REPORT OF ENTER AND VIEW VISIT TO

OAKTREE CARE HOME

Brimsham Park, Yate

One unannounced visit undertaken in July 2015

Authorised representatives undertaking the visits:

Tony Colman, Norma Marshall, Joanna Parker, Jane Raderecht

Author: Joanna Parker

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Acknowledgements

Healthwatch South Gloucestershire enter and view authorised representative volunteers wish to express their gratitude to the residents, and their relatives, of Oaktree Care Home, Yate, who were able to engage in conversations with Healthwatch South Gloucestershire.

Healthwatch South Gloucestershire would also like to thank Oaktree Care Home's manager, unit managers, and all the care home staff who were willing to answer our queries. The members of staff were welcoming and helpful.

Disclaimer

- **This report relates only to one specific visit in July 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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Appendices

1. Executive Summary

1.1 Healthwatch South Gloucestershire (HwSG) enter and view (E&V) authorised representative volunteers undertook one unannounced enter and view visit lasting three hours in July 2015 to Oaktree Care Home, Yate, in response to a request from a South Gloucestershire Council social care commissioner.

The commissioner specifically wanted an independent view of the range and appropriateness of the activities provided for people with dementia who were residents on the upper floor of the home, and for the E&V representative volunteers to explore how the residents were able to buy clothes. The role of the E&V representative volunteers is to act as 'critical friends' on behalf of residents and enable them to have a 'voice', especially residents who may have difficulty in expressing themselves.

1.2 Information was gathered from the authorised representatives' subjective observations and their notes of conversations with residents (where possible), residents' relatives and members of staff. The information was gathered by the authorised representative volunteers 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 prompt questions.

1.3 Overall, Oaktree Care Home was found to be providing a limited and unimaginative range of activities for residents with dementia. There is a lot that the home could do to improve activities and make them relevant and meaningful and to encourage residents to take their meals together sociably in the dining room. The E&V representative volunteers found no issues of concern about the residents' clothing.

1.4 It is recommended that Oaktree Care Home:

- ensures that there are meaningful activities available for all residents, and considers contacting the National Association for Providers of Activities for Older People (www.napa-activities.com) for support and ideas;
- makes it mandatory that people who provide activities are trained to do so;
- considers ways to bring residents in to the dining room for meals and generate a 'social atmosphere';
- considers making the garden more 'resident friendly', and inviting 'Growing Support' (www.growingsupport.co.uk) to assist residents' involvement in gardening;
- undertakes a self-audit to check that the home is as dementia friendly as possible, and improves the environment, using the tool "Is your care home dementia friendly?" (The King's Fund www.kingsfund.org.uk/dementia), and;

- implements “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 ‘Announced’ enter and view (E&V) visits (those that take place with prior notice and planning with the provider) are part of an ongoing programme of work during 2015/2016 implemented by 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 HwSG are available on the website: **www.healthwatchsouthglos.co.uk.**

2.2 The purpose of this ‘unannounced’ E&V visit was specifically to address a concern raised by a South Gloucestershire Council social care commissioner, who was concerned that the residents on the upper floor of Oaktree Care Home were spending a lot of time in their rooms and that few meaningful activities were available for them, and that the home was not ‘dementia friendly’.

2.3 Oaktree Care Home is registered to provide personal care and nursing care for up to 78 people. The service is divided over two separate floors. The ground floor is for those who require nursing care and the upper floor is dedicated to those people living with dementia.

2.4 The Care Quality Commission (CQC) report of an inspection undertaken in February 2015 and published in May 2015 found that the service in Oaktree Care Home was ‘inadequate’ and required improvement. It stated that:

> “There was little in the way of stimulation for those people living with dementia. Apart from the group activities provided, people on the upper floor had very little to occupy themselves with. Throughout our visits there were groups of people sitting in communal lounges, unsupervised with nothing to do. A Four Seasons representative carried out an audit on 9 January 2015 and wrote, “In the upstairs section of the home, I observed extremely little by way of activities with the residents, who were simply sat in the lounge, unoccupied, for long periods”. The service had recently recruited and increased social activity provision to five hours per day on each floor. There were three activities co-ordinators and they were a newly established group. The manager had arranged a meeting in March to

discuss plans for future programmes of group activities and one to one sessions particularly for those people living with dementia."

3. Findings

3.1 The findings from the E&V visit are presented under headings from the observation template (see Methodology, appendix B.) The E&V visit was made on a Monday in July from 10.00 hours to 13.00 hours by two pairs of authorised representative volunteers.

