

**REPORT OF ENTER AND VIEW VISITS TO  
Deerhurst Nursing Home  
10 Deerhurst  
Kingswood Bristol  
BS15 1XH**

**Two visits undertaken during April 2015  
(22nd April and 30<sup>th</sup> April 2015)**

**Authorised representatives undertaking the visits:  
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May 2015**

## Acknowledgements

Healthwatch South Gloucestershire Enter and View authorised representatives wish to express their gratitude to the residents of Deerhurst Nursing Home, Soundwell, and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Deerhurst Nursing Home Management and all the Nursing Home staff who were willing and able to engage and answer numerous queries. The members of staff were welcoming and helpful.

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# 1. Executive Summary

**"I could not want for anything better, it's a lovely place"**

**"Very good, all the staff are kind and caring"**

**"It's absolutely wonderful here"**

**1.1** Healthwatch South Gloucestershire Enter and View authorised representatives undertook two Enter and View visits to Deerhurst Nursing Home on different days of the week, and at different times of the day, during April 2015 with the purpose of finding out about the residents' lived experience of Deerhurst Nursing 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 all the authorised representatives working in 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, Deerhurst was found to be delivering a high standard of care with a dedicated and very caring staff as well as an enthusiastic and committed group of volunteers.** They are providing care and support for frail, older and vulnerable people and there is a lot to commend. The residents expressed, at least, satisfaction and, in many cases they were delighted with their levels of care. Likewise, relatives were mainly satisfied and appreciative of the care their family members were receiving.

**1.4** Deerhurst is to be commended for having excellent links with the local community as evidenced by local shops coming into the home and setting up stalls as well as the remarkable long term commitment of a team of local volunteers.

## 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](http://www.healthwatchsouthglos.co.uk)

**2.2** Deerhurst is a Nursing Home with 66 permanent beds, including 4 re-ablement beds; run by Brunel Care. All rooms are single occupancy and have en-suite showers. It is a bright, large modern building set in well landscaped grounds and secluded from the residential area around it.

Their website states that:

“Deerhurst offers a Person Centred approach to care using knowledge of a person's history and personality to assist us to provide support that maintains dignity and choice. We recognise that occupation is a necessary part of maintaining skills and improving the well-being of the people that choose to live with us. Social stimulation being a high priority you should find lots of activities going on that reflect what interests the residents. There is a varied programme during the week and the minibus is used for outings to the surrounding area. There is also a hairdressing salon and activity room on the ground floor.”

**2.3** A report from the Care Quality Commission (CQC) in May 2013 stated that:

People that we spoke with during our visit told us "Staff are so very kind and caring", "The staff are hard working and cheerful" and "Staffing is very good here".

People were cared for in a clean, hygienic environment. We found good standards of cleaning. Bedrooms were checked and were found to be clean and tidy. We observed during that staff were cleaning people's rooms thoroughly.

Shared lounge areas had been decorated to a high standard and lounge furniture was very comfortable and in good condition. People living at the home told us "The staff are creative" and "Its home from home here".

Staff we spoke with told us that they regularly reviewed people's care plans, audited daily record sheets and involved people in the process. We saw evidence of this when we looked at care records.

Deerhurst meets the requirements for:

**Care and welfare of people who use services**

**Safety and suitability of premises**

**Requirements relating to workers**

**Staffing**

**Assessing and monitoring the quality of service provision**

## 3. Findings

**3.1** The findings are presented as bullet points from the E&V representatives notes, using the template observation headings. Quotes (in italics) are taken from conversations with residents and/or their relatives, and members of staff and are used to illustrate the experience of living in Deerhurst. [The code used for each quote is: **R** = Resident; **F** = Family Member; **S** = Member of Staff].

**3.2** The E&V Representatives' first impressions were very positive. For example:

- There was security at the front door, a visitor's book to sign in, and hand sanitisers available. E&V Representatives were taken to the staff training room as a group as the Manager wanted to 'set the scene' and be available to answer any questions.
- There was a warm welcome from the manager who was able to answer all the questions, fully and promptly. E&V representatives also received very cheerful greetings from the mix of people they met; such as some volunteers, members of domestic staff, care staff and hairdressing staff.
- There was an enjoyable feeling of positive and purposeful activity throughout the Home, possibly due to the number of people available to be with residents, which may be a result of high staffing levels and the very active team of volunteers.
- The manager demonstrated passionate and committed leadership with a good knowledge of all the residents and their families. It was apparent that the manager works hard to have well-trained, loyal members of staff who are expected to deliver exemplary care. There is also a large group of keen volunteers (mainly made up of relatives of residents [including deceased residents]) organised by a co-ordinator and DBS checked, supporting the home which demonstrates the bond developed between the Care Home staff and residents and relatives.

