

REPORT OF ENTER AND VIEW VISIT TO STANSHAWES CARE HOME

**11 Stanshawes Drive, Yate, Bristol,
BS37 4ET**

**Two two hour announced visits undertaken in October 2015 and
January 2016**

Authorised representatives undertaking the visit:

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Acknowledgements

Healthwatch South Gloucestershire (HWSG) authorised enter and view (E and V) volunteers wish to express their gratitude to the residents of Stanshawes Care Home and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Stanshawes Care Home Manager, Eva Williams, for welcoming E and V volunteers for return visits following an enter and view in June/July 2014 and all members of staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

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1. Executive Summary

1.1 Healthwatch South Gloucestershire authorised enter and view volunteers

undertook two follow-up enter and view visits to Stanshawes Care Home on 14 October 2015 and 13 January 2016. The purpose of the enter and view was to determine if the residents' daily lived experience had changed since E and V volunteers made recommendations for change in response to some issues of concern identified in the 2014 E and V Report. Please see <http://healthwatchsouthglos.co.uk/about-us/enter-and-view> for the 2014 E and V report.

1.2 The findings from the HWSG E and V in 2014 elicited the following concerns:

- manual handling;
- a resident's relative told E and V volunteers that they had seen residents being lifted by staff putting their hands under residents' arms. There did not appear to be sufficient hoists available and relatives had also seen broken hoists at the home;
- there were insufficient commodes available to ensure that each resident who required one did not have to share it with another resident;
- most residents reported that they only had a shower once a week;
- there was not a large selection of meals on the menu or many options for residents to choose what they would like to eat;
- all residents ate their evening meals in their bedrooms. Residents were taken to their rooms after their lunch for a rest and then stayed in their rooms all evening. This raised the question of whether or not all residents were able to exercise choice about how they spent their evenings and ate their meals.

1.3 Healthwatch South Gloucestershire E and V volunteers suggested that the following recommendations be taken up by Stanshawes Care Home to improve residents' daily lives:

- ensure that there are sufficient commodes available for all individuals;
- ensure that all residents are assessed on a regular basis about their manual handling needs;

- ensure there is sufficient, appropriate equipment like hoists available to meet residents' manual handling needs;
- support residents to have more choice about how their daily lives are lived, for example by, enabling residents to have a bath rather than a shower if they would prefer, or by having more frequent showers, by consulting with residents to develop a menu that reflects their food choices and to offer more fresh fruit, and by offering residents their evening meal in the dining room on a regular basis;
- consider engaging with the local community to recruit a group of volunteers who could assist residents with activities and meal times.

1.4 In 2014, authorised E and V volunteers did find that there was plenty to commend at Stanshawes Care Home.

- The entrance foyer was bright, light and clean and welcoming, with hand sanitiser available and posters and leaflets on display.
- The communal lounge area had been partially refurbished with new carpets and comfortable chairs.
- Authorised E and V volunteers noted that there were good portion sizes for each resident at meal times.
- The activities officer was very enthusiastic and had the residents' welfare at heart.
- Many members of staff spoke about how they enjoyed their work and that there was good teamwork at Stanshawes.
- E and V volunteers' overall impression was that the staff were trying very hard to care for residents, and that "the will to do the best they can is there".

1.5 The 2016 follow-up E and V visits to Stanshawes found:

- that Stanshawes Care Home has improved significantly since 2014;
- that menus had been reviewed, residents were offered more food options and residents seemed appreciative of the choices offered to them;
- that residents were now given a daily serving of fresh fruit at meal times;

- that meetings were now being held with residents every other month to listen to their views;
- that some residents were seen to be using the dining room for evening meals, although more could still be done to ensure meal times have a sociable and stimulating environment;
- that residents and visitors had positive things to say about Stanshawes Care Home staff and the care they receive there;
- that staff had given authorised E and V volunteers reassurance to allay their concerns about shared commodes and manual handling of residents.

1.6 It is recommended that Stanshawes Care Home builds upon the improvements made this year by:

- ensuring that meal times are more sociable and stimulating occasions by encouraging members of staff to sit and talk with residents when assisting them to eat their meals;
- ensuring subtitles are available on the television for those residents who are hard of hearing;
- considering how RNIB Reading Choices could be made available for residents with visual impairments;
- considering the introduction of some exercise activities for residents;
- continuing to make links with the local community and seek volunteers to support activities and mealtimes;
- introducing apprenticeships, work experience and volunteering from local schools and colleges, that would bring young people into the home.

