



## **REPORT OF ENTER AND VIEW VISIT TO**

### **KINGSWOOD COURT CARE HOME**

**220 Soundwell Road, Kingswood, Bristol BS15 1PN**

**One unannounced visit undertaken on 12 November 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 Kingswood Court Care Home, Kingswood, Bristol, who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Kingswood Court 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

**1.1** Healthwatch South Gloucestershire Enter and View authorised representatives undertook one Unannounced Enter and View visit to Kingswood Court Care Home on 12<sup>th</sup> November 2014 with the purpose of finding out about the residents' lived experience of the Care Home. **This visit was undertaken following concerns reported to Healthwatch South Gloucestershire about the quality of care that residents were receiving. The concerns raised were that the quality of food offered to residents had deteriorated, that residents were not being offered any activities, there was a problem with insufficient hot water being available, and that there appeared to be not enough care staff available.**

**1.2** Information was gathered from the authorised representatives' subjective observations and in-depth conversations with residents and some members of staff. The conversations were semi-structured and noted down contemporaneously. The approach for recording the observations, and the content of the conversations, was underpinned by the use of an observation template and a list of prompt questions.

**1.3** Overall, the standard of care and service provided at Kingswood Court Care Home was found to be satisfactory and what could be reasonably expected to be delivered for frail, older and vulnerable people. There were no major concerns identified; although concern about a particular resident's inappropriate diet was raised immediately with the Care Home Manager.

**1.4** The Care Home Manager was aware of the concerns reported to Healthwatch South Gloucestershire and had, or was dealing with them. There were, however, some on-going aspects of the quality of care that Healthwatch South Gloucestershire believe need to be addressed with some urgency, and Kingswood Court Care Home is asked to respond to the following:

- **The lack of regular, structured and meaningful activities specifically designed to engage as many residents as possible**
- **The residents' reports about 'poor quality' of food and that they are only able to have a hot drink at set times**
- **The residents' perception about how frequently they may choose to have a bath or shower, and**
- **Residents' reluctance to exercise choice and 'make demands of busy members of staff'.**

## 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**

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

**3.2 The purpose of this particular E&V visit was specifically to address the concerns reported to HwSG; that is, that the quality of food offered to residents had deteriorated, that residents were not being offered any activities, there was a problem with insufficient hot water being available, and that it appeared that there were not enough care staff available.**

3.3 Although there is no guidance about how much notice providers should be given about planned Enter and View visits the E&V visits to Care Homes undertaken by HwSG to date have been "Announced Visits"; that is, each Care Home has been given at least 10 ten working days' notice of the visits. This is to ensure that the Care Homes are able to display information about HwSG and the dates of the Enter and View visits on their notice boards, or in their newsletters, to offer residents' family members and friends the opportunity to meet the E&V authorised representatives. Providers are usually given no more notice than 2 (two) hours of "Unannounced Visits". To ensure a quick response to the concerns raised with HwSG the E&V visit to Kingswood Court Care Home was an "Unannounced Visit". The Care Quality Commission Area Team was also informed during a planned routine meeting with HwSG.

**3.4** Kingswood Court Care home website states that:

*"Kingswood Court offers different levels of care to suit a range of needs, from nursing and palliative care to shorter term intermediate care, respite or post*

*operative care. The home has a team of registered nurses and well trained, dedicated care assistants that provide an excellent standard of 24-hour care. Kingswood Court is a well-equipped, purpose built, comfortable home. Featuring bright, spacious main dining rooms and lounges on each floor. The home has easy access to local shops and amenities. Residents are encouraged to personalise their rooms. We have a dedicated activities co-ordinator who ensures that all residents have something stimulating and enjoyable to look forward to. This may be individual hobbies or interests but we also make sure there are plenty of group activities as well. The varied, and interesting programme includes handicrafts, gardening, quizzes and musical entertainment. The entertainment programme is regularly reviewed to consider the interests of our residents.”*

**3.5** A report from an inspection in October 2013 by the Care Quality Commission (CQC) stated that:

*“Residents looked well, were relaxed and happy when we visited. People were spending time in the lounges and dining rooms reading papers, talking with friends or taking part in activities. Some people were enjoying the day in the privacy of their own room and receiving visitors. The manager was available throughout the day and was knowledgeable about people in their care, the policies, procedures and systems in place to ensure the continued smooth running of the home. The manager had made significant improvements following the previous inspection ..... staff told us that there had been ‘great improvements’ in the last year and that the manager was ‘approachable, supportive and wanted the very best for people in their care’. Staff felt that ‘morale was good’, ‘team working was effective’ and that they were ‘proud’ to work there.”*

**3.6.** The Aim and Objectives of the Unannounced Enter and View visit:

### **Aim**

To try and understand what it is like to be a resident in Kingswood Court Care Home.