3.2 At the time of the E&V visit, Oaktree Care Home was providing nursing and residential care to 62 residents, with 25 of the residents on the dementia care upper floor. The upper floor has a unit manager (a qualified nurse) and six care staff on duty during the day.

3.4 As requested by the social care commissioner, E&V representatives focussed their observations and questions around the availability of suitable activities for residents on the upper floor, and the issue of their clothing. There were also observations undertaken about how 'dementia friendly' the environment was. Inevitably other observations were made, and, although not undertaken in depth as they were not part of the brief, the findings, with some commentary, are presented in this report.

3.5 There is a great deal that the home could do to improve the service it provides for people with dementia. The E&V representative volunteers identified the following issues and concerns that need to be addressed as a matter of priority:

- activities: there is a distinct lack of planned, meaningful activities specifically designed to engage as many residents on the upper floor as possible and encourage them to leave their rooms. It would appear that the members of staff who act as 'activities staff' have not received any relevant/appropriate training;
- environment: the home is purpose built, and has a large dining room and two communal lounges on the upper floor decorated in bland, 'clinical' colours. Opportunities for residents to socialise are missed as few residents appear to use the dining room for meals. There is little available to stimulate residents. Changes that could improve the environment for residents could be identified by using the King's Fund self-audit "Is Your Care Home Dementia Friendly";
- residents' choice: there is concern that only lip-service is being paid to the concept of resident choice. There was little evidence that residents are offered any options as to how they spend their days. The members of staff asked about residents staying in their rooms used the phrase "it's the residents' choice", which is deemed neither acceptable nor defendable without stimulating options on offer.

3.6 First impressions

The first impressions of Oaktree Care Home are as follows:

It is a purpose built care home set in a quiet residential area with car parking available at the front of the building and a small enclosed garden to one side.

The entrance foyer and reception were clean, light and airy and had no unpleasant odours. However, beyond and moving in to the corridors which led to residents' rooms, the home felt institutionalised with long empty and featureless corridors with no distinguishing landmarks for residents.

There was a sigining-in book for visitors and a hand sanitiser available. The hand santisier container was empty but was refilled immediately when a member of staff was told about it.

Communal areas appeared to have been recently redecorated, but they lacked a 'homely feel'. There were few pictures to break up the expanse of blank walls.

A stray cat had 'adopted' the home and was asleep on a chair in the foyer.

The E&V representative volunteers were greeted by the home manager and spent half an hour being brought up to date on developments since the manager took on the role in September 2014. The manager stated that there had been a high turnover of managers and a lack of leadership resulting in low staff morale and direction. The manager was making sure that "the basics are right" for residents. The home uses CHESS … Care Home Equation for Safe Staffing (an in-house developed dependency/staffing tool). There has been a large turnover of staff and there is a a need to use agency staff, although the home tries to have the same agency staff to ensure continuity of care. There had been a recent CQC inspection but the report was not yet in the public domain. It was understood that there were improvements in some areas found to be inadequate during the February 2015 inspection.

3.7 Environment

The environment on the upper floor where people with dementia are cared for can only be described as 'bleak'; it was not 'dementia friendly', nor did it provide any stimulus for the residents.

The upper floor was clean and no unpleasant odours were detected, but it felt sterile and clinical. The 'ambience' was not helped by the unit manager being dressed in scrubs, which would appear to be more appropriate to an acute care environment.

Corridor walls had been recently redecorated in bland, pale colours and there were only a few pictures on the walls, which were 'themed' in groupings of flowers or animals and so on. They made little impact on the environment and provided little stimulus as they were not at a height so that residents could easily see them.

There is potential to cover the corridor and lounge walls with pictures and items that would recall some of the residents' past lives and items to provide tactile stimulation such as 'rummage bags'. However, as these spaces are currently so bland and empty with no distinguishing features it is suggested that this could be disorientating for residents.

There was one female resident who was pacing the corridors endlessly. It was noted that no member of staff addressed her as she passed; these were lost opportunities to engage with her as she did respond to an E&V representative when wished a 'Good morning' and asked how she was.

Residents' rooms had their names on their room door along with an indicator about resuscitation. A few doors had some personal photos on the doors but nothing stood out to enable residents to identify their own rooms or to give an indication of their personal history that could provide a prompt for care staff to use in conversation with residents.

