



Enter and View Report

Earlfield Lodge

19th January 2016



Contents

Visit Overview	3
About Healthwatch North Somerset	4
Enter & View	4
Key Benefits of Enter & View	5
Purpose of the Visit.....	6
How the Visit was Conducted	6
Observations and Findings.....	6
Personal Care and Dignity of Residents	7
Independence of Residents and Control over Daily Life	8
Staff Behaviour and Attitudes and Relationship between Residents and Staff.....	8
Activities for Residents	9
Food and Drink and Meal Times	9
Relationship between the Home and Relatives/Carers	10
Staff Satisfaction	10
Other Observations and Comments from Resident, Staff and Relatives.....	10
Questions	10
Recommendations	11
Acknowledgements.....	11
Appendix 1.....	12
Quotes from Staff Members.....	12
Appendix 2.....	13
Quotes from Relatives	13
Appendix 3.....	14
Quotes from Residents	14



Visit Overview

Service Name and Address: Earlfield Lodge, 25-31Trewatha Park,
Weston super Mare BS2 3RR

Type of Service: General Residential and Dementia

Specialisms: Dementia

Registered Manager: Tessa Underhay

Date and Time of Visit: Tuesday 19th January 2016, 10am-12noon

Enter and View Team: Jane Towler, Lottie Enser, Janice Walsh and
Karen MacVean

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- **Providing information** about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Working closely with other groups and organisations in the local area.

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North

Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what the Enter and View representatives saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset 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 North Somerset Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows ‘Enter and View’ activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- 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 the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing ‘best practice’, e.g. activities that work well
- Keeping ‘quality of life’ matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a ‘critical friend’, outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people

- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Earlfield Lodge was selected as it has been participating in the Dementia Care Matters Butterfly programme and was considered to be a provider of good practice.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How the Visit was Conducted

The visit was an announced visit with the manager being given 2 weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and jointly we talked with 14 residents, 3 family members or carers who were visiting at the time and 10 staff who were on duty at the time of the visit. We also spoke with the Manager at the start of the visit and at the end to clarify any questions that had been raised.

Observations and Findings

Earlfield Lodge is an old building but we got the impression of a light, airy home and a welcoming atmosphere. The home was warm, even on what was a very cold day. We received a good welcome from the Registered Manager, we introduced ourselves but we did not get checked against our name badges when we arrived, we were taken on face value as to who we said we were, but we were asked to sign in and out of the building.

The general impression was of a clean, bright, warm, calm home with every attempt being made to meet residents' needs.

Earlfield Lodge has been participating in the Dementia Care Matters (DCM) programme. This is where care homes contract for a year with the 'Dementia Care Matters Culture Change Programme' which is known as the Butterfly Project. As a result of DCM, this the

home has temporarily separated into two halves. One half is presented using the teaching and the philosophy as described by the DCM team, with age related pictures on the wall e.g. pictures of the royal family which showed Queen Victoria and the Princesses Elizabeth and Margaret as children. The walls were covered in bright objects; old time music and black and white films were playing.

The staff did not segregate themselves by wearing a uniform. The residents were encouraged to participate in the day to day activities of the home e.g. residents were allowed into the kitchen area where the washing up took place to assist, the Manager told us there were 2 specific residents who liked to do this including one particular resident who had been in service all her life.

The other half of the home, whilst practising the DCM philosophies, was in the process of being converted to display the bright homely atmosphere that supports the DCM philosophy. Not all the residents who live in this side of the home suffer with dementia but the team believed there would be great benefits for the residents once this transformation is complete. The Manager told us this is work in progress and we could see that indeed the transformation had begun.

The staff were all very friendly and helpful and pleased to show us around. The staff spoke to residents in a very polite and friendly way. They talked about their own situations with the residents e.g. a staff member who was pregnant, told us she has shared being pregnant with the residents and took photos of her scan to show them and a resident is knitting for the baby. Another member of staff talked about going to a funeral and said she felt that the residents were like part of her family. We saw a very new resident who was not communicating being brought a cushion and blanket and being treated very kindly.

A member of staff told us she had worked at Earlfield Lodge for 6 years, her “longest and best job ever” after doing a variety of roles such as admin, receptionist and other care work.

We witnessed a number of staff sat down talking to residents; another staff member was holding a resident’s hand and walking around the unit.

Personal Care and Dignity of Residents

All residents were dressed appropriately and looked well cared for. They had clean clothes, some ladies were wearing jewellery or scarves and some had their nails painted, and one gentleman was dressed in a suit and tie. Everyone seemed to be dressed in their own clothes to suit their individual personality and choice.

Residents and staff told us that they were able to choose what time they got up in the morning and where they spent the day either in their room or in one of the lounges. There was a hairdresser present at the time of our visit who was providing a very popular service; we were told no extra charge was made to the residents for this service; it was financed by the owner of the home.