### **Objectives**

- To undertake one unannounced E&V visits on 12 November 2014 in response to the concerns reported to HwSG,
- To visit mid-morning/ over lunchtime for a minimum of two and a half (2.5) hours,

- To have a minimum of two 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 Kingswood Court 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 talk to members of staff about their experience of caring for the residents,
- To seek information about the concerns reported to HwSG and seek assurance that they would be addressed,
- To produce a report of the findings from the observations and conversations,
- To comment on the findings and raise any issues that need to be addressed, and/or make recommendations for change, and
- To share the final report with Kingswood Court Care Home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.

## 4. Methodology

**4.1** The HwSG Enter and View Planning Group, comprising all HwSG E&V authorised representatives, had 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
- Ensure a 'debrief' session was arranged with 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, and
- 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, and

**4.4** The Care Home had been informed of the unannounced visit after 4.30pm on the afternoon of Tuesday 11<sup>th</sup> November 2014 prior to the visit at 10.30am on Wednesday 12<sup>th</sup> November 2014.

**4.5** The visit took the form of a series of semi-structured conversations with residents. 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 and Care Assistants were also sought.

**4.6** 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 two 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 were introduced to residents by care staff and explained the purpose of their visit. The residents were assured that any comments they made would not be made attributable to them in the written report.

**4.7** The data collected were the E&V representatives' subjective observations and notes from conversations with residents and members of staff. Observations were gathered by 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. There were no residents' family members or friends available to talk to during the visit. A debrief session for the E&V representatives was held on site after E&V visit.

## 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 members of staff, are used to illustrate the experience of living in Kingswood Court Care Home.

The code used for each quote is: **R** = resident and **S** = Member of Staff. Where there are issues of 'concern' these are double underlined in red.

**5.2** The E&V representatives found a number of things to commend. For example:

- **Residents reported that members of staff were kind, caring and friendly and their approach with residents was observed by authorised E&V representatives**
- **Good team work amongst the care staff was also observed**
- **Staff reported that the Home Manager provided good leadership and was supportive, and**

- **The Home Manager already had dealt with, or was dealing with, the concerns that had been raised with Healthwatch South Gloucestershire, and also had ideas for further improvements for the residents' benefit.**

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

- **A lack of regular, structured and meaningful activities specifically designed to engage as many residents as possible**
- **The residents reports about 'poor quality' of food and that they are only able to have a hot drink at set times**
- **The residents' perception about how frequently they may choose to have a bath or shower, and**
- **Residents seem very reluctant to exercise choice and 'make demands' of busy members of staff**

## **5.4 Environment**

The first impressions and observations noted about Kingswood Court Care Home environment are as follows:

- Limited parking available at the rear of the building
- A small, neatly tended, garden along the front of the building, with a bird table and bird feeders; however, the paving slab path along the garden was slippery
- Security ... only able to enter the building if let in by staff or have a code for the door lock
- There was a 'welcoming, homely feel' to the place on entering the building and a warm and professional welcome from the manager
- Visitors book available to sign in and a hand sanitiser for use by the book
- Hand sanitisers are also available in the corridors
- There is a wide, light and airy entrance foyer leading to a well decorated/furnished reception area
- There are notice boards in the reception area with information about a school choir planned visit to the Home, photos of a residents birthday celebrations and 'thank you' letters from grateful relatives
- There is a very narrow dark corridor leading to residents rooms from the reception area
- The corridors on the first and second floors are also narrow and dark
- There is only one very small lift; it is not large enough to accommodate a bed
- The Managers office is right by the front entrance

- There is a 'What we asked you/What you said/What we did' notice board by the managers office detailing residents and relatives issues that have been raised and dealt with, although the actions were undated
- A hairdressing salon is available on the ground floor
- There are spacious communal dining/lounge areas on ground and first floors which are very clean, light and airy, and well furnished and decorated
- It was noticeable that the ground floor lounge area was empty and unused A piano is available in the ground floor dining room/lounge and there is evidence of the monthly church services being held in this communal area
- The dining room has each table laid with table cloths, paper napkins and artificial flowers
- A monthly menu on laminated cards is on display in the dining room, with a whiteboard spelling out the daily menu
- There are some double rooms available otherwise residents are in single rooms
- None of the rooms are fully en-suite. The ground floor rooms have en-suite toilets and the other rooms have wash hand basins.
- Those residents who require a commode have their own commode in their room
- The Care Home appears very clean, neat and tidy and smells 'fresh', and
- The Home Manager explained that there had been some issues with the hot water but that two new boilers had just been installed.

