



**Hivewatch South
Gloucestershire
Enter and view report
Milestones Trust
residential care home
121 Watley's End Road
7 February 2018**

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Milestones Trust Residential Home 121 Watley's End Road Winterbourne BS36 1QG
Service Provider	Milestones Trust
Date and Time	7 February 2018 10.00am - 12.30pm
Authorised Representatives	Chris Butler Dominic Box Kate Smart Joanna Parker
Contact details	Richard Saunders - Manager Tel 01454 250232

1.2 Acknowledgements

Healthwatch South Gloucestershire and the Hivewatch authorised enter and view representatives wish to express their gratitude to the staff and residents at 121 Watley's End Road who generously participated in conversations with Healthwatch.

Hivewatch South Gloucestershire would also like to thank Richard Saunders, Manager with whom we arranged the visit and all the staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

1.3 Purpose of the visit

Healthwatch South Gloucestershire and Hivewatch undertook the enter and view visit to during February 2018 with the purpose of finding out about the residents experiences of living within a residential care home setting.



The enter and view (E and V) visit to 121 Watley's End Road residential care home is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire The Hive to understand the quality of experiences for people with learning disabilities within local health and care services. This programme of work, funded by the South Gloucestershire Learning Difficulties Partnership Board has been called 'Hivewatch'.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2017/18 is to engage with people with learning disabilities, and in partnership with The Hive, to undertake enter and view visits to health and care services across the district. Enter and view provides an ideal tool to identify the experiences and views of service provision by people with learning disabilities.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchesouthglos.co.uk

2 Methodology

2.1 Planning

A planning meeting was held by The Hive and Healthwatch South Gloucestershire. Training has been given to The Hive members to enable them to become authorised enter and view representatives. All enter and view volunteers have a DBS check and are given an identification badge to wear during the visit. Healthwatch volunteer enter and view representatives have been 'buddied up' with the trained Hivewatch volunteers to assist them to observe health and care services in action, and to agree questions to use during enter and view visits.

2.2 How was practice observed?

On Wednesday 7 February 2018, four Healthwatch and Hivewatch authorised enter and view representatives visited the Watley's End Residential Care Home. Information was gathered from the Healthwatch and Hivewatch representatives' observations of staff interactions with the participants.

Observations were gathered by the Healthwatch and Hivewatch authorised representatives working in pairs. Conversations with staff and residents were semi-



structured and underpinned by the use of a checklist template and list of prompt questions developed collaboratively by Healthwatch and Hivewatch volunteers.

The checklist covered areas to consider such as:

- Outside the building
- The entrance to the building
- Inside the building
- About the service
- Activities
- Service user questions
- Implementation of the Accessible Information Standard

Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Notes were made by the Healthwatch authorised representative, who worked closely with each Hivewatch representative during the visit. Using these notes, the Healthwatch South Gloucestershire Volunteer Support Officer compiled the report. This report was then shared in draft form for all representatives to discuss and agree before the report was shared with service providers to agree any factual changes required.

2.4 About the service

121 Watley's End Road provides accommodation, nursing and personal care for 14 people. People who live at the home have learning and physical disabilities. There were 14 people with complex and high support needs living at 121 Watley's End Road at the time of the Hivewatch visit on 7 February 2018. A majority of residents had physical as well as learning disabilities, most used mainly non-verbal communication. During the visit we saw residents interact with staff. Staff appeared to know what the residents wanted and how each person needed to communicate with gestures and prompts. We did not see staff use any interactive communication aids but staff did confirm that once they get to know a resident they can understand what they want and are able to communicate effectively.

There were no easy read documents however having spoken to the staff this was stated to be something that they had talked about providing for lunch time menus

Staff stated that Milestones Trust give the training needed to support and communicate with the residents.

3 Findings

Executive summary

- Residents appeared happy and relaxed in the presence of the members of staff and seemed to be enjoying the musical entertainment at the ‘Wednesday Club’.
- The home was clean and bright with safe outdoor space, residents’ rooms felt ‘homely’ and members of staff were warmly welcoming of our visit.
- When one member of staff was asked “what are you most proud of here?” the reply was; “The care we give because it brings a smile to their faces”.