Each resident's room had an en-suite toilet and wash-hand basin. Residents could have the walls of their rooms painted whatever colour they wished and use their own furniture.

A new wet-room had been installed and the other bathrooms were due to be upgraded with new baths and redecoration. All were very clean. However there was no dementia appropriate signage and the doors were not easily distinguishable from others along the corridors.

The dining room was a very large space with a few tables laid ready for lunch. There were tablecloths, colour coded for men on one table and ladies on another, but no flowers, and it appeared uninviting with the tables placed in a line as if in a canteen.

Relatives are able to take meals with residents, and members of staff are encouraged to join the residents at meal times, so there is potential for mealtimes to be turned into sociable gatherings. It only requires some imagination and enthusiasm rather than a lot of expense to create a café style dining room and have themed meals. For example, mealtimes can be part of planned reminiscence therapy as E&V representative volunteers have observed in other care homes, for example, a 'Spam, Egg and Chips night with background music from the 1940s and 1950s'.

There was a lounge for residents immediately on entering the upper floor. This space had no windows providing any outlook for residents although there was some daylight from sky lights in the roof. Residents were placed in two lines of chairs facing each other. There were no activities going on as members of staff were giving out mid-morning drinks to residents. Although the home manager had explained that

there was funding for 70 hours of activities over the week (that is for ten hours a day, 5 hours for each floor, for 7 days a week), the unit manager said that most activities were held during the afternoons as mornings were busy with members of staff helping residents to eat their breakfast, get up, wash and dress. However, the E&V representative volunteers did not note any conversation as members of staff gave out the drinks.

There was a small lounge leading off the first lounge. This area had large windows overlooking the carpark. This space was not being used by residents. The unit manager explained that there were plans to turn this space in to a sensory room for residents.

There was a further lounge available which had windows overlooking the garden at the side of the home. This room had chairs placed in a line along one wall facing a large television. There were three residents sitting alongside each other watching the television. There was a cupboard with some books but there was no evidence of any materials that could be used for activities with residents or anything that could provide any visual, aural or tactile stimulation or prompt interactions.

The enclosed garden to the side of the home consisted of a grass lawn on a slight slope and a large expanse of patio. There were no raised beds for residents to enjoy a display of flowers or try some gardening, no plants that would provide a fragrance to stimulate residents' sense of smell, nor any features to provide visual stimulation.

3.8 Nutrition and hydration

There was evidence of drinks being readily available for residents. Mid-morning tea/coffee and biscuits were being served during the E&V visit and there were jugs of juice in the communal rooms. The lunch menu had a choice of two dishes and the kitchen staff explained that the menu had been recently changed to meet the preferred choices of the residents. The lunchtime meal looked attractive and smelt appetising.

Residents were weighed monthly and more frequently if weight loss indicated this was needed. Currently 90% of residents on the upper floor are being weighed weekly. Fortified drinks were offered to those residents who required them and meals were routinely fortified, for example, with butter and cream added to the cooking. It is the care staff's responsibility to record what each resident is given to eat and drink and the registered nurses' responsibility to check the food and fluid charts.

E&V representatives were told that residents' food intake had increased since introducing the opportunity for relatives and members of staff to eat with the residents.

Snacks are available all day and after the kitchen staff finish their work at 7.30pm there is food available in fridges for other staff to make sandwiches or to offer residents soup or yoghurt to eat.

3.9 Activities

Although the E&V representatives did not observe any activities taking place with residents, a list of daily activities was posted on the notice board near the entrance to the upper floor. The activities were listed as: a quiz, a reminiscence session, balloon handball, bingo, board games, a rummage session, a pamper session, cards and dominoes, a sing-a-long and 'tea and chat'.

There was also information available about a church service being held once a month. The sing-a-long was with a visiting entertainer with a guitar on a weekly basis, and an owner with a dog for petting visited once a week.

The home manager had explained that there were three members of 'activities staff'. One person was currently unavailable and one person was a volunteer who came in to the home on a Saturday. The third person also worked as a member of the care staff. The manager stated that there was the intention to recruit more staff to support activities with residents "when the home is stable", and that there was an emphasis on getting "the basics right". It was also difficult to engage with the local community and find volunteers because of the problems the home had had over the past year, and the ensuing publicity.

There is a budget for 70 hours of activities with residents each week. This does not appear to be happening and the activities that are supposedly happening do not appear to demonstrate any understanding of how to engage people with dementia.