## 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 and were welcoming, taking time to introduce us to residents
- Staff conversations with residents demonstrated that they were familiar with each residents history and individual needs
- Members of staff spoke highly of the Home Manager
- There is a staff training room available on site
- There is one registered nurse available on the top floor and one registered nurse responsible for residents on the ground and first floors
- We noted 5 (five) Care Assistants working as a team on the first floor to serve lunch to 27 (twenty-seven) residents in the dining room and to assist those in their rooms who needed help with their meal
- Residents in their rooms have call bells easily within their reach
- "The staff are always rushed off their feet" [R]
- "I never touch the call button, I just call them, they work too hard" [R]
- "They are very kind" [R]
- "Sometimes they {the residents} just need a hug" [S]
- "I thoroughly recommend living here, they never get impatient with me" [R]
- "Could do with more staff" [R]

- “I know the night staff come in to check on me because I hear the floorboards creak when they come in my room” [R]
- “I’m happy with the carers, they are my friends, especially the night staff” [R]
- “I’m quite happy, the staff and I tease each other, I get on well with them” [R]
- “The carers are nice and good” [R]
- “Generally things are done very well” [R]
- “It would be nice to have extra staff to sit with residents or to be able to take them to the shops” [S]
- The Home Manager explained that a recognised workforce planning tool is used to determine the number of staff required to meet the residents’ dependency needs. Based on this work the manager had submitted a request to the Care Home company senior management for more funding for extra staff, this funding has been approved and recruitment is in progress.

## 5.6 Activities for residents

It appeared that there were few, if any, meaningful activities were available to engage residents:

- The Home Manager explained that the Activities Co-ordinator was not available due to illness. A bank Senior Care Assistant had just started to provide some cover as a part-time relief Activities Co-ordinator
- The relief Activities Co-ordinator explained that they were in the process of going round the residents asking them what activities they would like as a lot of the residents stay in their rooms; an exercise class was planned and there have been bingo sessions, skittles, and ‘Memory Lane’ activities
- There were no regular activities listed on notice boards or that the residents mentioned
- There is a church service held once a month and a school choir is to sing for the residents at Christmas time
- A resident was concerned that they might not continue to receive the Avon Talking Magazine “I can’t get downstairs, the activities person was bringing the Avon Talking Magazine, but that’s stopped because they are off ill” [R]
- “I’m just happy to stay in my room” [R]
- “I’d rather watch TV” [R]
- “I’d rather stay in bed as it’s such a bother to get me in a chair; it’s not them, it’s me” [R]
- “I watch TV all day” [R]
- “I can’t do anything as I’m in bed all the time, they {the staff} come round and have a chat now and again” [R]
- “I do go to the dining room because I think it’s important to be sociable” [R]

- “I don’t leave my room but that’s OK as I get lots of visitors and someone brings me a paper every day” [R]
- “I get bored” [R]
- The Home Manager informed the E&V representatives that Alive! (Alive! is a charity dedicated to improving the quality of life for older people in care by enabling their participation in meaningful activity) was involved with the Care Home residents. None of the residents spoken to were able to say what this had meant for them.

## 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 Kingswood Court Care Home was apparent to some extent. Each resident that we spoke to in their room had their Care Plan available in the room and the residents knew what was in the plan.

