

REPORT OF ENTER AND VIEW VISIT TO BLOSSOM FIELDS NURSING HOME

High Street, Winterbourne, BS36 1RB

One visit undertaken in September 2015

Authorised representatives undertaking the visit:

Linda Broad, Joanna Parker, Andrew Riches, Wayne Song

Author: Joanna Parker

Date: September 2015

Acknowledgements

Healthwatch South Gloucestershire enter and view authorised representatives wish to express their gratitude to the residents of Blossom Fields Nursing Home, and their relatives who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Blossom Fields care home management and the members of staff who were willing and able to engage and answer numerous queries. The members of staff were welcoming and helpful.

Contents

1. Executive Summary	3
2. Context.....	4
3. Findings	5
4. Conclusion.....	10

Appendices

A. Healthwatch Enter & View: Background.....	12
B. Healthwatch Enter & View: Aim and Objectives	14
C. Healthwatch Enter & View: Methodology.....	15

1. Executive Summary

1.1 Healthwatch South Gloucestershire enter and view authorised representatives undertook one three hour enter and view visit to Blossom Fields Nursing Home during the late morning of 8 September 2015 with the purpose of finding out about the residents' lived experience of the care home.

1.2 Information was gathered from the authorised representatives' subjective observations and their notes of conversations with residents and/or their relatives, and members of staff. Observations were gathered by the four authorised representatives working in two pairs. Conversations were semi-structured and were noted down contemporaneously. The approach for recording the observations and the content of the conversations was underpinned by the use of a template and a list of prompt questions.

1.3 Overall, Blossom Fields Nursing Home was found to be delivering a high standard of care. The home provides care and support for frail, older and vulnerable people and there is a lot to commend. The residents expressed, when able to, satisfaction with their levels of care. Likewise, relatives were satisfied and appreciative of the care their family members were receiving.

1.4 Blossom Fields Nursing Home is to be commended for:

- a person-centred approach to care for elderly people with nursing and/or dementia care needs
- enthusiastic leadership
- dedicated, loyal and caring members of staff
- support from volunteers
- connections with young people in the community
- availability of some meaningful activities.

1.5 It is suggested that Blossom Fields Nursing Home considers using:

- a self-audit tool called **"Is your care home dementia friendly?"** (The King's Fund www.kingsfund.org.uk/dementia), to check that the home is as dementia friendly as possible and improve the environment, and;
- **"Inspiring Action: Leadership Matters in Person Centred Dementia Care: 50 Point Action Checklist"** (Alzheimer's Society and Dementia Care Matters www.dementiacarematters.com.)

2. Context

2.1 The context of the enter and view visits

Enter and view (E&V) visits are part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire (HwSG) to understand the quality of residents' care experience within local care homes, particularly where residents have, or could be expected to have, dementia.

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

2.2

Blossom Fields Nursing Home provides nursing, end of life care and dementia care to elderly people. The home has 43 beds set over three floors. All rooms are single occupancy and have en-suite bathroom facilities. It is a bright, large modern building on the main high street in Winterbourne, set in a garden with views of open countryside to the rear. There is a 'Memory Lane' situated in the grounds. This is a development of shop fronts from the 1950s with a post office, greengrocers, traditional local public house, and a telephone box and bus stop.

Their website states that:

"The home has been designed to ensure we can cater for all care needs and has:

- low rise nursing beds
- ceiling hoists
- fully assisted baths
- walk in showers
- disabled access throughout the building.

We pride ourselves on our modern approach to care, we focus on what people can do, not what they can't. Blossom Fields provides a luxurious and modern environment, including luxury bedrooms, a sensory room, a cinema room, a hairdressing salon, sensory gardens and luxurious communal lounges and dining rooms."

2.3 A report from the Care Quality Commission in January 2014 found that:

People received the care and support they needed because assessment and care planning arrangements took account of each person's needs, choices and preferences. People were cared for in a clean, hygienic environment. There were high standards of cleanliness in all areas of the home. The facilities at Blossom Fields were designed around the needs of the older person and in particular those people with dementia or cognitive impairment. All standards were met.

