healthwatch South Gloucestershire

Enter and view report Beck House Care Home 27 September 2016

Authorised representatives
Sarah Moore
Linda Broad
Andrew Riches
Tony Colman
Pat Foster

Healthwatch South Gloucestershire
T: 01454 543 402
E: info@healthwatchsouthglos.co.uk
W: www.healthwatchsouthglos.co.uk

Author: Sarah Moore, 28/10/2016

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Beck House Care Home Beckspool Road Frenchay Bristol BS16 1NT
Service Provider	Beck House Care Home
Date and Time	September 27th 3:30pm-5:30pm
Authorised Representatives	Name Sarah Moore Name Linda Broad Name Andrew Riches Name Tony Colman Name Pat Foster
Contact details	01454 543 402 info@healthwatchsouthglos.co.uk www.healthwatchsouthglos.co.uk

1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the residents of Beck House Care Home and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Beck House Care Home management 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 undertook a 2 hour afternoon enter and view visit to Beck House on Tuesday September 27th with the purpose of finding out about residents' lived experience of care.

The enter and view visit to Beck House is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire to understand the quality of residents' care experience within local care homes.

The residents in Beck House have severe learning disabilities, the representatives were hoping to be able to ascertain the resident's personal experiences of their daily living activities, it became apparent very early in the visit that many of the residents due to their disabilities were unable to communicate verbally. Representatives therefore observed interaction of staff and residents.

2 Methodology

2.1 Planning

A monthly planning meeting is held by authorised enter and view volunteers. These are used to agree which observations to focus on and prompt questions to use. Observation templates and prompt questions have been continually amended and revised as authorised representative's learning develops.

In preparation for this visit volunteers attended training provided by The Hive. The Hive previously a MENCAP organisation supports people with moderate learning disabilities provided Healthwatch volunteers with guidance on how to approach and consult with people during the visit. Enter and View volunteers attended a training session using Talking Mats, a communication aid using pictures and symbols to give them ideas for communicating.

2.2 How was practice observed?

On Tuesday September 27th, five authorised enter and view representatives visited Beck House. As the care home residents had severe communication difficulties it was difficult to converse with them. Therefore information was gathered from the

representative's observations of staff interactions with the residents. Observations were gathered by all the authorised representatives working in pairs.

Conversations with staff and visitors were semi-structured and underpinned by the use of a template and a list of prompt questions. Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Conversations are recorded anonymously. One enter and view representative then compiled the report based on the records from the team's conversations and observations, and shared the report in draft form for all who participated in the visit to contribute and agree.

2.4 About the service

A report from the Care Quality Commission (CQC) in January 2016 rated Beck House as providing a good safe, effective, caring, responsive and well led service. This same report went on to say that all residents were treated with care and dignity, demonstrating that their rights were protected.

Beck house is run by Care Futures a family run organisation, a manager from this organisation has an office on site.

Beck House provides care and accommodation for people with learning disabilities.

The home is purpose built with wide corridors for easy wheelchair access.

At the time of the visit there were 20 residents ages ranging from 38yrs to 71 yrs.

The home is supported by community services, e.g. District nurses, Occupational therapists, Physiotherapists, and when possible provide end of life care to their residents.

3 Findings

Executive summary

3.1 First Impressions

- The front entrance had a locked door, opened by a member of staff.
- There was a signing in book for all visitors.
- There was no hand cleaning facilities at the door.

- The corridors were spacious, light and clean with no unpleasant smells. There were handrails in the corridors with tactile objects placed around the rails enabling residents to stop and feel.
- The public areas were uncluttered. The corridor looked out on to a rather concrete looking court yard which would have benefited from a bit of tender loving care to make it more pleasant, to stimulate and entertain the residents, visitors and staff as they circulate around the house.
- The house had retained a very sizeable impressive stained glass window, which was formerly part of the vestry.

3.2 Environment

- The home was purpose built, clean, functional and mostly pleasingly decorated.
- The flooring was smart, homely but very suitable for wear and tear.
- The residents rooms were all ensuite and spacious enough to include a bed, furniture, plus a TV. Rooms were decorated to suit individual or family choice. Each room had photos by the doors for recognition.
- Four separate lounges, with a large pleasant garden at the rear of the property, easy access for wheelchairs.