- Members of staff were observed giving residents a hug ...“**staff are to be like butterflies, giving lots of positive moments to their residents.**” (S)

### 3.3 Environment

The observations noted about the Care Home environment are as follows:

- There was a calm mood throughout with beautifully cared-for, clean and good quality fixtures and personal touches.
- The secure garden area was very commendable with plenty of space for all residents and visitors to enjoy. All senses were catered for from raised water features to sports equipment, and raised flower beds and baskets all in good order and clearly cared for.
- There was good clear colourful signage to help residents find their way around.
- Brightly contrasting colours with colourful decorating accessories were in evidence throughout making the place seem interesting and homely. All along the corridors there were different brightly coloured walls with ‘displays’ that residents can be encouraged to see, touch, hear, smell and reminisce; e.g. a table with brasses that residents could clean, handbags hanging up that residents could ‘rummage through’, photographs of significance from their time as young people, large murals, and areas that visually demonstrated the season. The ‘busy’ patterns and objects provide opportunities to stimulate residents’ interests and memories. It was very bright and cheerful and is continually updated, and new approaches to stimulate residents are always being planned. No displays are static for long periods. The two lifts were also large and bright decorated with stimulating signs, posters and images.
- In the lounges, small social areas have been created with chairs in small groups.
- All rooms were clearly named with each individual resident’s name and photos and some rooms had visual images associated with the resident’s background.
- A wide range of objects such as sports items, musical objects and many more items which stimulate the senses were freely scattered on tables and cupboard tops for resident to touch or use.
- Hand rails were available along all the wide corridors.

- Residents' rooms were spacious and light and all have ensuite toilet and shower room. Many residents have their own personal furniture and mementoes.
- There were also 'little 'reminiscence areas' along the corridors; e.g. with seats and old fashioned radios, record players etc plus an area with books and a table that a retired teacher was able to use as 'his office'; and sports equipment (golf, football) on the walls that appealed to an ex PE teacher – example of the thoughtful touches that relate specifically to the residents individual lives.
- A sensory room was also available for residents (covering light, sound, taste, touch and smell) and a physical activities area that included table tennis with very large bats, a mini-trampoline and other equipment that is used during regular 'gym sessions'. There were 'meaningful activities' available in this area, with some that may appeal to male residents; for example, large darts and boxing gloves and pummel bag.

### **3.4 Staffing**

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

- There are always 3 qualified nurses on duty day and night as well as a manager or deputy, who are also qualified nurses.
- All members of care staff are qualified to NVQ 2 or NVQ 3.
- Training is carried out in-house and is cascaded down through the staff. Training includes; for example, first aid, health and safety, manual handling and human rights.
- Apprentices are taken on and study on day release at college. They are paid on completion of their training and there are incentives to improve qualifications.
- There are many long serving and loyal members of staff and the Home has not used Agency staff for 8 years. They employ 20% over requirement to ensure that staff can cover for each other. They are not taking on any student nurses at the moment. E & V Representatives think that this is a missed opportunity as students would have much to learn about caring for elderly people and people with dementia in this environment. We suggest that the Home rethink this.
- The home has a policy of never passing someone without speaking to them and this seemed to have become a natural habit which meant that, despite the cognitive impairments of some of the home's residents, there was an atmosphere of good communication and connection between members of staff and residents.