2. Context, Aims and Objectives

2.1 The Context of the enter and view visits

Enter and view (E and 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 Stanshawes Care Home in Yate is registered to care for 48 residents of 50 years of age or older, and provides respite, residential and nursing care services. The reports from the most recent inspections by the Care Quality Commission (CQC) undertaken in January 2014 and May 2014 can be found on the CQC website: www.cqc.org.uk

2.3. The aim of the E and V visits to Stanshawes Care Home was to:

- identify whether or not any recommendations for change made in the 2014 HWSG E and V report had been implemented;
- determine, as far as possible, what impact any such changes may have had on residents' experience of daily life, and;
- reassess the context of the residents' experience using the body of knowledge and experience gained by the authorised E and V volunteers since the 2014 visit.

2.4. Methodology

Authorised E and V volunteers worked in pairs to record the views of residents, their visitors and families and care staff. Conversations were semi-structured and underpinned by the use of prompt questions and an observation template. Notes were taken during the visit to record volunteers' conversations with people and record volunteers' observations of the care home environment. Stanshawes Care Home had been informed in advance of the upcoming E and V visits, and HWSG posters and leaflets had been sent to the home to encourage residents, their relatives and staff to engage with E and V volunteers during the visits.

For more information about the context, aims and methodology of authorised enter and view visits, please see appendices.

3. Findings

3.1 The findings are presented as bullet points from the authorised E and V volunteers' notes, using the template observation headings. Quotes are taken from conversations with residents, their relatives and visitors, and members of staff and are used to illustrate the experience of living in Stanshawes Care Home.

3.2 General Impressions

The authorised enter and view volunteers' general impressions were positive and volunteers found Stanshawes Care Home had improved significantly since the 2014 E and V visits.

- Corridor walls, bathrooms and the sitting/dining room had been freshly painted, there were new chairs and soft furnishings in the communal areas and new curtains in all rooms on the ground floor.
- There was a schedule for replacing furniture and plans for replacing curtains in residents' bedrooms upstairs.
- Carpets in the corridors were in the process of being steam cleaned during volunteers' January 2016 visit and contractors were working on scheduled improvements during the October 2015 visit.
- There had also been new kitchen equipment purchased and the bathrooms had been redecorated and new flooring had been laid.

The home felt more immediately welcoming, looked much cleaner and tidier and smelt fresher than in 2014.

3.3 Environment

Authorised E and V volunteers could tell that a great deal had been done to improve the interior of the home since 2014, but that the environment was still functional rather than homely.

- The home was clean and fresh smelling.
- Some E and V volunteers thought the pale colours on the walls made the interior seem bland. More could be done to add interest to the walls to stimulate residents and display the products of their activities.
- Bathrooms seemed functional in that they had no "homely touches".

- There was little personalisation of residents' bedroom doors.

Residents did, however, report positive experiences of the care environment at Stanshawes:

- **"I get everything I need."** – Quote from a resident.
- **"I like it here. I have made friends."** – Quote from a resident.
- **"I feel safe here."** – Quote from a resident.

3.4 Manual Handling

Volunteers did not see or hear of any manual handling issues during the E AND V visits in October 2015 and January 2016. This was an improvement on the findings from the HWSG E and V visit in 2014.

- There were no broken hoists seen and no reports from relatives about residents being moved inappropriately.
- There is a manual handling assessor working at Stanshawes and that all staff are expected to undertake both web based and practical training in manual handling.
- Volunteers were told that there is an expectation that two members of staff work together every time a resident needs lifting and moving.

3.5 Commodes

Authorised E and V volunteers found that residents were still sharing commodes at Stanshawes. Volunteers were reassured, however, that commodes are cleaned according to the home's infection control policy. The manager had checked with her regional manager and received reassurance that the home was acting appropriately in regards to residents sharing of commodes.

3.6 Showers

Volunteers found that some residents are still dissatisfied by the amount of showers they are offered whilst living at Stanshawes Care Home.

- Some residents told volunteers that they were unable to have a shower on a daily basis. Other residents said they have showers every other day.
- A couple of residents said that they were helped to have **"a proper wash every day"**, which they were happy with.

- Other residents told volunteers that they would have liked more than one shower a week but understood that there are not enough staff available for this to happen.
- No residents told volunteers that they wanted to have a bath but were unable to during this E and V visit. This was an improvement on the feedback E and V volunteers received from Stanshawes residents in 2014.

3.7 Meals

Authorised E AND V volunteers found that food had improved since their 2014 visit and that Stanshawes now offered residents more choice around what they ate.

