



REPORT OF ENTER AND VIEW VISITS TO

BEAUFORT GRANGE CARE HOME

Long Down Avenue, Stoke Gifford, Bristol BS16 1AH

**Two visits undertaken during September and October 2014
(22 September and 09 October 2014)**

Authorised representatives undertaking the visits:

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Acknowledgements

Healthwatch South Gloucestershire Enter and View authorised representatives wish to express their gratitude to the residents of Beaufort Grange Care Home, Stoke Gifford, and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Beaufort Grange Care Home Manager and all the Care 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

“A four star service in a four star facility”

1.1 Healthwatch South Gloucestershire Enter and View authorised representatives undertook two Enter and View visits to Beaufort Grange Care Home on different days of the week, and at different times of the day, during September and October 2014, with the purpose of finding out about the residents’ lived experience of Beaufort Grange Care Home.

1.2 Information was gathered from the authorised representatives’ subjective observations and their notes of conversations with residents and/or their relatives, and members of staff. Observations were gathered by all the authorised representatives working in pairs and recorded contemporaneously. Pairs of authorised representatives also undertook in-depth conversations with residents, their relatives and some members of staff. The conversations were semi-structured and also 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, the standard of care and service provided at Beaufort Grange Care Home was found to be excellent and what should be expected to be delivered by a multi-disciplinary team in a new build facility which is designed to provide care and support for frail, older and vulnerable people. **The Enter and View authorised representatives commend Beaufort Grange Care Home members of staff for the care and dedication shown to their residents.**

1.4 There were however some minor issues found that need to be addressed and Beaufort Grange Care Home is asked to respond to the following:

- **The concern about whether or not the ‘rails’ in the corridors are grab rails, and if so then they should be unobstructed by furniture and be of a different design**
- **The ‘Infection control’ issues noted such as overflowing soiled linen bins and apparent lack of hand sanitizers**
- **An apparent lack of ‘security’ at the front door during ‘out of business hours’, and**
- **Ensuring that a residents’ committee is established.**

“I am over the moon with this place, I’m just grateful that my wife is in here”

“I enjoy living in Beaufort Grange; there could not be anything better”

2 Introduction and Background

2.1 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.

2.2 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.

2.3 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.

2.4 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.

2.5 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.

2.6 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.

3. Enter and View Purpose, Aim and Objectives

3.1 The Purpose of the Enter and View visits

The 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' 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

3.2 Beaufort Grange is a new purpose built 74 bedded Care Home. Nursing care and personal care are currently provided to older people, and The Memory Lane area of the home provides care to people living with dementia.

3.3 A report from an unannounced inspection in July 2014 by the Care Quality Commission (CQC) stated that:

“At the previous inspection of Beaufort Grange on the 28 and 29 April 2014 we had found that procedures were not always followed to ensure that consent was gained from people using the service and it was not recorded in their documentation, before receiving care and treatment. The service had not been complying with the regulation in relation to consent. We told the provider and the manager that they must take action to ensure that improvements were made. We visited Beaufort Grange again on the 29 July 2014 order to check on the action that had been taken. We found that improvements had been made and we found the service was now complying with the regulation. People's documentation now demonstrated how people had given their consent to their care and treatment decisions. This was because their care documentation detailed people's consent or best interest decisions. Documentation also evidenced the involvement of family members and other professionals as required.”

3.4. The Aim and Objectives of the Enter and View visits:

Aim

“To find out about residents’ lived experience of Beaufort Grange Care Home.”

Objectives

- To undertake two (2) separate announced E&V visits during September and October 2014; that is, on different days of the week,
- To visit at two different times of the day; that is, mid-morning/ over lunchtime and late afternoon/suppertime, for a minimum of two and a half (2.5) hours for each visit,
- To have a minimum of three (3) pairs of authorised representatives visiting, to ensure that as many residents who wished to speak to Healthwatch South Gloucestershire had 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 Beaufort Grange 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,
- To share the final report with Beaufort Grange Care Home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission, and
- 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.

4. Methodology

4.1 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.

4.2 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 and Choice
- Conversations with residents
- Conversations with residents' relatives
- Conversations with members of care staff
- Nutrition and hydration
- Any other comments or observations

4.3 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?

4.4 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 Care 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.

4.5 Each visit took the form of a series of semi-structured 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.

4.6 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, Human Rights 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.

4.7 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.