- All the staff were open, communicative and, most importantly, appeared genuinely happy in their work.
- Members of staff do not wear uniform to avoid making residents feel like 'patients'.
- The home has a Dementia Care Matters Quality of Life "Kitemark" [The Butterfly Approach] ([www.Dementiacarematters.com](http://www.Dementiacarematters.com)). The manager explained they are just starting to work on the Gold Standard Framework; that is, working towards a 'gold standard' for end of life care. ([www.goldstandardframework.org.uk](http://www.goldstandardframework.org.uk));
- The home also uses the 'Inspiring Action' 50 Point Action Checklist (Alzheimer's Society and Dementia Care Matters. [[www.alzheimers.org.uk](http://www.alzheimers.org.uk)] ...this checklist is about leadership for person centred care
- One new member of staff lit up when she started to talk about her job as she had just joined the team two weeks before. She said she loved her job and all the people and really enjoyed the training.
- **"It's wonderful to work here, there's a lovely atmosphere... very caring" (S)**
- **"The manager pulls up her sleeves and works alongside us, especially on busy times" (S)**
- Two care assistants who have worked at Deerhurst for 8 and 10 years respectively were both full of praise for the manager and their colleagues: **"We are a family" (S)**

### 3.5 Activities for residents

- **"There's always something to do, and always different things to do." (R)**
- **"You can have a go at things you've never done before" (R)**
- There are many and varied resident-focussed activities that are both relevant and meaningful. They are on-going during the day between 10am and 4pm. Examples include; art and craft, bingo, live music and bowls. A game of Boccia – a simple, seated social and fun target game – was in progress during the E&V representatives' morning visit and many residents were clearly enjoying the activity. It was being managed by a specialist activities coach with help from volunteers.



- Regular minibus excursions take place weekly in the summer and every other week in the winter with residents choosing where they wish to go. A wheelchair accessible car is available and some residents are taken out on a one-to-one basis.
- External visits have included trips to Bristol harbour side including a tour of the SS Great Britain, and lunch on a sailing ship. On large group outings like this the ratio of residents to staff/volunteers was virtually 1-1.
- Deerhurst has a dedicated gym area where residents can use a trampoline and other fitness equipment. A short video showed residents in a gym session, and a video of them throwing snowballs.
- All residents are encouraged to take part in activities. **“We tell them to give it a try and if they don’t enjoy it they don’t have to stay. They usually do, though.” (S)**
- Trips to the theatre are free for residents and relatives are also included free of charge.
- **“We went to see Singing in the Rain at the Bristol Hippodrome.” (R)**
- 3 Activity Co-ordinators are supported by many volunteers who help with activities and go out their way to respond to the residents as individuals. One gentleman who was a football player was taking exercise on a one-to-one basis with residents.
- There are beautiful outside gardens with garden sheds for residents to potter in.
- Home making activities are offered on a regular basis allowing residents to perform familiar occupational tasks associated with everyday life at home.
- Local shops bring in goods and set up a stall so that residents can do some real shopping without having to go out.

### **3.6 Person-Centered Care/Residents Choice**

- There is abundant evidence of person centred care at Deerhurst. Residents are given a great deal of choice about what activities they do, and when and where they have their meals.
- Residents are free to walk about the building and there are no locked doors. The courtyard garden and conservatory area provide easy access to open spaces where residents are free to go wherever they choose.

- The inner courtyard garden area is a very pleasant place for residents and relatives. A lot is on offer to stimulate residents' senses; e.g. raised flower beds full of strong smelling flowers such as wallflowers and small raised water features with water tinkling over objects. There is ample seating for whole families to join residents and activities such as basket-ball to keep young relatives occupied.
- One gentleman was provided with a double bed in his room so that when his wife visited they could lie down and have a cuddle.
- Some members of staff were working with residents on a one-to-one basis; e.g. one elderly lady liked to keep on walking around the corridors and the carer accompanied her all the time, not interfering but making sure she was safe, and that she had a drink and ate some lunch.
- Another gentleman who had worked on the railways, had a specially made picture of different locomotives made out of jigsaw pieces on the wall by his room, which was not only a talking point for him but a reminder for him of which room was his.
- A volunteer was heard chatting to a gentleman in the lounge about cricket.

#### **Comments from residents, visitors and relatives:**

- **“He hasn't been resident for very long, but I can tell he is content since moving to Deerpurst. I am delighted with his care. I was not happy with his previous home but now I am sleeping well for the first time in years because I know he is safe and well cared for. His body language shows that he is happier and content. The food is second to none. There's nothing I would change.” (F)** Relative speaking about her husband
- **“My husband has choice, he can stay in bed if he wants.” (F)**
- **“On Mondays I have a shower, then I have a shampoo and set and I feel very pampered. They do my hair very well.” (R)**
- **“They routinely come in at night, at about 4 in the morning, to change my pad.” (R)**
- **“The word is that Deerpurst is the top place to be” (F)**
- **“The staff are wonderful here. They bend over backwards to do things that are not always in their line of duty. They deserve a medal” (R)**

