

**Enter and view report
Bridgemead House
11 October 2017**

Authorised Enter and View representatives

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1 Introduction

1.1 Details of visit

| Details of visit: | |
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| Bridgemoor House 81 St John's Road Bath BA2 6PZ | |
| Bridge Care Ltd | |
| 11 October 2017 | |

1.2 Acknowledgements

Healthwatch Bath and North East Somerset authorised volunteer enter and view representatives wish to express their gratitude to the staff and residents, who participated in conversations with Healthwatch. The staff at Bridgemoor House 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 Bridgemoor House Care Home.

2 Methodology

2.1 Planning

Bridgemoor House was chosen for an observation visit following the Care Quality Commission (CQC) inspection report in February 2017. Healthwatch noted that the CQC inspection gave the home an overall rating of 'Requires Improvement' in all of the domains except 'Care' where the care home scored Good.

Healthwatch staff and volunteers met and agreed dates at an enter and view planning meeting on 20 July 2017 to visit a range of care homes across Bath and North East Somerset (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, and a phone call on the morning of the visit as a reminder.

A team of one pair plus the Volunteer Support Officer visited the home on 11 October 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 the Manager and Senior Nurse. Enter and view volunteers also spoke with residents and some of the staff and spent time observing the environment and the resident and staff interaction.

2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch volunteers while engaging with residents and staff. Comments were recorded anonymously. Volunteers 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 was 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 Bridgemoor House Care Home. Healthwatch will give the home 20 working days to comment on its findings and recommendations, specifically to highlight any areas of factual inaccuracy. The final enter and view report and the service provider's response will then be shared with the CQC, Healthwatch England, the local authority, adult social care and/or



the Clinical Commissioning Group (CCG) 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

Bridgemoor House is a large care home providing residential and nursing care for older people, plus some respite and daycare. Bridgemoor House is owned by Bridge Care, a Christian Charity. Each weekday residents have quiet time and a Sunday service is conducted by various clergy from several denominations. Bridgemoor House is dementia friendly but does not cater for those with severe dementia. Residents with dementia are monitored and only when a resident becomes unsafe or unsafe to others is a decision made to change residency. Bridgemoor House is located in Bathwick with views of the river from 24 of the 32 rooms. There is a secure roof top garden, which includes a seating area, and people are able to walk around the garden to enjoy fresh air safely. The enter and view representatives were taken on a tour of the three floors that make up Bridgemoor House by the Manager and Senior Nurse. Bridgemoor House has 32 beds, 24 en-suite and eight with wash hand basins. One room is kept for respite and up to 20 beds are for nursing care.

Bridgemoor House is divided into areas defined by colour: red, green, yellow and blue. Each floor has a family lounge with a kitchenette to make drinks (breakfast is also served here or in residents' own room).

Enter and view volunteers spoke with residents, some of the staff and spent time observing the environment and the resident/ staff interaction. The majority of residents were older people and seemed quite frail. Staff suggested the Healthwatch volunteers talk with residents in the dining area following the quiet time at 11.45am where residents then stayed to have lunch.

3 Findings

3.1 First impressions

“The care home looked very clean family lounges had nice touches such as a flowers and bowls of fruit in the lounge”

“It was good to observe residents interacting with each other, a lot of friendships have been made”

3.2 Signage and website

There was a large sign outside Bridgemoat House and a car park. There is also parking outside on the road for up to two hours (other parts of the street are parking permit only). Enter and view volunteers went to the front door of the care home and were welcomed in. At the entrance is a reception desk with a signing-in book and hand gel. The Manager and Senior Nurse took the Healthwatch volunteers upstairs on a tour of the care home. Volunteers noted a notice board with CQC information and the Healthwatch poster about our visit was displayed on the wall.

The Bridgemoat House website is very comprehensive and has a lot of information about the care home, residents and activities with a contact page and map. It would be useful to see the CQC report on the website.

3.3 Front entrance and communal rooms

The front entrance has a large sign and small car park, a bench to one side of the door and a range of flowers to make it bright. The Manager took the Healthwatch volunteers on a tour of the home where volunteers were able to observe stairs, landings, communal dining areas, family lounges, bathrooms and were shown a resident's room. The home is on three floors each with a family lounge in the middle.

Each bedroom has its own letter box, number, resident's name and key worker name on the door. Bedrooms have beds and fittings, residents can bring in some small furniture of their own and curtains, pictures and artifacts to make it more homely. There were various small landing areas observed as volunteers toured the care home, where residents can sit. It was a shame that a lot of the corridors have wheelchairs and hoists lined up as there is a lack of storage space, this was not a trip hazard but did give a cluttered feel to the care home.

The family lounge rooms in each of the three areas were well appointed and everywhere we observed was spotlessly clean and well decorated with pictures (some painted by a resident's family member), good lighting and flowers. Volunteers observed residents meeting for their quiet time before lunch. There is an activity rota with events happening each afternoon organised by a member of staff. Pet therapy is an additional activity and volunteers observed two pet dogs in attendance during the visit. Residents do not have pets, although there is a fish tank in the family lounge.

The hallways in each of the three sections are well decorated and Healthwatch volunteers observed a décor of butterflies on the wall and a 'wartime' memory board in the activity lounge. In the lounges and dining/ activity room, volunteers noted that there are large clocks to help residents know what day and time it is.