5. Findings

5.1 The findings are presented as bullet points from the E&V representatives notes, using the template observation headings. Quotes (in italics and underlined), from conversations with residents and/or their relatives, and members of staff, are used to illustrate the experience of living in Beaufort Grange Care Home. The code used for each quote is: **R** = resident; **F** = family member; **S** = Member of Staff. Where there are issues of 'concern' these are underlined in red.

5.2 The E&V representatives found that there was plenty to commend. For example;

- There are a lot of personal touches in communal areas which create the impression of a 'home away from home'
- There is a clear and strong focus on person-centred care and respect for residents' dignity
- There is a strong emphasis on enabling 'choice' for residents
- The daily activities on offer are numerous and stimulating
- The local community is brought into the Home
- There is an extensive menu that appears varied and offers nutritious food
- The dedicated service for people with dementia appears exemplary
- Members of staff report that they enjoy their work, there is training available for them, that there is a strong sense of team working, and managers listen to them
- All of the residents and relatives spoken to, had few, if any 'complaints'

5.3 However, the E&V representatives found some issues that need to be addressed; for example:

- The concern about whether or not the 'rails' in the corridors are grab rails, and if so that they should be unobstructed
- 'Infection control' issues such as overflowing soiled linen bins and apparent lack of hand sanitisers (hand gel)
- 'Security' at the front door out of 'business hours', and
- Ensuring a residents' committee is established

5.4 Environment

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

- A new build facility (open for 14 months) set in a quiet residential area
- There are currently 48 residents, once the second floor is open there will be 74 residents, there is a waiting list
- The ground floor provides care for frail elderly people, the first floor provides care for people with dementia and the second floor will provide care for younger people with dementia, people with long term conditions and end of life care
- There are attractive, well tended gardens around the building and hanging baskets
- Limited parking available, "Parking is a real problem here during the day" [F]
- A 'welcoming feel' to the place on entering the building
- Visitors book to sign in and a hand sanitiser available (the visitors book was full when the E&V authorised representatives arrived and wanted to sign in). The E&V representatives were able to access the building easily on their first, evening visit. After ringing the bell they found that the reception desk was not manned. Although a member of staff was fairly prompt in responding to the door bell the representatives found a confused elderly lady who was trying to get out and there did not appear to be any members of staff visible to ensure she did not leave if a visitor who knew the entrance key code had arrived and opened the door
- There is a wide, light and airy entrance foyer leading to a well decorated/furnished reception area and wide corridors leading to residents rooms and communal areas
- A manned reception desk during 'business hours'
- The Managers office is opposite the reception desk right by the front entrance
- A large communal area opening up from reception that has a sweet stall, aquarium and a coffee bar/bistro area with table and chairs where residents and relatives can help themselves to hot drinks and cakes
- Beauty salon and hairdresser are available on the ground floor
- A lot of very bright pictures/art on the walls in the corridors and communal rooms and a lot of artificial flower arrangements
- Large individual rooms for residents, each with an ensuite wet room
- The light comes on automatically as a person enters the wet room
- Residents are able to access the garden from ground floor rooms
- There is a cinema room available
- Bathrooms with hoists are available, decorated with a marine theme and quite a few thematic 'knick-knacks'
- There are spacious communal lounges and dining areas which are light and airy and well furnished and decorated
- A piano is available

- Dining room tables to take four people sitting at each table laid with napkins and wine glasses on the ground floor
- There are dining rooms and lounges at each end of the building which enables a more intimate, homely atmosphere without residents having to walk too far to use them
- Menus for each meal are displayed 'restaurant style' on a stand by each dining area door and in the reception area
- Each residents room has a door knocker and letterbox to mimic a front door
- Residents are able to have their own furniture "they can have anything but can't remove the carpet or paint the walls" [S]
- A large wall mounted display board of daily activities in easy to read format (words and pictures) is in the main ground floor corridor
- Wi-fi accessible and it is free, residents have to pay for a telephone and access to Sky
- There are personal pictures/photographs in frames on the room door of each resident who has dementia to enable them to recognise their room
- Bathrooms and lavatories are clearly marked out in a different colour and using pictures as signage in the area where people with dementia are cared for
- A spacious balcony on the first floor, with high glass sides and astro-turf and garden furniture, is available for people with dementia to enjoy being outside in a safe and secure environment
- The building smells clean and fresh
- There is a 'Memory Area' with clothes, pictures and household items from different times in the past
- The third floor is currently being equipped to take younger people with dementia and those who need long term care or end of life care
- The 'rails' along the corridors appear to be of more aesthetic appearance than practical use as they are not rounded grab rails. They are difficult to hold onto as there is insufficient space between the rail and the wall for fingers to get a firm grip and then to move along. The 'rails' are also obstructed at intervals by various pieces of furniture (chairs, occasional tables) on opposing sides of the corridors
- There appeared to be few hand sanitisers in sight
- There was a 'slight odour' detected by some E&V authorised representatives in some of the public areas on the first floor where residents with dementia lived although all of the bathrooms and toilets were fresh and clean. There were small waste bins in toilets that had their lids broken off and shampoo and conditioner bottles left in bathrooms that had no names on them
- Soiled linen containers were noted to be overflowing, and
- There were a lot of items of memorabilia on show along the corridors on the first floor, for example, a red post-box, old biscuit tins, old photographs etc.