We observed a resident who was mostly bed bound but was prone to falling out of bed. For this resident's safety, the bed was lowered and the staff had placed another full size mattress beside the bed with a sensor pad laid on the top so that if the resident fell out of bed an alarm would be triggered and they could attend immediately.

The home has its own Chapel, staff and relatives told us services are conducted at least once if not twice a month. One resident told us the Christmas service was really lovely.

The Manager told us that Community Therapists and Nurses visit the Home as and when needed.

The ratio of staff/patients in our opinion seemed sufficient at the time of visiting. We did not see all of the staff on duty nor all of the residents as some were still in bed or receiving personal care in their rooms.

Independence of Residents and Control over Daily Life

On talking to the residents and relatives, it appears they have control over their daily life. They are able to choose when they get up and go to bed and can eat meals where they choose. We witnessed one lady eating a bowl of cereal at 11am.

They also have choice about how they spend their day. There is an activities coordinator, who we witnessed running a game of bingo and there is a full week's activity programme advertised on the wall. These activities are open to all residents if they wish to participate and the Manager told us she encourages impromptu activities to meet the needs of the residents even if these activities only last for a few minutes.

A relative told us that on first entry to the home, life stories are collected from residents and relatives to enable staff to get to know the residents and so that their lives can continue as before as far as possible. A staff member explained to us that they try to reflect the resident's life and interests on the outside of their bedroom door to help staff know the resident better. We were shown a room with a picture and name of the resident, around the door were pictures of knitting needles and wool and actual items that the resident had knitted such as bobble hats and baby booties, to reflect the life the resident had led. This staff member told us this helped the staff to communicate with the resident about things that were important to them; this was of particular benefit if the staff member did not know the resident well.

Staff Behaviour and Attitudes and Relationship between Residents and Staff

The Manager told us that all staff have undertaken the DCM training and we observed that staff seemed to enjoy this experience and had fully embraced the philosophy of care.

We witnessed staff with residents being kind and spending time to ensure care and consideration were given. Whilst they cared for residents, they chatted about individual interests. Staff appeared to have a good relationship with residents and seemed confident, caring and capable. Whenever we met a member of staff as we walked around the building they did not seem worried about speaking to us and they came across as open and genuine.

Activities for Residents

The home has an activities coordinator whom we witnessed organising a game of bingo. There was a weekly activity programme, which is displayed on the wall and covers both morning and afternoon activities, these activities are open to all residents who wish to participate.

There was a full size snooker table in the attic where a resident told us games take place twice a week; the room is laid out with comfy high back chairs. There are musical instruments, films, activity boxes and puzzles all easily accessible to the residents.

There were paintings that the residents had painted displayed on the walls, photographs of Christmas and previous outings. There were also photos of staff members with their names.

There was an enclosed garden area with a water feature in the centre; the garden was paved with no raised areas to cause a hazard. There were chairs, benches and tables with umbrellas, a summerhouse with seating and 2 conservatories. The Manager told us the residents really like this area in the warmer weather.

Food and Drink and Meal Times

A resident told us that lunch is between 12noon and 2pm and that they are asked if they would like to eat in their own room or in the communal dining room. We saw trays that were laid with the resident's names on them ready to be served to those who wished to take their meals in their room.

A relative reported that although he had not been offered the opportunity to take lunch with his mother; his sister who lives further away had been offered when she visited.

We witnessed residents being offered a choice of 2 hot meals and 2 different types of squash at lunchtime so there is a choice of meals and dietary preferences which were taken into account. For those who were not able to verbalise their preference they were shown both meals and both jugs of squash to aid their choice. The staff assisted this choice by reminding the resident which was their own particular favourite.

Relationship between the Home and Relatives/Carers

Visiting relatives and friends are welcome at any time. We saw 3 different visitors at the time of our visit and the staff knew the relatives by name, the staff chatted happily with each visitor and they encouraged each visitor to speak with us and made introductions.

We were offered a private room to talk to a family member who wanted to talk to us away from her relative.

Staff Satisfaction

The staff we saw on the visit spoke to us freely and appeared to be satisfied and happy in their work. Two members of staff were observed serving lunches; they were happy and cheerful and neither seemed to have any complaints. The Senior Care Worker in charge of the shift chatted with us freely and had no complaints. She had an easy friendly attitude with both residents and relatives.

All the staff were very welcoming and friendly and keen to show us around, they enquired if we wanted to know anything and offered us drinks.

Other Observations and Comments from Resident, Staff and Relatives

We spoke to a number of staff, residents and relatives, their views and comments have been reflected in the construction of this report. The notable comments, observations and discussions have been detailed in appendices 1, 2, and 3.

At the end of our visit we met once again with the Manager as we had some unanswered questions, below are the questions asked and the responses provided.

Questions

Q. Why are there key pads on doors?

A. To secure residents goods but residents can get out of rooms though there are pressure doormats so staff know if resident is leaving their room at night and can respond.