The E&V representative volunteers had the opportunity to talk with one member of staff whose role was to deliver activities for residents. This member of staff had been undertaking the 'pamper session' which entailed one-to-one nail care with only a few residents. There had been no training for this activities role and it appeared that there was little support or help in identifying suitable and meaningful activities to meet the needs of residents, although it was obvious that the member of staff was trying their best and believed that a good service was being offered. When asked about activities such as 'movement to music' or cooking with residents, the E&V representatives were told that there were "some baking tins somewhere" but they could not be found.

There is no facility to take residents out, such as a mini-bus, although the E&V representatives were told that some residents are able to go out with their relatives

and some relatives help with activities. Residents do enjoy going in to the garden and there is, weather permitting, tea and scones in the garden on a regular basis.

A member of care staff had been sitting with the three residents in the television lounge. This member of staff was not engaging with the residents but watching the television. One of the residents appeared to be trying to do something with her hands and when the member of staff was asked what was known about this lady and how she could engage with her it became obvious that a lot is not known about the residents' personal histories. The E&V representative volunteers believe this is one of 'the basics to get right' to ensure that any staff/resident engagement is as meaningful as possible. There seemed little point of having the television switched on when the residents were taking no notice of it. This could have been an opportunity to talk with the residents, play some appropriate music or find another appropriate activity.

When E&V representatives' observations were pointed out to the unit manager, it was explained that the home had invited a representative from the Alzheimer's Society to visit to assist them in developments and that the home had plans to develop rummage boxes and a sensory room.

The bland environment and the lack of meaningful activities are inter-linked. An environment that offers a lot of opportunities for stimulation for residents with dementia can ensure that they can choose to do something that is important to them when they want to, whether that be rummaging in bags, tidying up or cleaning with dusters that are made available.

The E&V representatives were able to share examples of 'good practice' in dementia care that they had observed in care homes and gave the unit manager a copy of "Inspiring Action: Leadership Matters in Person Centred Dementia Care: 50 Point Action Checklist" (Alzheimer's Society and Dementia Care Matters.)

3.10 Residents' clothing

The E&V representatives found no issues of concern about residents' clothing. They were well dressed in their own clean clothes. Currently all residents have relatives who are able to buy them clothing when needed; although there are also providers such as Peacocks who come in to the home. All clothes are laundered on site. Deceased residents' clothing is given to charity.

4. Conclusion

4.1 The unannounced E&V visit can only give a 'snapshot' of life for residents with dementia in Oaktree Care Home. **It is suggested that it is imperative to improve the availability of meaningful activities as soon as possible and support the development of a much more person centred culture of care.**

4.2 The residents appear to be well cared for. They are well dressed in clean clothes and their nutrition and hydration needs are met and monitored. Their surroundings are clean, and the members of staff appear to be kind and well intentioned.

4.3 However, there is a lack of any visual, aural, oral or tactile stimulation for the residents on the upper floor and little available to prompt staff to interact in a meaningful way with the residents. There appears to be a lot of opportunities to engage with residents that are not taken by staff. These opportunities need not cost money; they do not need to take a lot of time to do, they just need a small amount of imagination and the right direction from the manager. E&V representatives believe that they are indicative of the current culture of care which is about 'getting the basics right' but is not 'dementia friendly'.

4.4 It is therefore recommended that Oaktree Care Home:

- ensures that there are meaningful activities available for all residents, and considers contacting the National Association for Providers of Activities for Older People *(*www.napa-activities.com *)* for support;

- makes it mandatory that staff who provide activities are trained to do so and given appropriate support and help;

- makes the environment more stimulating for people with dementia as soon as possible;

- considers how to encourage more (all) residents to take their meals in the dining room and have plans in place to generate a relevant and 'social atmosphere';

- considers making the garden more 'resident friendly' and inviting 'Growing Support' (www.growingsupport.co.uk) to assist residents' involvement in gardening;

- undertakes a self-audit to check that the home is as dementia friendly as possible, and improve the environment, using the tool "Is your care home dementia friendly?" (The King's Fund www.kingsfund.org.uk/dementia), and

- implements the use of "Inspiring Action: Leadership Matters in Person Centred Dementia Care: 50 Point Action Checklist" (Alzheimer's Society and Dementia Care Matters www.dementiacarematters.com.)

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Joanna Parker HwSG E&VLead July 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 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 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, and;
- 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'? 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?

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 ware 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.