3.3 Staffing

- All interactions observed between residents and staff were positive and caring, residents seemed able to communicate their needs due to staffs intimate knowledge of each resident
- Staff said they felt supported and able to approach management at any time. The manager has an 'open door policy' staff encouraged to report any concerns, with clear procedures in place to ensure safeguarding. Whistle blowing is encouraged and a clear complaints procedure in place.
- The manager had been in post for 16 years and clearly enjoyed her vocation, providing a well led 'hands on' approach.
- There are 7 staff that cover the day shift with 3 at night, 2 awake and 1 sleeper
- Night staff reported that they check and clean all wheelchairs daily.
- Staff are well trained, encouraged to NVQ level 3. All training paid and completed during contract hours.

3.4 Activities for Residents

- These include; BBQ's, Garden Parties, Shopping trips and Beauty sessions.
- There is a day care centre at the rear of the building which residents are able to attend.
- Family events are well attended.

- The parents of a resident spoke to a representative and informed him that when their daughter was due a 50th birthday party, her designated carer had organised a party for her in the nearby village hall, which involved a considerable amount of organising, reflecting the high standard of care.

3.5 Person-Centred Care and Residents' Choice

- Each resident had a named carer, it was evident that they had a close relationship with both the resident in their care and their family members. This interaction ensured that they were able to respond to individual need, with an awareness of any changes in health or mood. Any changes in mood or personality would help signpost any sign of abuse.
- Residents have the opportunity to visit the dentist and receive a weekly visit from their GP.
- One set of parents informed a representative, that their daughter was able to lie in and have breakfast in bed.
- The carers seem aware of resident's likes and dislikes and try to facilitate these whenever possible.
- Regular staff meetings and annual questionnaires are sent out to relatives, collating information that may be needed to improve service.
- Communication by email works well between parents and staff.

3.6 Nutrition and Hydration

- On site kitchen provides all meals. Residents have a choice of meal and pictures of food are available to help them choose.
- Snacks are available at any time of the day.
- Family members can join residents in the dining room for a meal.
- Fluids are encouraged, charts available if required. Bowel charts are monitored daily.
- Residents weighed monthly and if there is any weight loss a dietician is consulted.

4 Conclusion

The Enter and View representatives were impressed and inspired by the quality of care that they observed at Beck House Care Home. The staff seemed committed and well-motivated, led by a dedicated and enthusiastic manager. Representatives felt reassured by the dignified care and respect shown by very caring staff to this vulnerable group of residents.

5 Recommendations

- Have hand washing facilities or alcohol gel available and accessible for visitors entering or leaving the home.
- To enhance the courtyard which is overlooked from the corridors.

Disclaimer

- This report relates only to a specific visit (a point in time.)
- 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 include[1]:

- 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 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 providers[2] [3]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.

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

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[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).

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 residents' lived experience of being in a residential care home or nursing home.

Objectives

- To undertake two (if possible) separate announced E and V visits on different days of the week.
- To visit at two different times of the day for a minimum of two hours for each visit.
- To have a minimum of three 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 in a 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 care home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.

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 coversations 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 the care 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):

- first impressions of the care home;
- residents' environment;
- staffing issues;
- activities for residents;
- person centred care;
- conversations with residents;
- conversations with residents' relatives;
- conversations with members of care staff;
- nutrition and hydration;
- residents' choice;
- 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 such as:

- please tell me about your daily routine, for example, food, activities, company and visitors;
- what do you think about the care that you receive?
- how frequently are you able to have a shower/bath?
- how are you helped to have a meal or a drink?
- what sort of activities are you able to enjoy?
- can you please give some examples of choices you are able to make, for example, about television (or radio) being switched on (or off), which channels you can watch/hear, what food you like to eat, how are you able to choose which clothes to wear, getting up/bedtime, going outside into the garden, other 'routines'?
- specifically to ask members of staff caring for people with dementia: what do you do if a resident is continually asking to go home, or asking for their mother?

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 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 residents. The views of some of the members of care home staff, including nurses, care assistants 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 residents and explain the purpose of their visit. Some residents 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 residents, 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 ware 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.