Q. Is there a complaints procedure displayed?

- A. No but the Manager said she would see to that straight away. They do have paper copies available for residents and relatives.
- Q. We asked if the reason the staff did not wear uniforms was down to the DCM philosophy and if it was, had this had a positive impact on relationships between residents and staff.
- A. The Manager told us that it had had a really positive effect on resident/ staff relationships.
- Q. Can everyone join in all the activities on offer in different areas?
- A. Yes the residents are encouraged to do so no one is excluded.

Recommendations

- There was no complaints procedure displayed, the team questioned the Manager regarding this, who explained how complaints were raised and dealt with in the home. However, we recommend that this be displayed in a prominent area for all to view.
- We recommend that the Butterfly philosophy is integrated into the half of the home that is not benefitting from the homely environment this philosophy fosters.
- It would be useful if a review of activities and opportunities available was carried out with the residents to make sure all residents engaged.

Acknowledgements

Healthwatch North Somerset would like to thank Tessa Underhay and all the residents and staff of Earfield Lodge for their cooperation in planning the visit as well as the provision of opinion and feedback.

Appendix 1.

Quotes from Staff Members

- “I don’t think of residents as residents ...to me they are like family”.
- “I have worked in various care situations. I am happy here and have worked here for six years... Longer than I have worked anywhere else”.
- “I am happy in my work and I am on very friendly terms with all the residents”. They also went on to tell us that the homeowner had told staff “No matter what you’re doing, if someone wants to chat, you chat”.
- A staff member told us that through talking with a resident who was originally from London about her family, they discovered they both had relatives who had worked together in a London factory.

Appendix 2.

Quotes from Relatives

- We spent a lot of time speaking to a relative who was clearly very concerned about a difficult family situation that was affecting her mother's care arrangements. However, she told us that she was pleased with the care that her mother was receiving at Earlfield Lodge. She praised the responsive and caring attitude of staff and commented on good communication between staff and families
- One relative who's Mum has been in the home for three years told us she was asked to write a story about her mum when she first came to the home. She thought it was great. She said the staff seem really caring and thoughtful and keep her informed. Her mum's condition has recently started to get worse so she is visiting more often and it has been made clear that she can visit any time of day. She said there has always been a caring attitude but the dementia programme has enhanced it 'it's cosy and like a real home'. She mentioned residents do have activities, although not as much recently. They've had a karaoke morning and she saw another resident who is usually very quiet tapping her foot to the music. Her mum has played the piano. The staff are always giving her a hug and a kiss. They get a choice of a hot meal or sandwiches for lunch and dinner and she said they seem very accommodating. The only thing she is concerned about is whether or not her mum will get the right care now that she is worsening given that there are no medical staff.
- Another Relative told us they were very happy with the home and the care her mother was receiving. "The home keeps me very well informed about mum and lets me know straight away if mum has a fall".

Appendix 3.

Quotes from Residents

- Male Resident who has been in the home for about two years. ‘There’s nowhere more marvellous you could be. I have the best room in the house and the food is great’. He went on to tell us he about the Sunday roast, shepherd’s pie, roast chicken and fish on Fridays. He also told us that if he wanted something other than what was on offer the staff would be accommodating”. “I get up at 5.30am and am downstairs about 5.45am and the night staff make me a cup of coffee and I say good morning to everyone as they appear”. He also told us that sometimes the maintenance man made him a drink if he was around. He told us he played snooker in the attic twice a week, which is something he used to do before he came to the home. He also told us he played cards and bingo twice a week. He mentioned that there had not been many days out for a while.
- A resident in the lounge said ‘I wish I could go out’. When we asked if she ever managed to get out, she said ‘I’ve got too lazy’. She had crossword puzzle books on her table.
- “We have our own TV in our room so if we don’t want to watch what is on in the lounge we can go and watch what you want”.
- “I find it alright here but just get bored sitting”.
- “I would like to go home but I am well looked after here”.
- “I am looked after”.
- Resident said she was feeling ill but said she had told Tessa (Manager) and she had said she would get it sorted out for her. We observed this discussion; the Manager listened and responded appropriately to the resident.
- “It’s ok here but I don’t have a choice. I don’t like being told what to do; I like to do what I want when I want”. The resident went on to give us an example “we have two sessions for eating but I am told which one I need to go to”.
- “I don’t like the food it is undercooked the bacon is not crisp and the vegetables are undercooked”.
- “We can go outside with a member of staff, not on our own”.
- “There is a kitchen we can go to get a cup of tea whenever we want one, but we can’t make our own because of safety”.

- Resident told us if they don't like the choice of meals on offer the staff will make an alternative. They told us that the staff would make snacks whenever they want one, like egg on toast.
- "Sometimes I get bored and go to sleep out of boredom".
- "I used to like to walk around the home but I can't do that now with all the key pads on the doors".
- "The activities are poor we watch a lot of television".

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