5.5 Staffing Issues

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

- All the members of staff encountered appeared friendly and caring. It was observed that they put the residents at the centre of what they are doing; for example, they would allow residents to interrupt what they were doing and call bells were responded to promptly
- *“I’ve been a carer for six years and been at this home since October 2013, I enjoy working in the home, staff get on well and all work as a team”* [S]
- *“I love working here as I have time to spend caring for residents as they should be cared for”* [S]
- *“I love the hands on care and enjoy coming to work”* [S]
- Members of staff conversations with residents demonstrated that they were familiar with each residents history and individual needs
- *“We get involved with activities with residents in their rooms, talking over a cup of tea or playing a game of cards”* [S]
- Members of staff spoke highly of the Home Manager and said that staff can talk to the Managers about any issues
- *“There are good training courses, I’ve recently undertaken a ‘diabetic course’, Deprivation of Liberty Safeguards and dementia training”* [S]
- There is a training room available on site
- *“Barchester [that is, the owners of Beaufort Grange] are brilliant with staff training, they have an in-house trainer”* [S]
- *Workload can be quite heavy and constant but the team all pull together. Management are easy to talk to and will listen to any concern.* [S]
- No agency staff are used as the home has a staff ‘bank’
- There is a physiotherapist employed on site and an occupational therapist visits residents *“I have physio 3 times a week which is really helpful”* [R]
- There is at least one registered nurse available on each floor
- There are 5 to 6 (five/six) carers on duty in the morning (08.00 to 14.00hrs), 5 (five) carers in the afternoon/evening (14.00 to 20.00hrs) and 3 (three) carers on the night shift (20.00 to 08.00hrs) on the dementia care first floor caring for 24 residents
- A resident stated: *“At times it feels as if there is only a skeleton staff on duty”*
- *“At weekends there is no-one on duty on reception, anyone could just walk in as I don’t think the front door is always locked”* [R]
- There are male and female care staff *“I think some of the old ladies don’t like male staff caring for them, but they don’t say so”*[R]
- *“It’s mostly young staff on duty but they are all very friendly and helpful”* [R]
- *“The nurses notice if things aren’t right with me.”* [R]
- *“the staff here are very good to us and the rest of the family when they visit”* [F]
- *“The staff are such lovely people”* [F]

5.6 Activities for residents

The following activities were noted; either observed as they were happening or picked up from what was listed on the activities board, and from conversations held with residents, relatives and members of staff:

- A lot of activities, indoor and outdoor, available from Monday to Friday are listed on the board and scheduled throughout the day (not just once only) ; for example:
 - ❖ ‘Sing-alongs’ and music therapy
 - ❖ Concerts
 - ❖ Piano and karaoke machine available
 - ❖ TVs and music centres in communal sitting rooms
 - ❖ Bingo
 - ❖ Arts and crafts, such as drawing and painting
 - ❖ Card games
 - ❖ Dominoes
 - ❖ Coffee mornings
 - ❖ Gardening
 - ❖ Sensory music
 - ❖ Cooking and baking
 - ❖ Smoothie making
 - ❖ Mini tennis
 - ❖ Pampering sessions and make-up sessions
 - ❖ Minibus outings to garden centres, supermarkets, museums, pub lunches
 - ❖ Church services
 - ❖ Cinema room for showing films

- There was an art class in progress during one of our visits and a number of female residents were obviously enjoying it. A lot of the residents art work was on display *“It’s a brilliant art group”* [R]
- Church groups and school groups come in to the home on a regular basis
- For the residents with dementia there are also trips out in small groups, sometimes there are ‘men only’ trips
- There are newspapers available in the communal lounges
- The residents with dementia are also encouraged to participate in acts of daily living such as clearing and cleaning meal tables and they participate in ‘Memory Lane’ sessions
- Where a resident shows a particular interest in an activity then that is encouraged, even if it just one-to-one; for example one resident with dementia is keen on playing hockey so a member of staff plays with her
- Activities such as sensory music are made available for bed-bound residents, and