3.1 First Impressions

Outside the building:

The front of the property was mainly taken up with a car park, with parking spaces wide enough to accommodate transport for people in wheelchairs the car park was full but there was adequate on street parking in this residential area.

The paving and driveway was in good condition and nothing was noted which would cause an obstruction or hazard to people with mobility issues. There was no step into the building therefore it was fully accessible.

There was a key code and buzzer/intercom on the front door of the building and a buzzer system to prevent people from entering or leaving without alerting staff.

The building is a purpose built, one level residential home, set back from the road with a front garden and hedging. It is situated in amongst residential housing and next door to a large community centre.

There is a large, enclosed back garden with very high, dense hedging providing privacy and security. There are raised flower beds, a vegetable patch, a greenhouse and fruit trees. There are benches available for people to sit down.

Residents participate, wherever possible in gardening, and eat the vegetables grown on site.

Inside the building:

We were met by staff who were not expecting us, the staff did not know about Healthwatch. The member of staff who knew about our visit was off sick, although the letter about the visit from Healthwatch South Gloucestershire was stapled into the diary. As a result it took a while to explain what Healthwatch was and why we were there, however the staff were very accommodating and friendly throughout the visit.



The front door had a key code to gain entry. The entrance hall was bright, clean and tidy, and there were no unpleasant smells. Visitors were expected to sign in/sign out using a visitors' book, and use the hand sanitiser that was available. As visitors we were asked to sign in and out in the reception area.

The corridors were wide enough for two wheelchairs to be able to pass each other and there was a handrail on either side. There is a noticeboard in the main entrance hall with photographs and names of all members of staff. It was not noisy, and most residents were being taken to the large communal sitting/dining room as their 'Wednesday Club' entertainment was due to commence. This Club is also attended by residents from other Milestones Trust homes.

After initial introductions to staff we were introduced to one of the residents who happened to be passing, who then volunteered to show us around together with a member of staff.

In the main corridor we observed a notice board with all the residents' photos and names and there was a little display in the centre to celebrate residents' birthdays.

The home was set out on one level therefore there were no stairs, steps or lifts. The home had wide corridors and was fully accessible throughout with fixed and mobile hoists. The building was in good condition, bright and airy with no unpleasant smells.

Hivewatch volunteers were shown the quiet room and the conservatory these were clean and tidy areas with comfortable seating. There was one resident sat in the quiet room watching TV and there was one resident asleep on the sofa in the conservatory.

We were also shown into the large rear garden. This was all on one level with grass, patio and planted areas, there was also seating areas and we were shown an area where a new covered gazebo was due to be erected soon. The door to the garden was locked and alarmed, we were informed that this was due to safety to ensure staff know when residents were going into the garden.

On our tour we walked past a number of bedrooms which had room numbers, resident's photos and other personal decorations on the doors.

Each resident has their own room. The rooms are not en-suite but do have wash hand basins. Residents are able to choose the colour of the paint or wallpaper for their walls, curtains, other soft furnishings and bedding. They are able to have their own furniture and other items such as lamps, ceiling lights, televisions and so on.

We were invited into the bedroom of the resident who was showing us around. She confirmed that she choose all her furniture, curtains, TV and furniture. She also told us she decided what pictures were on her door and on the wall in her room.

Hivewatch volunteers were shown a sensory room which was in the process of being refitted, and an arts and crafts room which contained a cupboard with lots of material.

Hivewatch volunteers also saw the clinical/medicines room, and a newly refurbished bathroom.

There are two baths and three showers available and all residents have a bath or shower every day. The bathrooms and toilets are wheelchair accessible, with walk-in showers and special adapted baths. A hairdresser also comes in to the home.

We ended our tour in the communal lounge area where many of the residents were watching TV. The room was clean tidy and spacious, and although there were a couple of sofas and chairs, most of the residents were in their own wheel-chairs. There were no unpleasant smells, there was a smell of food (the visit occurred just after lunch). There was a trolley in the room with some drinks on it.

We observed that the residents were waiting for the start of an afternoon of entertainment which had been arranged in the form of a female singer. This event is a regular Wednesday event and is attended by other Milestones Trust service users.