3. Findings

3.1 The findings are presented as bullet points from the E&V representatives' notes using the observation template headings. Where possible quotes are taken from conversations with residents and/or their relatives, and/or members of staff and are used to illustrate the experience of living in Blossom Fields Nursing Home.

3.2 The E&V representatives' first impressions were positive. For example:

- there was security at the main door leading from the large reception area, a visitor's book to sign in, and hand sanitisers available;
- there was information available in the reception area about different aspects of care in Blossom Fields including an album of photographs of residents enjoying a range of interesting and stimulating activities;
- there was a warm welcome from the nurse manager, home manager and senior staff, who were able to answer E&V representatives' questions fully and promptly. They were very keen to share their philosophy of care and their determination to ensure that residents' needs were met and that residents enjoyed living in Blossom Fields. E&V representatives also received very positive, polite and cheerful greetings from the members of staff they met;
- the managers demonstrated passionate and committed leadership with a good knowledge of the residents and their families. It was apparent that the managers worked hard to ensure that they always have well-trained, loyal members of staff who are expected to deliver exemplary care;
- however, despite the warmth and friendliness of the members of staff, the overall impression was that Blossom Fields was more like a hotel rather than a peoples' home.

3.3 Environment

The observations noted about the care home environment are as follows:

- Blossom Fields is a new build, having been open for approximately three years. It specialises in the care of people with dementia, with about two-thirds of the 43 residents living with dementia. The home has three floors, each floor offering care for people with different levels of need and dependency. The top two floors have a communal room (a sitting/dining room, and a kitchenette) and the ground floor has the kitchen and main dining room;
- the home had a calm ambience and was very well cared-for, 'sparkling' clean and with good quality fixtures and fittings. There were no unpleasant smells;

- the secure garden area was pleasant with plenty of space for residents and visitors to enjoy. All senses were catered for with a water feature and flower beds, all in good order and clearly cared for. There were two distinct garden areas. The first was a paved area leading from the communal room and from the main entrance hall, with tables and chairs arranged in a café style. The second area of the garden was the Memory Lane area with a 'village style green' and the 1950s shop frontages. There was also a hutch with a rabbit and an aviary with budgerigars. There is a volunteer who helps with the gardening;
- all residents' rooms were clearly marked with each individual's name and a small photograph of them. However, the doors were not individualised in any other way and therefore most probably not easily identifiable for residents;
- all rooms are for single occupancy and had a four-way profiling bed, an en-suite wet room, a television, and a call bell and/or an alarm mat;
- the residents' rooms were spacious and light and residents are encouraged to have their own personal furniture and mementoes;
- **"I like the furnishings and the room is of a good size. I've been able to bring in some of my own things" (quote from a resident);**
- a sensory room was also available for residents. This room was not in use when viewed by E&V representatives and there was some uncertainty about how frequently the room was used. There were massage chairs available for residents to use, a large water feature dominating the room and opportunities for residents to be stimulated by light, sound, taste, touch and smell. There was surround-sound available which was connected for use with speakers in the garden;
- the corridors were wide with sturdy grab rails on each side. The walls of corridors and communal rooms were all painted in a pale colour. It is suggested that it would be a more 'dementia friendly' environment if the corridors were divided in to coloured sections, or divided up with objects and/or seating to prevent a feeling of institutionalisation. There were pictures on the corridor walls; however, they were very 'bland' and placed at such a height on the wall that it would make it difficult for residents to see them;
- doors to communal rooms such as bathrooms had signage, although the signs were not large, nor clearly coloured, which could cause difficulty for residents with a visual impairment. It would be helpful if colour, and objects, and more appropriate pictorial signage was used throughout the building to enable residents to find their way around through a range of cues;

- the communal sitting/dining rooms on each floor were an appropriate size for the number of residents on each floor. They were not huge and did to some extent replicate small scale domestic living. The chairs were arranged in small groups and the dining tables were arranged in a café style;
- there is a hairdressing salon on the second floor which is open every Monday and Wednesday, and each floor has a clinical room.