- There are two activity members of staff who work from Monday to Friday; “Some of the activities I’m involved with include art and drawing classes, baking and cooking, music therapy, bingo on Wednesdays, armchair exercises and group trips out in our mini-bus. We recently took a few of our gentlemen dementia sufferers out on a day trip to Weston. All of our trips are risk assessed”.[S]

5.7 Person- Centered Care/Residents Choice

A person-centred approach and enabling all residents to exercise choice about how they live their lives in Beaufort Grange was apparent; for example:

- Residents with dementia are not put to bed at a fixed time but they are encouraged to keep ‘regular hours’ to avoid disruption to their eating patterns
- “With confused residents we try and give them reassurance and keep talking to them. Some individuals respond better to certain staff”. “If we have a bit of difficulty with a resident we use distraction techniques, which helps to calm them down. Each resident is dealt with differently according to their temperament and needs”. [S]
- Residents on the ground floor are able to choose when they get up and go to bed, whether they shower or bath and how frequently, and whether or not they eat in their rooms or the dining room, although they are encouraged to enjoy a sociable meal in the dining room
- “ I get up when I’m ready, usually 8.30 or 09.00am. I have my breakfast in my room but go to the dining room for my main meals. I like most of the meals but if not I can always ask for something else, there is always plenty of choice. Drinks are available at any time of the day, you just have to ring the bell. My bedding is changed at least once a week and the towels are clean and really fluffy.” [R]
- “I can shower whenever I want” [R]
- “I am self-medicating and can manage it but I have to hand my pills over to the nurses, sometimes then there are delays of up to an hour before I get my medicines, especially at weekends” [R]
- Relatives can visit at any time
- Residents can choose to keep their own general practitioner although a doctor visits weekly and residents are enabled to access a dentist and an optician
- There is a very extensive menu available daily and there is a notice stating that residents can opt for dishes not available on the menu
- A ‘life history’ is done with each resident when they are admitted to ensure that members of staff can have appropriate conversations with them. This was observed/heard during interactions between residents and members of staff

- A residents survey that was undertaken indicated a score on ‘choice and having a say’ that is lower than the national average. The proposed action is to launch a residents committee to get feedback from residents. This had not been implemented. There is, however, a quarterly residents and relatives meeting.

5.8 Nutrition and hydration

- Breakfast is usually offered to residents in their rooms and they can have anything they like for breakfast
- All residents are offered 2 (two) hot meals a day and both lunch and dinner are 3 (three) course meals
- The menu offers a choice for each course of at least 2 (two) options
- Water is available on the dining tables, wine is sometimes available
- Fruit juice and water is freely available in communal areas
- There are jugs of water in residents rooms
- Tea and coffee is available for residents and their visitors in dedicated areas
- Coffee and mints are offered after a main meal
- Birthday cakes are made to order
- Vegetarian options are available for those who specifically ask for them
- “Breakfast is whatever I prefer on the day, lunchtime is OK with good portions and I’m offered alternatives” [R]
- “When it was my birthday recently they set aside the dining area for me and my family and some of my friends came too” [R]
- “Menu so far so good, I like the food” [R]
- “The food is lovely, great soup and lovely puddings, there are also sandwiches and home made cakes” [R]
- “You can have a glass of wine or beer with main meals” [R]
- “There are some little touches missing ... just a cup of tea at breakfast when I would prefer a pot of tea” [R]
- “Suggestions about a resident’s diet is always taken on board” [S]

6. Conclusion

6.1 Overall, the standard of care and service provided at Beaufort Grange Care Home was found to be excellent and what should be expected to be delivered by a multi-disciplinary team in a new build facility which is designed to provide care and support for older and vulnerable people.

6.2 There were however some minor issues found that need to be addressed and Beaufort Grange Care Home is asked to respond to the following:

- The concern about whether or not the 'rails' in the corridors are grab rails, and if so then they should be unobstructed by furniture and be of a different design
- The 'Infection control' issues noted such as overflowing soiled linen bins and apparent lack of hand sanitisers
- Apparent lack of 'security' at the front door during 'out of business hours', and
- Ensuring that a residents' committee is established.

Disclaimer:

- **This report relates only to two specific visits to Beaufort Grange Care Home (one in September and one in October 2014)**
- **This report is not representative of all the residents or members of staff (only those who contributed, or chose to contribute, within the restricted time available).**

Joanna Parker

HwSG E&V Lead

October 2014