

healthwatch
Bath and North East
Somerset

**Enter and view report
Springfield House
14 September 2017**

Authorised Enter and View representatives

Pat Foster Healthwatch Volunteer Support Officer

June Vince

Christina Chow

Healthwatch Bath and North East Somerset

T: 01225 232401

E: info@healthwatchbathnes.co.uk

W: www.healthwatchbathnes.co.uk

Contents

1. Introduction.....	3
1.1 Details of visit.....	3
1.2 Acknowledgements.....	3
1.3 Purpose of the visit.....	3
2. Methodology.....	3
2.1 Planning.....	3
2.2 How was practice observed?.....	4
2.3 How were findings recorded?.....	4
2.4 What happens with the feedback Healthwatch Bath and North East Somerset has gathered?.....	4
2.5 About the service.....	4
3 Findings.....	5
3.1 First impressions.....	5
3.2 Sinage.....	5
3.3 Front entrance and communal rooms.....	6
3.4 Activities.....	6
3.5 Communication with residents.....	7
3.8 Communication with the deputy manager.....	7
3.9 Communication with staff.....	8
4.0 Conclusion.....	8
5 Recommendations.....	9
Disclaimer.....	9
6.1 Appendix 1 What is enter and view?.....	9



1 Introduction

1.1 Details of visit

Details of visit:	
Springfield House 21 Entry Park Bath BA2 5ND	
Springfield (Bath) Ltd	
14 September 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. Staff at Springfield 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 Springfield House Care Home.

2 Methodology

2.1 Planning

Springfield House was chosen for an observation visit following the Care Quality Commission (CQC) inspection report in July 2016. Healthwatch noted that the CQC inspection gave the home an overall rating of 'Good' in all of the domains: Safe, Effective, Caring, Responsive, and Well Led.



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.

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 14 September 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 Deputy Manager. Enter and view volunteers also spoke with residents and some of the staff and spent time observing the environment and the patients 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 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 Springfield House Care Home. Healthwatch will give the home 20 working days to comment on its findings and recommendations. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care and/or the Clinical Commissioning Group (CCG) 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

Springfield House is a large care home providing care for older people and those with dementia. Springfield House is located in a spacious grounds with views of the surrounding countryside and the city of Bath. There is a purpose built secure garden, which includes a seating area, and people are able to sit there and enjoy fresh air safely. The enter and view representatives were taken on a tour of the three parts that make up Springfield House by the Deputy Manager. Springfield House has 39 beds, all of which were full.

Springfield House is divided into three areas according to the degree of dementia. In the new block there are twelve residents (three are men) who are in the early stages of dementia; in the garden house there are 12 residents (three are men) who have moderate cognitive impairment and need more help; and in the older Springfield House, there are 15 residents (two are men) who have severe dementia. Although Springfield House is registered as a residential care home, nursing care has been given to a resident at the end of their life.

Enter and view volunteers spoke with residents and some of the staff and spent time observing the environment and the patients and staff interaction. The majority of residents are older people and seemed quite frail, staff advised the Healthwatch volunteers which residents would be willing to answer questions.

3 Findings

3.1 First impressions

“The care home looked very clean and tidy with a feel of being in someone's own home, there were nice touches such as a large dresser in the lounge with artefacts”

“It was good to observe residents up and about, the Deputy Manager encourages all residents to come out of their bedrooms and join others in the communal lounge and take part in activities”

3.2 Signage and website

There was a large sign past the gates on the drive at Springfield House, but this was obscured from the road, and a small sign on the left wall at the entrance that

could not be seen from the road. There is a large car park at the rear of the house. Enter and View volunteers went to the front door of the old house and rang the bell, at this entrance is a small hall with a signing-in book and hand gel. The Deputy Manager took the Healthwatch volunteers upstairs to the library and then on a tour of the care home. Volunteers noted a lift and a notice board with an activity programme, the latest CQC report and the Whistle Blowing policy.

The Springfield House CQC report is on the website, but there is no independent website for Springfield House. Springfield (Bath) Ltd has a 'Companies House' website.

3.3 Front entrance and communal rooms

The front entrance was not obvious, volunteers went to the old house front door where there is a small hallway, the front entrance has a security keypad and, after ringing the bell, the volunteers were let in. There was an explanation of who we were and the volunteers were greeted by the Deputy Manager. Upon leaving we were shown an entrance to the garden house just off of the car park where there was a signing-in book, hand gel and a receptionist. The Deputy Manager took the Healthwatch volunteers on a tour of the home where volunteers were able to observe stairs, landings, communal areas, bathrooms, and, where doors were open, resident's accommodation. The home is split into three areas each with a team leader.

Bedrooms have hospital type beds and residents can bring in their own furniture. Bedrooms have showers and there are bathrooms in all of the three areas at Springfield House. There were various small areas observed as volunteers toured the care home, where residents can sit and admire the views over Bath.

The communal rooms in each of the three areas were well appointed and everywhere we observed was spotlessly clean and well decorated with pictures, chandelier lighting (in the older part of the house) and flowers. Volunteer observed an exercise activity session was taking place, where residents appeared to be having a lot of fun. There are two activity staff, one full time and one half time. Pet therapy is an additional activity currently being organised. In one of the communal rooms in the older part of the house there was a large dresser and fire place making the room feel very homely, the room also had plenty of comfortable chairs. China in the dresser is sometimes used by residents for occasions of 'high tea'. The hallways in each of the three sections are well decorated and Healthwatch volunteers observed a décor of birds and butterflies in the newer part of the house. Walking through the corridors volunteers noted that there are large clocks to help residents know what time it is and residents' rooms have their names and a room number on the door and each room has provision for individual memory framed boxes.

