in use at the time of the visit) at the care home, with 36 residents living there. At present, there is one day care resident, who explained to Healthwatch that his wife is happy as she knows he is being well looked after and he attends two or three times a week. The majority of residents are older people and seemed quite frail, staff advised the Healthwatch representatives which residents would be willing to answer questions. There has been a change of manager at the care home, we spoke at length with the manager, Jason D'arcy, who has been in post just eight months.

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# 3 Findings

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## 3.1 First impressions

“The care home looked very clean and tidy with fresh flowers in the communal lounge”

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

## 3.2 Signage and website

There was a large sign at the gates of Ivy Bank House and a small car park at the entrance. The care home website shows the address and a map, and there is information about the care home and their philosophy on the website along with information on accommodation, dining and the activities menu. The CQC report is also on the website.

## 3.3 Front entrance and communal rooms

The front entrance was welcoming and on entry there is a reception area, with the manager's office just off from this. The front entrance has a security keypad and, after ringing the bell, representatives were let in. There was an explanation of who we were and representatives were greeted by the receptionist and manager. The



reception area was observed as a little cluttered, but representatives were pleased to see a visitor signing-in book, hand gel dispenser and flowers displayed. There were various displays in this small area including a notice board with the CQC report. Erin Stewart, receptionist, took the Healthwatch representatives on a tour of the home where they were able to observe stairs, landings, communal areas, bathrooms, and where doors were open, residents' accommodation. The care home had been sent a poster to display to announce the Healthwatch visit, this was displayed where residents and visitors could see it in the communal lounge.

The communal rooms were well appointed and everywhere we observed was spotlessly clean and well decorated, with pictures, chandelier lighting and fresh flowers. In the communal lounge was a large fan for warmer days to keep people cool. In one of the communal rooms a female resident was watching a large flat screen TV, sitting relaxing with her feet up on the settee, the room also had plenty of comfortable chairs. The hallways were well decorated and Healthwatch representatives observed residents having their coffee in small seated areas which also had a lovely fish tank. Walking through the corridors representatives noted that there are lots of large clocks to help residents know what time it is and resident's rooms have their names and a room number on the door.

Representatives were told by the manager that there is a cat belonging to one resident at the home whilst another resident has a budgie. Pets are welcome and there are procedures in place about how residents and families look after them. Asked if there was an extra cost for pets, we were told there was no extra cost although the elderly cat has soiled the carpet which is to be replaced in the resident's room.

Representatives were shown the dining room, which was well appointed with table cloths, napkins and menus for lunch and dinner with a selection of choices.

Residents can have wine at lunch and dinner with their meals.

Three volunteers toured the gardens and spoke with the gardener. The manager explained that there are plans for raised beds for gardening as an activity and plans for a gardening club for residents to have more say in how the garden should be designed. There is one resident that smokes and can do this in the garden area.

### **3.4 Activities for residents**

In the dining room was a list of the activities for the week, showing a range of activities for most days including bingo, physical games and a church group which attends regularly. There were a lot of activities for women, and a hairdresser attends regularly. Healthwatch observed the hairdresser onsite on the day we visited. Healthwatch heard that a men's club is being set up to address the issue of activities that they might enjoy. There are regular trips for all residents to the seaside and recently a trip to Cheddar with a pub lunch. There is access to a mini bus for trips that can be driven by the activities co-ordinator and maintenance

person. The communal lounges have books and games, one has a piano organ and the purple lounge has internet access. There are outside patio areas and seating with views of the garden. A residents' and relatives' meeting is held regularly and one was scheduled for the afternoon of the day we attended.

### **3.5 Conversations with residents**

Three residents offered to speak with Healthwatch representatives. One of the male residents invited Healthwatch into his room, a small room that had an external door to an outside patio area with seating. This resident explained that he has been at the home since discharge from hospital, his two daughters (who both live outside the area) had thought a care home in the area he lived would be best as friends could visit. This had not happened as most of the people he knew were acquaintances, he now has a male volunteer befriender from Age UK who visits occasionally. He went on to explain that although there are other male residents he only passes the time of day with them. He explained that he exercises by taking a stroll around the garden, which he enjoys, and said that although the staff are all very caring he was lonely and dreaded the thought of living out his days confined within the home. Although church services are held at the care home, to help make more friends he would like to join the congregation at St Luke's Church and attend services on a Sunday.

A female resident spoke to us of her concern about funding from the Local Authority; funding has taken a long time to sort out and although this is now sorted she fears that funding could be cut at any time which would mean she could no longer stay at the home. This resident was very happy with the care provided and her only grumble was the food - she has been able to complain and share her thoughts and feels that she has been listened to and the food is getting a bit better.

A female resident who had a budgie in her room, spoke to us saying she gets visits from family members. The resident told us she can choose her own meals and these can be supplemented with drinks and food at other times when she wants something. She told us she likes having wine but would rather have a beer. The room is small and does not have an en-suite bathroom, but the resident can access a bath or shower. She went on to tell us that she goes out on all the trips and enjoys them. This resident also likes all the staff and commented "there is nothing not to like about the home". For her the only downside is that in the laundry her tights went missing and she has no access to money.