3.4 Staffing and person-centred care

The observations of, and conversations with, care staff elicited the following:

- there are typically two to four qualified nurses on duty during the day as well as a manager or deputy, and nine or 10 senior care assistants/care assistants, plus ancillary and office staff;
- all members of care staff are expected to attain NVQs and/or the Care Certificate. New members of staff have a structured 12 week induction programme;
- mandatory training is carried out by an external training company and there is an e-learning programme available which members of staff may access during work time. Training is given a high priority;
- Blossom Fields also offers placements for student nurses, and there is an internal mentorship programme and a 'buddying' system;
- there is a member of staff who is designated to be a 'falls champion';
- apprentices are taken on and work experience is offered to students from local schools and the local College of Further Education;
- all the staff were open, communicative and, most importantly, appeared genuinely happy in their work;
- members of staff wore uniform;
- there are senior staff meetings every three months and information is cascaded to junior staff meetings. There are regular updates such as 'policy of the month' discussions;

- other regular meetings included monthly key worker meetings, weekly managers meetings, and monthly supervision meetings. Adult safeguarding and 'whistleblowing' are regular agenda items;
- Blossom Fields does not use agency staff but has a bank of staff members to draw upon. There is a low turn-over of staff;
- there was evidence of a person-centred approach to care at Blossom Fields. For example, residents are given a choice about what activities they do, when and where they have their meals, what personal possessions they have in their rooms and what time they get up and go to bed;
- there are regular meetings with residents, meetings with families and a newsletter for family and friends. Care reviews are undertaken on a monthly basis with residents and a yearly basis with their families;
- there are dental practices that visit the home, as do audiology, optometry and podiatry services;
- a general practitioner visits residents every Thursday from a local practice, although residents may register with other practices if they so wish.

3.5 Activities for residents

- There is an activities officer who works 35 hours a week. The role is supported by two volunteers.
- All residents are encouraged to take part in activities and the activities take place in Blossom Fields Nursing Home or The Grove, a residential care home offering specialist care for people with dementia, which is a partner home on the same site. Residents can participate in the activities offered in either home.
- The activities officer was enthusiastic and tries to vary activities so that they do not become repetitive. Residents are regularly asked what they would like to do. There are some core activities available including arts and crafts, reminiscence sessions and armchair aerobics. Bingo sessions have been changed to 'musical bingo'. Activities are advertised on a notice board.
- **"I like listening to music. I'm hoping to learn how to crochet" (quote from a resident).**

- There are group meetings, one for men and one for women with some 'gender specific' activities, although the residents are able to join in either of the groups. The activities have included cake making and decorating, quizzes, flower arranging, bread making, and discussing sports news.
- The men's group is supported by two male volunteers who bring in some 'outside conversation' and cover specific topics such as DIY or a visit to Bristol Rugby Club. The dart board in the mock-up pub is also used.
- The residents have also enjoyed ballroom dancing and, in response to residents' suggestions, making cocktails and a 'Masterchef' tasting session. There is a gardening club with volunteer help and it has received input from Growing Support, an award winning social enterprise that engages people in personalised, meaningful activities and encourages them to spend time outside.
- Residents can access an iPad (there are three available) and are supported to use Skype.
- There is a church service once a month.
- The home does not have a mini-bus but uses a local taxi service to enable residents to be taken out on trips, or to the local library or to a church of their choice.
- The E&V representatives did not observe any activities taking place and would like to see more opportunities for physical activities made available for residents.

3.6 Nutrition and hydration

- There is a head chef and four cooks. All food is homemade on the premises.
- Any visiting family members are able to make a drink whenever they wish and are able to eat meals with the residents.
- Drinks are available at all times for residents. Each resident has a fluid chart. As residents are not weighed on a routine basis individual food charts are kept so that staff know exactly how much each resident consumes each day.
- There are picture card menus on the noticeboards.
- A choice of meals is always offered at each meal. The lunch time meal is always hot. Alternative options are always available.
- Residents are encouraged to participate in agreeing seasonal menus and to try different foods.