New information pertaining to a resident is recorded in the care plan and shared with other members of staff. The deputy manager explained that residents are assessed for dementia and the Bath mental health community psychiatric nursing (CPN) team work with staff on techniques for supporting residents with dementia.

There is a couple at the home who have separate rooms in different sections of Springfield House, this was assessed to be in their best interest. However, the couple are able to visit each other, join each other for activities and they can view one another from across a glass corridor.

Volunteers were shown the dining rooms just off the communal rooms in each of the three areas, these were well appointed with table cloths and napkins and there was a board with the lunch menu. All food is cooked on the premises, and staff have made notes of residents' dietary requirements. The deputy manager said they had tried introducing wine at Christmas but this had not worked and is generally not available, although one resident likes a gin and tonic.

There are doors to safe garden areas and the garden overlooks lovely views across Bath. This is a no smoking care home and staff do not smoke on the premises.

3.4 Activities for residents

In the hall was a list of the activities for the week, showing a range of activities and a church group which attends regularly. There were a lot of activities for both men and women, and a hairdresser who attends regularly. Healthwatch volunteers also observed the chiropodist onsite on the day we visited. The care home can hire a mini bus from Bath Community Transport for regular trips for residents who are safe to go, trips out are always risk assessed. The communal lounges have books and games, one area has a piano organ and there is also internet access. The deputy manager said that in the future they would look at using social media such as 'Skype' to help residents stay in touch with family members. A residents' and relatives' newsletter keeps people in touch and there are also residents' meetings and staff meetings held regularly.

3.5 Conversations with residents

Several residents offered to speak with Healthwatch volunteers.

One female resident was new to the home, having moved from a much larger home in another part of the country. She felt she had settled in well and liked the smaller feel to Springfield House.

Another female resident has been at Springfield House for over two years, she liked the fact that she could choose her food and use the hairdresser regularly. She mentioned that she enjoyed talking with other residents and taking part in activities, but did not want to say that she was happy as she would prefer to be in her 'own' home.



A female resident enjoys film nights, she likes the friendly attitude of staff and other residents, the resident was reading a magazine when we met with her and explained she buys her own Bath Chronicle 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 was not sure whether she has any family left. The resident was able to reminisce over her career and now takes every day as it comes, she also explained that she gets a regular monthly weigh in.

The deputy manager explained that one of the current residents is on respite following a stay in hospital, and gets visits every day from his four daughters and family. A Healthwatch volunteer spoke with him and he commented on the food saying it was very nice. This resident missed playing bowls and would like the opportunity to play bowls at the home.

3.6 Communication with the deputy manager

The deputy manager explained that staff are all employed, they do not use agency staff. Staff were pleased with their 'Good' rating by the CQC as this shows the progress all the staff have made in making sure residents are well cared for. One of the volunteers asked about call bells as none were heard during the visit, the deputy manager explained there is a call bell on each floor and the emergency bell can be heard all through the house. Staff did not always have name badges on, but are distinguished through the colour of their polo tops. Throughout the care home activity staff wear yellow, care staff wear light blue, team leaders wear navy, senior staff wear dark turquoise blue and the deputy manager wears green.

Staff encourage residents to get up and come to the communal rooms, although some residents do have breakfast in bed. One resident chooses to stay in her room and there is a motion sensor mat to alert staff if she moves. Family members are welcome to visit at any time, although when Healthwatch visited we did not meet any family members to talk with. The care home have some council-funded residents. Medicines are kept in each resident's room and the deputy manager will administer these with a master key. Some of the residents have 'do not resuscitate' in place. All residents have access to a GP and dentist and, where necessary, residents can be taken to appointments.

One of the Healthwatch volunteers was impressed by the in-house laundry, Healthwatch volunteers observed a member of staff ironing residents' clothes.



3.7 Communication with staff

Staff know how to support people who have dementia, are confused and/or experience memory loss. They know how to provide care that is both flexible and sensitive to each individual's needs. Healthwatch volunteers spoke to a senior staff member who has been in post for two years, and a care worker who previously used to work at Springfield House at weekends and has now taken a full-time post with the home. Both said that the care home is a nice environment to work in, they mostly work in one of the three areas but when needed will work across any area and this gives them skills in working with people with more severe Alzheimer's and dementia.

4 Conclusion

It was clear to Healthwatch volunteers 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. Volunteers expressed a good impression of the care home which is well decorated and clean. The communal rooms have a variety of seating with both chairs and settees and there were homely touches such as the dresser in the lounge. Each lounge in the three areas has a TV and radio.

There are a range of activities and trips, but volunteers questioned whether some residents might like some meaningful activities of daily living to encourage independence and social interaction, such as helping to lay the tables.

Volunteers commented on the low staff turnover and good retention of staff, which gives consistency for residents. Volunteers were pleased to know that the care home has a hydration policy, providing decaffeinated tea and coffee for residents

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 this at the garden house entrance (which was observed on leaving). Having large clocks around the care home reminds residents of the time of day.

5 Recommendations

Healthwatch Bath and North East Somerset volunteers could not fault anything about the care home. Volunteers have identified a few areas from conversations with residents at Springfield House that could be improved:

- it would be useful if signage at the entrance could be added to the right-hand side of the wall, so that it can be seen by motorists
- an Independent website would also be a useful addition.

6 Recommendations summary

Recommendations	Comments from the service provider
<ul style="list-style-type: none">• Improve signage outside the care home on the right-hand wall, so that the sign can be seen from the road	
<ul style="list-style-type: none">• Create an independent website	

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 include¹:

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

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



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

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

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

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

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

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

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

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

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



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

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

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

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