There appeared to be adequate numbers of carers on duty. Hivewatch was informed that there is always one Registered Learning Disability Nurse on duty and two members of staff on duty at night with one other member of staff on-call if extra help is required in case of an emergency. There are also administrative staff and a cook and kitchen/cleaning members of staff. There is mandatory training that members of staff undertake.

The residents looked well cared for, smartly dressed with well-groomed hair styles. We were told that members of staff undertake checks with residents at a minimum of every two to three hours to ensure that residents who may develop pressure ulcers have their positions changed and to offer those who need assistance to access the toilets. Each resident had an identified key worker, a named member of staff and a care co-ordinator. The home has seven female and seven male residents. There are four male members of staff available to ensure that residents have a choice about who provides them with intimate care. Members of staff told us that they knew residents really well and recognised when they were unwell and would report this to the Registered Nurses. Residents had regular access to healthcare professionals; a GP visits the residents every Monday, opticians visit the home and appointments are made for residents to attend the dentist and hygienist, chiropodist, and audiologist.

Residents are taken out to go shopping, they have day trips out and also go on holiday, for example to Butlins or to holiday cottages that are booked.

Members of staff told us about the arrangements made for people to keep in touch with their relatives. Some residents saw family members regularly on a weekly basis; one person goes home for weekends; some keep in touch by telephone. All relatives and friends are invited to the events and parties in the home.



The residents are able to make complaints, usually through their relatives.

During the tour the fire exits were clearly displayed and were not obstructed. We did not ask about the procedures for emergency evacuation.

3.2 Food and drink

There is a main kitchen which produces food for the residents, we were also shown a second kitchen where residents are able to do supervised cooking with a members of staff. There was a menu in place and residents are offered a choice of what they would like to eat. Residents may choose to eat in the communal dining room or in their room. We observed one resident with diabetes being given the extra drink and snack that the resident required.

3.3 Service users' questions

Residents' questions:

There was only one resident who was able to understand and answer our questions we therefore asked this resident the following question and she answered a few of them but was assisted by a member of staff.

Can you decided what activities you do?

Resident - I play dominoes, cooking with staff and painting.

Staff - there are certain activities they run and residents can choose from these activities.

What happens if you don't like what's on the food menu?

Resident - I like the food here.

Staff - there are two food choices each meal time and we get to know what the residents like and don't like and offer choices accordingly.

Can you eat in your room?

Resident - I have breakfast in my room.

Staff - residents can have food in room or dining room it is their choice most people have breakfast in their own rooms in the mornings and eat the rest of the time in the main lounge.

Can you get drinks and snacks when you like?

Resident - did not understand the question.

Staff - yes within reason, for example residents that have diabetes and food allergies so we keep an eye on what they eat.

Do you choose which staff support you?

Resident - did not understand the question.

Staff - yes there are certain staff on duty and residents can often ask whichever staff they want to help on that day, they also get keyworkers who generally support them the most. We know which residents prefer to have male or female staff to attend to their personal care needs and provide this care accordingly.

Can you go out when you want?

Resident - did not understand the question.

Staff - due to the nature of the disabilities and lack of personal and road safety all residents are accompanied when leaving the house this often includes when in the garden.

How do you keep in touch with your family?

Resident - I ring my family when I want and see them whenever they can visit usually once a week.

Staff - visitors can come and go when they want as there are no visiting hours as such.

Do staff knock before going into your room?

Resident - did not understand the question

Staff - Yes

Do you have a TV in your room?

Resident - Yes

Can you watch what you like on TV?

Resident - Yes I can watch what I like in my room.

Can you get a cup of tea at night?

Resident - did not understand the question.

Staff - no we can get them a drink if they want but most are unable to get a drink themselves.

Where do you go when you want to be on your own?

Resident - didn't understand the question.

Staff - the house is big enough for people to have their own space when they need it if not in their bedroom the conservatory or quiet lounge. There are some people who want to watch TV in their rooms to get peace and quiet.

Can you choose when to have a bath or shower?

Resident - I have a shower every morning.