- Residents' care plans include a section about 'What I like to eat'.
- Food is fortified if it is necessary for residents' health and well-being, for example, cream may be added to mashed potato.
- A new approach is being piloted whereby the chef will be able to ensure that the nutritional value of each meal is understood and then this information can be linked to residents' care plans and their food preferences.
- E&V representatives observed lunch being served. It smelt good and looked appetising.
- **"The food is extremely good. Staff are always responsive to my requests for hot drinks" (quote from a resident).**
- **"I never check the menu, I just eat what I'm given. It's OK" (quote from a resident).**

4. Conclusion

4.1 This E&V visit found a person-centred approach to care for elderly people with nursing and/or dementia care needs, with enthusiastic leadership, and dedicated, caring members of staff.

- **"My mother is very well cared for here. I'm not worried about her. I visit frequently and I can make a drink for us both whenever I want to, and have a meal with her" (quote from a resident's family member).**
- Blossom Fields Nursing Home is a 'fit for purpose' building, well maintained and furnished, and with a stimulating outside environment.
- There are good staffing standards with support from volunteers and connections with young people in the community.

The only recommendations made by E & V representatives are to suggest that Blossom Fields Nursing Home consider using:

- **a self-audit tool to check that the home is as dementia friendly as possible, and improve the environment. We suggest, "Is your care home dementia friendly?" (The King's Fund www.kingsfund.org.uk/dementia);**
- **"Inspiring Action: Leadership Matters in Person Centred Dementia Care: 50 Point Action Checklist" (Alzheimer's Society and Dementia Care Matters www.dementiacarematters.com.)**

Disclaimer

- This report relates only to one specific visit on 8 September 2015.
- This report is not representative of all the residents or members of staff (only those who contributed, or chose to contribute, within the restricted time available.)

**Joanna Parker, HwSG volunteer and enter and view lead
September 2015**

Appendix A

Enter & View Context and Background

A. 1 Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. (The activities were confirmed by Section 221(2) of the Local Government and Public Involvement in Health Act 2007, amended in Part 5, section 182(1) to (4) of the 2012 Act). Some of these activities include:

- 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, and;
- local Healthwatch has an additional power to enter and view providers so that matters relating to health and social care services can be observed.

A.2 In order to enable Healthwatch South Gloucestershire to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear how those services are provided. Organisations must allow authorised representative volunteers to enter and view the nature and quality of the services as long as this does not affect the provision of care, or the privacy and dignity of people using the service.

A.3 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 Healthwatch South Gloucestershire to gain a better understanding of local health and social care services by seeing them in operation and talking to the service users, their families/carers and the health and care staff.

A.4 Enter and view representative volunteers 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, and staff if appropriate, and make comments and recommendations based on their observations and impressions in the form of a report.

A.5 The enter and view report aims to outline what the authorised representatives saw and heard and make any suitable suggestions for improvement to the service. 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.

Appendix B

Enter and View - Aim and Objectives

The aim and objectives of the 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&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
- To provide an opportunity for the E&V authorised representatives to learn from the process, and test out and refine their methodology for future care home E&V visits.

Appendix C

Enter and View Methodology

B.1 The Healthwatch South Gloucestershire (HwSG) enter and view (E&V) planning group, comprising all HwSG E&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&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 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&V authorised representatives.

B.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.

B.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?

B.4 The care home is informed in advance by telephone and letter of the E&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&V visits, and to encourage relatives to be present during the visits.

B.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 qualified nurses, care assistants and ancillary staff, are also sought.

B.6 All the E&V authorised representative volunteers have received the initial Healthwatch England approved E&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&V representative 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.

B.7 The data collected are the E&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&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&V representatives is held on site after each E&V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.

B.8 Care homes are identified for E&V by:

- following concerns that have been raised about a care home through HwSG
- using collective knowledge, that is, E&V representatives' knowledge and understanding of care provision across South Gloucestershire
- placing an emphasis on the care of elderly people with dementia
- managing a balance of visits to the small family owned care homes, or local/regional providers and large (national) providers of care for older people
- ensuring a spread of E&V visits across urban, suburban and rural provision
- seeking a balance between new build specialist provision and older care homes
- having an emphasis on South Gloucestershire Council priority neighbourhoods.