- A relative told volunteers that there was ample food and that their family member always ate a cooked breakfast, coffee and biscuits mid-morning, lunch with a choice of dishes, tea with cake and fresh fruit mid-afternoon, sandwiches for supper and a hot drink and biscuits at bedtime.
- Another resident seemed happy with the food at Stanshawes: **“the food is good”** and there is **“plenty of it.”** – Quotes from a resident.
- One resident told volunteers they could ask for an alternative meal if they wanted one and could have eggs and bacon for breakfast: **“I have a choice.”** – Quote from a resident.
- **“If I wake up early I can have a cup of tea.”** – Quote from a resident.
- Volunteers observed that there was squash available for residents to drink.
- Volunteers observed that meals looked appetising and smelt good and were given the opportunity to sample Stanshawes’ food.
- Residents’ meetings were now held every other month and menu choices are on the rolling agenda.
- Other residents had some complaints that the food offered was still too repetitive and there was not enough choice: **“we still get a lot of turkey burgers.”** – Quote from a resident.

3.8 Mealtimes

In terms of mealtimes, authorised E and V volunteers observed more residents having their evening meal and/or lunch in the dining area than they did during their 2014 visit.

- The dining area had tables arranged to seat four people at each table, and they were attractively laid with tablecloths and napkins.
- HWSG E and V volunteers saw that a menu was displayed in the dining area and that a monthly rota of meals, which was more imaginative and varied, had been introduced since 2014.
- There was a hot meal available in the evenings as well as soup, sandwiches and cake, which offered residents more choice.
- Volunteers observed staff giving help to residents who needed assistance to eat their meals.
- However, there was little, if any, attempt by the care staff to engage the residents in any conversation during meals. E and V volunteers thought it was commendable that more residents were eating in communal areas than in 2014 but thought more could be done to make mealtimes a sociable and enjoyable occasion. Stanshawes could recruit its own volunteers to help as mealtime hosts/hostesses to make more of the opportunity for sociable meal times.

3.9 Activities and Reminiscence for Residents

Authorised E and V volunteers found that lots of activities were offered to residents, but that more could be done for residents who are hard of hearing or partially sighted. E and V volunteers also thought more activities that promote fitness and wellbeing should be introduced at Stanshawes.

- Volunteers saw an activities timetable which listed the activities offered at Stanshawes Care Home. Activities included: bingo, table top games, poetry readings, music, pamper days, movies, baking, use of the IPAD, arts and crafts, pets as therapy and skittles.
- Volunteers also saw a year planner on the wall which explained that Stanshawes runs a coffee morning on the first Tuesday of every month, a Halloween event, a Bonfire Night event, a fashion event, and church services every other month.
- Volunteers felt, however, that most of the activities offered were sedentary and there appeared to be no exercise/movement activities to support residents' fitness and wellbeing.

- E and V volunteers observed a number of residents enjoyably engaged with an activities officer in a baking session, making cakes that residents would later eat.
- E and V volunteers observed a Feedback Board ("You Said, We Did") situated in the main corridor. This set out a number of improvements that had been made to activities since 2014, for example, more day trips, outings to shopping centres and garden centres, and picnics in the summer for residents.
- The manager explained they had requested funding for extra hours for an activity officer to cover seven days a week from 09.00hrs to 16.00hrs, meaning there would be more activities offered to residents over weekends.
- Links were being made with local schools to see if a school choir could visit the home and sing for the residents.
- The home recently liaised with the local branch of Tesco who helped with one resident's 100th birthday celebrations.
- A monthly newsletter for residents and relatives had been introduced since the 2014 HWSG E and V visit.
- Volunteers saw that the garden was being improved and an extra gardener had been hired. A few residents told volunteers that they were being taken in to the garden in good weather and were able to have their coffee there.
- Residents told E and V volunteers that they had a choice about how they spent their day: **"I can choose when I get up and when I go to bed."** – Quote from a resident.

The E and V volunteers did have some concerns about the accessibility of some activities for residents:

- E and V volunteers saw some large print books for residents with visual impairments. Some residents told volunteers they found these **"unsuitable"**. Authorised E and V volunteers recommend that Stanshawes contact RNIB to find out about their reading aids, for example, they have a reader device and USB sticks with large print books on them and they also provide audio books;

- One resident said the television at their home before Stanshawes had had subtitles which was helpful for them. E AND V volunteers think it is possible that a number of residents could have a hearing impairment and arranging television subtitles could be of benefit for many.