Volunteers were shown the kitchens just off the dining room. Food is cooked fresh from scratch each day and the care home has a five star award for food and

hygiene. The menu for lunch was a roast pork dinner followed by summer fruits. Volunteers asked about various diets and were told that there is a choice and different needs are catered for, such as soft food and gluten free. The dining room was well appointed with table cloths, napkins and flowers on each table. Most residents would sit at tables for lunch. One resident we spoke to said she has her lunch on her lap while sitting in a large chair with her feet up as it would hurt her to sit at a table. She was very glad that staff accommodated her this way as she was still in the dining room with everyone else.

There are doors to safe garden areas and the garden overlooks lovely views across the river.

Activities for residents:

Volunteers were given the list of activities for the month, showing a range of activities and a church group which attends regularly each Sunday. There were a lot of activities for both men and women. Volunteers observed the hairdresser who attends regularly and will provide a service for men and women, although some residents prefer their own hairdresser.

The care home can hire a mini bus from Bath Community Transport for trips for residents, trips out are always risk assessed. The family lounges have TV, books and games, and there is also internet access and some residents have a tablet to use. A trustee newsletter for residents' and relatives' keeps people in touch and there are also bi-monthly residents' coffee mornings where family are welcome to attend, and staff meetings held regularly. The Manager meets with the trustees monthly and trustees regularly visit the care home.

3.4 Conversations with residents

Several residents spoke with Healthwatch volunteers.

One female resident said she thought the care home was excellent and she was well looked after, she felt safe at the home which was something she had not felt whilst living alone. The best thing about being at the home was that she could bathe every day which she really appreciated. Food was good and she joined in with every activity.

Another female resident has been at Bridgemoor House for over four years, she liked the fact that she could join in with the afternoon quizzes and use her brain. She also liked to visit the hairdresser regularly. She mentioned that she enjoyed talking with other residents, but did not want to say that she was happy as she would prefer to be in her 'own' home.

A female resident felt very well looked after and enjoys film nights, she likes the friendly attitude of staff and other residents. The resident was reading a paper when we met with her to keep in touch with what is happening in Bath. When

asked if she went out to buy this she said her son buys it and brings it in, she then shares this with other residents.

Another female resident explained that she loves the home, she is treated nicely and her family visit. The resident was able to reminisce over her career and now takes every day as it comes.

The manager explained that one of the current residents is 100 years old and a party had been held for her.

3.5 Communication with the manager and senior nurse

The manager explained that nursing staff are difficult to find, staff generally stay for a long time. Staff were disappointed with their 'Requires Improvement' rating by the CQC as they have been working hard to audit and make the required improvement. The CQC gave a score of 'Good' for 'Well Cared' and staff do their very best to make sure residents are well cared for. One of the volunteers asked about staff training, the manager explained that staff training is kept updated online and through a TV programme of training that staff can catch up with if they miss it. Previously staff were able to access training via Sirona care & health; now Virgin care have taken over several training sessions have been cancelled at the last minute. NVQ training is now being delivered by an outside agency. The manager explained the care home difficulty with Arriva transport, residents have to be ready two hours before the journey and even then the transport can be late and appointments missed. The care home now uses a wheelchair taxi to save the residents getting stressed but even these are difficult to book.

The volunteers asked about safety having observed a lady in a motorised wheelchair near the top of the stairs. The manager explained that most residents have the freedom to move around and use the lift.

Family members are welcome to visit at any time. When Healthwatch visited we met a family member who is a clergyman and two family members who visit with their pet dogs. The care home have some local authority funded residents, although the manager said that the local authority costs meant that they could not have all their residents pay this way. Some residents self-medicate with inhalers or creams and others are supported with their medicines for pain management. Some of the residents have 'do not resuscitate' in place. All residents have access to a GP. Over 10 GPs come to the care home, all residents have access to a dentist and optician and, where necessary, residents can be taken to appointments.

The care home uses an external laundry for bedding and towels and residents' clothes are washed in house. One of the hardest things is getting the right clothes back to the owner despite clothes being labelled.

It was clear to Healthwatch volunteers that residents are happy at the home, their needs are catered for and the residents we spoke with have found staff very caring and accommodating. Volunteers expressed a good impression of the care home which is well decorated, bright and clean. The communal rooms have a variety of seating and there were homely touches such as the fireplace in the lounge. Each lounge in the three areas has a TV and radio.

The manager explained that the care home gets a lot of visitors, some are volunteers who came to talk with residents, younger people doing their Duke of Edinburgh award also volunteer. There is a link with Widicombe Acorns, a nursery for pre-school children, and there are plans for residents to go and visit the nursery. It would have been nicer to bring children to the nursery but it appeared harder to get transport for the children to travel than it did for the older people.

It was good to see that residents have independent access to the secure garden for fresh air. The security measures were discreet on the front door and a welcoming reception and signing-in book helped with this. Having clocks around the care home reminds residents of the time of day.

Volunteers were shown the plans for an extension to the care home - needed particularly due to the risk of flooding as the river is quite close. It would be useful for storage to be included in the new build to house the variety of wheelchairs and hoists that are presently parked in corridors around the home.

4 Recommendations

Healthwatch Bath and North East Somerset volunteers observed really good care and could not fault this. Recommendations would be to tidy up some communal corridor areas, but we realise that storage may be a problem at present.

- Storage area included in the extension new build to house some of the wheelchairs and hoists

5 Recommendations summary

| Recommendations | Comments from the service provider |
|--|---|
| <ul style="list-style-type: none">Storage area included in the extension new build to house some of the wheelchairs and hoists | Extra storage is part of the new plans for the extension. We are hoping to have ceiling hoists which will be tidier. Bedrooms will be bigger and may be able to store residents' wheelchairs. |

Disclaimer

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



6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include¹:

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

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



- 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 providers² so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.^{4 5} Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

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

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

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

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

³ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

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

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



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
- 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.

