




healthwatch
Bath and North East
Somerset



**Enter and view report
St Philips and St James
Care Home 31 October
2017**

Authorised Enter and View representatives

Pat Foster Healthwatch Volunteer Support Officer

Folasade Ajadi-Onliyelu

Diana Hall Hall

June Vince

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 manager.....	7
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:	
St Philips and St James Residential Care Home 9/11 Priory Road Keynsham Bristol BS31 2BX	
St Philip and St James 9-11 Priory Rd, Owned by Patricia Clarke, Marie Craig and Tom Craig	
31 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 St Philips and St James Care Home 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 St Philips and St James Care Home.

2 Methodology

2.1 Planning

St Philips and St James residential care home was chosen for an observation visit following the Care Quality Commission (CQC) inspection report in September 2016. Healthwatch noted that the CQC inspection gave the home an overall rating of 'Good' in all of the domains.

Healthwatch staff and volunteers met and agreed dates at an enter and view planning meeting on 5 September 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 three plus the Volunteer Support Officer visited the home on 31 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 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 Marie Craig, whose mother Patricia Clarke started the home with one house 27 years ago. St Philips and St James has grown and now encompasses 3 large houses joined together to make the larger residential home. Enter and view volunteers also spoke with a 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 St Philips and St James Residential 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

St Philips and St James residential care home is a large family run care home providing residential care for older people, plus some respite care. St Philips and St James care home is owned by Patricia Clarke, trading as St Philips and St James Retirement Home Ltd. Each weekday residents are able to take part in a variety of activities and Sunday hymns are led by a volunteer (a relative of a previous resident). St Philips and St James care home try to ensure that residents can stay within their 'home' through end of life care and do have some residents that have dementia. Only when a resident becomes unsafe or unsafe to others is a decision made to change residency. St Philips and St James care home is located in Keynsham and is full with 32 residents, there is a waiting list and most residents come because of word of mouth recommendations. Residents are mostly female although there are 3 male residents and one man receiving respite care. The enter and view representatives were taken on a tour of the St Philips and St James care home by the Manager and met with the Activity Co-ordinator.

St Philips and St James retains a homely feel and is divided into areas defined by the three houses. Each house has a family lounge with a kitchenette where residents can make drinks, one resident who has a room on the ground floor likes this as she can make a drink for herself during the night. Residents eat in small groups in each house, keeping a more homely feel to meal times. Enter and view volunteers spoke with residents, and with some of the staff. Volunteers spent time observing the environment and the resident/ staff interaction. The residents are all older people and some seemed quite frail. Staff suggested the Healthwatch volunteers talk with residents in the lounge area where one female resident was meeting with friends.

3 Findings

3.1 First impressions

“The care home looked very clean and had kept nice touches such as a china cabinet and original kitchen features. Flowers and bowls of fruit were laid out in the lounge

“It was good to observe a new resident being introduced to other residents, we were told a lot of friendships have been made”

3.2 Signage and website

There was a sign on the wall outside St Philips and St James on Priory Road and two front doors, so we were unsure which would be the main entrance. A passing gentleman told us to go around to the back of the care home where there was a car park and signed entrance. There is street parking outside of the care home on Priory Road but there were signs to say the street may be changed to street parking only with a permit. Enter and view volunteers went to the door of the care home and were welcomed in. At the entrance is a reception desk with a signing-in book and hand gel, it was noted that the care home had displayed the Healthwatch posters to say that we would be visiting that day. Two managers took the Healthwatch volunteers to a lounge for the initial talk and later a tour of the care home. Healthwatch volunteers noted a notice board with CQC information and a newsletter.

The St Philips and St James do not appear to have their own website, although comprehensive information about the care home is online through other websites such as www.carehome.co.uk. It would be useful to see a dedicated website for the care home which would include the CQC report and other positive aspects about this family run care home.

3.3 Front entrance and communal rooms

The front entrance has a sign and small car park, and a pathway with handrails takes you through a small garden area with range of flowers and a pond to make it bright. There is a large gazebo structure that the Manager told us was insisted on by planners when the car park was built to screen the view for neighbours. The manager took the Healthwatch volunteers on a tour of the home where volunteers were able to observe communal dining areas, family lounges, the conservatory and



got a glimpse of a resident's room. Residents can have their own furniture in their rooms and rooms have TV and phone points. The home is on three floors with two lifts.