### **3.6 Communication with the manager**

Jason D'Arcy, the home manager, spent time with the Healthwatch representatives explaining that the care home has been working hard in the eight months he has



been in post to address the CQC's concerns. The manager felt that there had been a high turnover of care home managers before him that had led to the negative inspection. One of the points picked up and being addressed is that, although the care home knew residents' food likes and dislikes, they did not have records of resident's food intolerance or food and drink that should not be consumed with certain drugs linked to the resident's medicine audit. Food passports for all residents now include medical requirements for diets and the manager explained that the deputy manager oversees residents' medicines. All residents have their own GP and the care home has good links with community health staff and district nurses. The manager explained that the change to Virgin Care has made no difference in the service being delivered.

The manager was very open about needing to make changes as he felt staff morale is affected when the ratings by CQC are not good. There is always a struggle to get staff, at the moment all staff are English speaking and have access to in-house training (a training room has been set up on site). New staff get induction training and four staff are undertaking NVQ Level 4. Two further staff have recently signed up to undertake NVQ Level 5. The deputy manager is the lead trainer and will make sure all staff training is up to date. The manager explained that most residents are privately fee paying although they do have some Local Authority funded residents. The fees are based on different packages of Bronze, Silver and Gold and the differences are based on room size, access to en-suite facilities and views. The care home advertises through care home.com, on the Brighter Kind website and through building closer links with the community, residents and their families who introduce friends to the home. The care home has an 'open door policy' and relatives can visit whenever they like within reason.

### **3.7 Communication with staff**

Staff were welcoming and representatives observed a good staff rapport with residents, there was also good interaction between staff. Several staff were asked to talk with Healthwatch; we heard from the administrator who has been in post for 11 years, a senior practitioner who has been in post for over three years, two domestics and a carer who was fairly new in post and has experienced induction

The new carer is finding the work is busy but does offer time to speak with residents, which we were glad to hear. One of the domestics was very happy that she and a laundry staff member have 9 - 2.30pm hours during the week that fits in with school times. Although staff did not have a lot to say to Healthwatch the staff appeared very happy about their working conditions. Staff explained that they have been involved with the fundraiser for Grenfall Tower, the garden party for staff, residents, relatives and friends, and had won a national award in July for Best Residential Care Provider which gave all staff a boost.



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## 4 Conclusion

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It was clear to Healthwatch representatives that residents are happy at the home, most of their needs are catered for and the residents we spoke with have found staff very caring and accommodating.

Representatives expressed a good first impression of the care home which is well decorated and spotlessly clean; the domestic staff we spoke to took pride in keeping the home looking nice. The communal rooms have a variety of seating with both chairs and settees and there were homely touches such as the LED light tree and coffee tables. There are a range of activities and trips and representatives expressed whether some residents might like some meaningful activities of daily living to encourage independence and social interaction. This was already being suggested by the manager with ideas from the residents for 'their' garden with raised beds and a gardening club to agree layout and colour combination of the garden. This might be extended into meaningful activities in 'their' home life such as sorting laundry to ensure people get their own laundry back after washing, or laying tables. It was good to see that residents have independent access to the garden, and residents told us that they liked to stroll in the garden for exercise.

The security measures were discreet on the front door and a welcoming reception and signing-in book helped this. Having large clocks around the care home remind residents of the time of day and there were calendars in some areas. We did hear from one residents that they would like access to their own money, which could give greater independence, and from another that he was lonely. This had already been addressed using a volunteer befriender from Age UK.

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## 5 Recommendations

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Healthwatch B&NES representatives could not fault anything about the care home. Taking on board the feedback received, representatives have identified a few areas that could further enhance the experience that residents have in the home:

- to serve a variety of drinks accommodating residents' tastes at mealtimes
- to ensure residents get their washing returned



- to identify what extra support would help residents from feeling isolated and lonely

## 6 Recommendations summary

Recommendations	Comments from the service provider
<ul style="list-style-type: none"> <li>• to serve a variety of drinks, accommodating residents' tastes, at mealtimes</li> </ul>	
<ul style="list-style-type: none"> <li>• to ensure residents get their washing returned</li> </ul>	
<ul style="list-style-type: none"> <li>• to identify what extra support would help residents from feeling isolated and lonely</li> </ul>	

### Disclaimer

- This report relates only to specific visit times.
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available).

## 7 Appendices

### 6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include<sup>1</sup>:

<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007



- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

**Each Local Healthwatch has an additional power to enter and view providers<sup>2</sup> so matters relating to health and social care services can be observed.** These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not

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<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>3</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013.” (28 March 2013).



affect the provision of care or the privacy and dignity of people using services.<sup>4 5</sup> Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users, patients, visitors and staff, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report will also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers

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4. The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