Finally, authorised E and V volunteers were told that one corner of the downstairs communal room was to be turned in to a reminiscence area with memory boxes during their 2014 visit. This had not happened and there was instead a bookcase with books and videos that both staff and residents could borrow. Authorised E and V volunteers were told that there was a weekly reminiscence session with residents but feel the introduction of memory boxes is still important. Memory boxes should be created with the involvement of both residents and their relatives.

3.10. Staffing

Residents and their visitors/families told authorised E and V volunteers some very positive things about the staff at Stanshawes Care Home. Stanshawes is to be commended for residents' feed back about the care they receive.

- **"The staff are good, I get on well with the staff."** – Quote from a resident.
- **"I am very happy with the care here."** – Quote from a resident.
- **"Staff are very caring, they look after (my relative) very well."** – Quote from a residents' visitor/family member.
- **"The staff are all good to me, they give me lots of cuddles and have time for a chat."** – Quote from a resident.
- **"The manager is thought the world of by the staff and residents."** – Quote from a residents' visitor/family member.

3.11 Discussion with the manager

The manager explained that she had been disappointed about how the home had been portrayed in the 2014 HWSG E and V report. She had been on maternity leave and returned just as the report was about to be published. She felt that a lot of the progress she had made in improving things in the home had been lost whilst she was away and she needed to start again with, for example, replacing soft furnishings

and furniture, redecorating, updating cleaning routines, establishing residents meetings and reviewing menus.

Authorised E and V volunteers' discussion with Stanshawes' Care Home manager explored a number of areas that were felt could have impact on residents' daily life and experience of care:

- **falls prevention** - the manager explained that residents had a falls assessment on admission. Their blood pressure, standing and sitting, was measured and high/low beds and sensory mats were available;
- **bone density** - the manager explained that most residents who were mobile were taking calcium supplements;
- **DNAR/end of life care** - the manager explained that do not resuscitate details were kept on every resident's file and were on each handover sheet used with staff at shift changes. DNAR is kept under review and members of staff receive regular training on this;
- **medicines reviews/polypharmacy** - there is a pharmacy visit every six months and the general practitioners undertake regular weekly visits;
- **staffing tool** - the Four Seasons CHESS staffing tool is used to ensure safe staffing levels;
- **staff training** - there was a new Four Seasons system introduced in June 2015 of web based e-learning packages. Staff are given time to undertake this during their shifts, although some prefer to do it at home. There are 20 modules of mandatory and optional courses which include fire safety, safeguarding, food hygiene, information governance, care of older people, dementia awareness, palliative care and the mental capacity act and deprivation of liberty safeguards. There are e-learning champions within Four Seasons who are available to support staff with online learning and each module requires staff to read company policies and procedures and concludes with an assessment of web based questions and practical assessments. Staff are encouraged to achieve NVQ Level 2 and 3 in Health and Social Care.

4. Conclusions and Recommendations

4.1 Overall, authorised E and V volunteers found that Stansahwes Care Home had improved since the 2014 E and V visits. However, there are still changes that could be made to improve residents' day to day lived experience of care. These include:

- ensuring that meal times are more sociable and stimulating occasions by ensuring members of staff talk to residents when assisting them with meals, and/or considering recruiting volunteers to support a social atmosphere during mealtimes;
- ensuring subtitles are available on the communal television for those residents who are hard of hearing;
- considering how RNIB Reading Choices could be made available for residents with visual impairments;
- consulting with residents and introducing some exercise activities to promote fitness and wellbeing;
- personalising residents' bedroom doors and adding items of interest to corridor walls to stimulate residents;
- reviewing the decision about creating memory boxes. This should be done with the involvement of both residents and their relatives;
- continuing to make links with the local community and seek volunteers to support activities and mealtimes;
- considering the introduction of apprenticeships, work experience and volunteering from local schools and colleges, that would bring young people in to the home.

4.2 It is pleasing to see that so many changes in line with the 2014 HWSG E AND V recommendations have been made. However, it is difficult to determine how influential HWSG was as the manager had been disappointed to find that the home was not as she had left it and was already keen to make a lot of the changes required.

Disclaimer

- This report relates only to two specific visits in October 2015 and January 2016.
- This report is not representative of all the residents or all members of staff (only those who chose to contribute within the time available).

Joanna Parker

HWSG E AND V Lead Volunteer

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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 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

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

Appendix C

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 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 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 were 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.

A.8 Care homes are identified for E and V by:

- following concerns that have been raised about a care home through HWSG;
- using collective knowledge, that is, E and 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 and 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.