Each bedroom has its own number, It was nice to see that wheelchairs and hoists were not on show within the hallway, but were there lined up behind a curtain,

The family lounge rooms in each of the three houses are well appointed and everywhere we observed was spotlessly clean and well decorated with pictures good lighting and flowers. One of the lounges has a small shop selling essential items at cost price. Volunteers observed residents meeting for their activity word quiz being hosted by a male volunteer who is training to become a GP and visits regularly. There is an activity rota with events happening each day organised by the activity co-ordinator. Pet therapy is an additional activity and the activity co-ordinator told us she also regularly brings in her 6 year old daughter who helps break down the generational barrier and is loved by some of the residents. The hallways in each of the three sections are well decorated and Healthwatch volunteers observed pin boards with the activity newsletter on the wall. In the lounges and dining/ activity room, volunteers noted that there are 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 provides two choices for each meal. Volunteers asked about various diets and were told that the kitchen can cater for personal dietary needs and the cook showed us a list on the wall of personal likes and dislikes. Each dining area 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 had eaten sausage and mash yesterday that was her favourite.

Activities for residents:

The Activity co-ordinator has been in post for two years and knows the residents and their likes and dislikes well. Volunteers were shown the list of activities for the month, showing a range of activities and a hymn singing group which is held each Sunday. There were a lot of activities for both men and women. Volunteers observed the pampering session and a hair dresser also attends regularly, one of the residents we spoke with had had her hair done the day before.

The care home uses staff and their own transport to take residents out as this is a preferred choice rather than mini bus transport. Trips out are always risk assessed, and residents have recently been to Slimbridge and often go to the garden centre at Whitchurch where they can stay for coffee or lunch. The family lounges have larger TV's screens often used for film nights where residents get treats like ice cream and pop corn. There was a bookcase in the hallway with books and games for residents use.



3.4 Conversations with residents

Some residents spoke with Healthwatch volunteers.

One 90 year old female resident said she thought the care home was excellent and she was well looked after. This resident explained that she does not follow ecumenical religion and has a different faith. Healthwatch have heard from the care home that the home works to meet the needs of all residents and people can join in or not with any cultural, religious or faith activities. Healthwatch volunteers spoke with visitors, who felt that they could visit at any time and were happy with the care being given at the home.

Another female resident we spoke to was sat waiting for her lunch to arrive, she liked the fact that she could join in with the quizzes and use her brain. She mentioned that she enjoyed talking with other residents and staff and she had her own favorite staff.

3.5 Communication with the managers

The two manager we met explained that some staff training was given through Sirona and are unsure whether Virgin will be providing the same sort of training. The care home have various staff training courses delivered by the Training and Professional Development manager in-house and provide staff training through a variety of other agencies.

Healthwatch volunteers were shown the medicine room. All residents have access to a GP and their medicines are clearly marked. Residents have access to a dentist and optician and, where necessary, residents can be taken to appointments.

Healthwatch volunteers were told that a new resident had just come to the home today and is registered blind, volunteers asked if this would be a problem and were told that the care home has catered for residents with a disability previously and that they can foresee no issues in providing a safe environment for the new resident. Healthwatch volunteers explained that the NHS has an Accessibility Information Standard and that when residents are accessing health services they should be asked about their communication needs and these needs should be accommodated. This lady may prefer information in an audio format.

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 kitchen where residents can access drinks when they need them. Each lounge has a TV and radio.

The manager explained that people come via word of mouth and there is a waiting list, the rooms are always full.

The manager told Healthwatch volunteers about the plans for work on the Priory road side of the care home and showed the lovely stained glass windows on the newest house that are being preserved with special double glazing.

4 Recommendations

Healthwatch Bath and North East Somerset volunteers observed really good care and could not fault this. Recommendations would be to:

- Make signage on the Priory Road side of the care home clearer that the main entrance is to the rear of the care home
- Look for alternative sources of staff training until Virgin re establish training, so that staff training standards do not slip
- Consider how best to accommodate residents who have different cultural and religious needs (such as the resident who is a Jehovah Witness, especially with Christmas coming up which is not something that the resident would normally celebrate)

5 Recommendations summary

Recommendations	Comments from the service provider
-----------------	------------------------------------



<ul style="list-style-type: none"> • Make signage on the Priory Road side of the care home clearer that the main entrance is to the rear of the care home 	<p>The Care home is having a porch built at the front entrance in the new year and new signage will make the entrance at the car park clearer</p>
<ul style="list-style-type: none"> • Look for alternative sources of staff training for the training that had been provided by Sirona until Virgin re establish training. 	<p>The care home provide a range of staff training in house through the Training and Professional Development Manager and through a variety of other agencies.</p>
<ul style="list-style-type: none"> • Consider how best to accommodate residents who have different cultural faith and religious needs 	<p>The care home are meeting the needs of all residents, there are ecumenical services and residents can join in with these or not.</p>

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
- 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

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.