- **“My mother has been here for four years and though she cannot speak now due to a stroke, I know she would say she is happy. I can’t fault the care here.” (F)**

### **3.7 Nutrition and hydration**

- There are three kitchen staff on duty at all times and all food is homemade on the premises.
- Any visiting family members are given a free lunch.
- There are picture card menus on the tables at mealtimes.
- There are two dining rooms on each of the two floors.
- There is a bar which serves alcohol such as wine, Baileys or sherry.
- A choice of meals is always offered at each meal. The lunch time meal is always hot, and the evening meal is a buffet with sandwiches, cakes, soup etc. Alternative options are always available.
- Bowls of fruit, sweets and nibbles are available in the lounges for people to snack on. Ice cream is always available in the reception area.
- **“There’s homemade cake for tea.” (R)**
- **“I can stay and have a meal with my husband.” (F)**
- **“There’s a snack bar in the corridor so I can make us a drink or get something to eat whenever we want.” (R)**
- **“He always has a drink on hand.” (F)**
- **“I have a cooked breakfast every day, because that’s what I’ve always had.” (R)**

## **4. Conclusion**

**4.1 This E&V visit found impressive care for elderly people with dementia; passionate and enthusiastic leadership, and dedicated, caring members of staff. An exemplar to share with others.**

- Deerhurst is a 'fit for purpose' building, well maintained and furnished. A high level of attention is given by members of staff to provide a suitable, safe and stimulating environment for the residents.
- There are good staffing standards with a fantastic team of volunteers and great connections with the community.
- The only recommendation made by E & V representatives is to suggest that Deerhurst encourage their qualified nurses to gain a mentorship qualification so that there could be student nurse placements in the home, where they can observe and learn from 'good practice' in action.
- The Home/Manager should be highly commended for inspiring such a large supportive group of volunteers, gaining the Quality of Life Kitemark, the use of the 50 Point Checklist and working towards the Gold Standard Framework for End of Life Care.

**Congratulations to all at Deerhurst - please keep up the outstanding work.**

**Disclaimer**

- **This report relates only to a series of two specific visits in April 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).**
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**Kay Hobday**

HwSG E&V Representative

May 2015

# Appendix A

## Health Watch Enter & View

### Introduction 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 representatives 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 care staff.

**A.4** Enter and View representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users, and staff if appropriate, and make comments and recommendations based on their subjective 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 (2) 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 (3) 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

### Methodology

**C.1** The HwSG Enter and View Planning Group, comprising all HwSG E&V authorised representatives had 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 inhibited the E&V authorised representatives from responding to what they saw and heard and thus pursuing further information if necessary. The following was agreed:

- What 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, and
- Ensuring a 'debrief' session and an opportunity for learning and reflection for the E&V authorised representatives.

**C.2** An aide-memoire observation record sheet had been drawn up and piloted and refined, as had a list of prompt questions. The headings for the observations and questions covered 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
- Resident's choice
- Any other comments or observations

**C3** 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', and
- 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?

**C.4** The Care Home had been informed in advance by telephone and letter of the E&V visits, and dates and times agreed. Posters and leaflets about HwSG had also been sent to the Home in advance so that these could 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.

**C.5** Each visit took the form of a series of informal conversations with residents and/or their relatives. Enter and View authorised representatives also spent 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, were also sought.

**C.6** All the E&V authorised representatives had received the initial Healthwatch England approved E&V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they were able to structure their questioning to ensure depth and converse with the specific abilities and needs of those to whom they were speaking. Each pair of E&V representatives introduced themselves to residents and explained the purpose of their visit. Some residents were also given leaflets about HwSG which included information about 'how to tell your story' in case any of them, or their relatives, wished to send HwSG further information, or send it anonymously.

**C.7** The data collected were the E&V representatives' subjective observations and notes from conversations with residents and/or their relatives, and members of staff. Observations were gathered by all the E&V representatives, being recorded contemporaneously and then collated afterwards and used to inform this report. The conversations were semi-structured, using the template and prompt questions, and often wide-ranging. The notes taken during these conversations were collated and also used to inform this report. A quick debrief session for the E&V representatives was 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 was held separately during a HwSG E&V Planning Group meeting.