Can you decide what to wear each day?

Resident - Yes



4 Conclusion

Overall impression of the visit to the Milestones Trust, 121 Watley's End Road, residential care home was that residents appeared happy and relaxed in the presence of members of staff and seemed to be enjoying the musical entertainment at the 'Wednesday Club'. The home was clean and bright with safe outdoor space, residents' rooms felt 'homely' and members of staff were warmly welcoming.

5 Recommendations

- Management need to ensure that they communicate to staff and residents dates and details of planned Healthwatch visits.
- It is suggested that menus are printed in easy read and photo format so residents can be shown what the food choices are. A photo/easy read drink/snack menu could be created enabling residents to indicate when they wanted a snack or drinks rather than waiting to be asked.
- It is suggested that easy read, pictures and other communication aids be available for staff, visitors to use to aid communication tailored to the needs of individual residents.
- It was observed that the door to the medicines room was left open and the room unattended during the visit. As this was an issue picked up by the CQC in their inspection of April 2017 it is recommended that members of staff are reminded to keep it closed (and locked) when not in use.



Recommendations summary

It is suggested that Milestones Trust, 121 Watley's End Road residential care home considers:	Comments from the service provider
<ul style="list-style-type: none"> Management need to ensure that they communicate to staff and residents dates and details of planned Healthwatch visits. 	<p>Communications systems within the home to be reviewed. All staff reminded of their obligations to read the communication book.</p>
<ul style="list-style-type: none"> It is suggested that menus are printed in easy read and photo format so residents can be shown what the food choices are. A photo/easy read drink/snack menu could be created enabling residents to indicate when they wanted a snack or drinks rather than waiting to be asked. 	<p>Will liaise with the Trust wide person who supports all services with accessible information. Kitchen staff will have input into this process.</p>
<ul style="list-style-type: none"> It is suggested that easy read, pictures and other communication aids be available for staff, visitors to use to aid communication tailored to the needs of individual residents. 	<p>As above.</p>
<ul style="list-style-type: none"> It was observed that the door to the medicines room was left open and the room unattended during the visit. As this was an issue picked up by the CQC in their inspection of April 2017 it is recommended that members of staff are reminded to keep it closed (and locked) when not in use. 	<p>Nursing staff reminded of their obligation around this.</p>



Disclaimer

- This report relates only to a specific visit (a point in time.)
- This report is not representative of all service users and staff (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 to providers;
- 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

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



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 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.

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.

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.

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).



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 to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may 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.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about and understand the quality of residents' care experience for people with learning disabilities within local services.

Objectives

- To visit for a minimum of two hours for each visit.



- To have a minimum of two pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall service provided for residents, including any structured activities using a template as an 'aide-memoire'.
- To engage residents in conversation about their daily lives at the care home using the template and prompt questions.
- If possible to engage residents' families and friends in conversation to elicit their views about the service their relative receives.
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the Milestone Trust, as the provider, the manager, staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority, the Care Quality Commission and Healthwatch England.

6.3 Enter and View Methodology

- A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:
 - which observations should be made
 - how to record the observations
 - how to initiate and maintain conversations with residents /their relatives
 - what questions were important to ask residents/their relatives
 - how to record the conversations with residents/their relatives
 - what questions were important to ask members of staff
 - how to record the conversations with members of staff
 - how to collate all the data gathered and write a final report
 - ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.



A.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- Outside the building
- The entrance to the New Beginnings Activity Centre; outside and inside the building
- Inside the building
- About the service
- Activities
- Service user questions
- Implementation of the Accessible Information Standard
- any other comments or observations.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a resident, included open questions.

A.4 The care home is informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters and leaflets about HWSG are sent to the care home in advance so that these can be displayed on notice boards and used to inform residents, their relatives and members of staff about the role of HWSG, the E and V visits, and to encourage relatives to be present during the visits.

A.5 Each visit takes the form of a series of informal conversations with residents and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients. The views of some of the members of staff, including carers and ancillary staff, are also sought.

A.6 All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

A.7 The data collected are the E and V representative volunteers' subjective observations and notes from conversations with patients, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were



collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.