However, the E&V representatives felt that there was a lack of flexibility in responding to individual needs and tastes; please see the verbatim residents’ quotes under the report’s different headings and the following:

- Residents are able to have some of their own furniture; for example, a chair although the rooms are quite small
- “The thing I miss most about leaving my home was having to get rid of all my bits and pieces, and most of my clothes, but there’s not room here for them”. [R]
- The only baths available are on the ground floor, showers are available on the upper 2 floors
- “I have a shower once a week. I would like more, I have a strip wash daily” [R]
- I love the shower as I feel really clean afterwards but they {the Staff} are always so busy. I could ask them but I don’t like to bother them.” [R]
- “I’m happy with one shower a week, I’m not complaining or putting any pressure on them, but if I was offered more, I would” [R]
- “I have a shower on a Thursday, I’d enjoy more than that” [R]
- “I get a bath once a week, very relaxing. Another bath would be nice. Been some problems and it took 3 weeks to get a part for the bath so I couldn’t have one for a while [R]
- “I tell them I like a hot bath and I tell them I’ve missed a bath for 3 weeks” [R]
- “I can get up and go to bed whenever I want” [R]
- “The day staff help me into my nightie at about 6.30 to 7.00pm but I can then choose when I get into bed” [R]
- “I can get up when I want, I’m always up really early” [R]
- “Sometimes I lie in, but I’m usually washed by 10.30am.” [R]

- *“I’m awake early and would love a cup of tea, but it’s set times for hot drinks, you get used to it, I’ve no complaints , apart from the early cuppa, I don’t like to drink water” [R]*
- *“They can’t cater for individual choice can they?” [R]*

## 5.8 Nutrition and hydration

One of the concerns raised with Healthwatch South Gloucestershire was that the quality of food had deteriorated.

The Care Home Manager explained that there had been problems with deliveries from their usual supplier and that there was a meeting arranged with the Care Home Company Head Chef to discuss the problem and also to raise the need for the Care Home to have a Chef on duty in the evenings.

The E&V representatives observed lunch being served in the first floor dining room. The food smelt and looked appetising (it was a roast lunch), the portions were adequate and apportioned according to each resident’s appetite. The care staff wore appropriate plastic aprons to serve the meal and assisted those residents who required help to eat their meal. A cup of tea was offered to residents after their meal and water was available during the meal. Water is also available in residents’ rooms.

A laminated copy of a four weekly menu cycle was available on a board in the dining room and the daily menu was written on a white board. There was also a notice about food texture classification. Lunch was the main hot meal of the day, with roast meat on some days, and meals such as cottage pie, sausages on other days. The evening meal was mainly soup and sandwiches.

- Breakfast is usually offered to residents in their rooms
- *“I can’t eat the toast, it’s so hard I think it’ll break my dentures” [R]*
- The lunch menu offers a choice for each course of 2 (two) options
- *“Food is the area that needs attention” [R]*
- *“The food’s not too bad” [R]*
- *“I can ask for a hot drink whenever I want one, I don’t like to bother the staff” [R]*
- *“It’s sometimes very nice but not much variation” [R]*
- *“There is a choice, but .....!” [R]*
- *“They would make me something if I didn’t like what was on the menu” [R]*
- *“You learn to live with what you get, it’s not the Ritz is it?” [R]*
- *“The food generally needs attention. Maybe I’m fussy as I would chose a higher standard of meat for example” [R]*
- *“The meals are bland, very bland indeed, cooked solid. Often have to leave puddings as too solid to cut” [R]*
- *The catering is not great” [R]*
- *Omelettes are cold and solid by the time they get to you” [R]*

- *“I don’t eat much of it”* [R]
- *“I wake up at 5am I’d love a cup of tea then”* [R]
- *“My relatives bring food in for me”* [R]

The dietary intake of one resident, as described by the resident, appeared to be lacking in protein, which was of concern as the resident explained that they had diabetes. This was raised with the Home Care Manager immediately.

## 6. Conclusion

**6.1** Overall, the standard of care and service provided at Kingswood Court Care Home was found to be satisfactory and what could be expected in the provision of care and support for older and vulnerable people.

**6.2** The Care Home Manager was making a number of positive changes and described a plan to have a ground floor room turned into a ‘Café’ style room where residents and their visitors would be able to have hot drinks. Healthwatch South Gloucestershire would like to endorse this plan as it would provide encouragement for residents to leave their rooms, have a change of ‘scenery’, and socialise.

**6.3** There were some issues found that need to be addressed and Kingswood Court Care Home is asked to respond to the following issues as a matter of urgency:

- **The lack of regular structured meaningful activities specifically designed to engage as many residents as possible**
- **The residents reports of ‘poor quality’ of food**
- **The residents’ perception about how frequently they may choose to have a bath or shower, and**
- **The residents’ reluctance to exercise choice and ‘make demands’ of busy members of staff.**



**Disclaimer:**

- **This report relates only to one specific visit to Kingswood Court Care Home on 12 November 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**

**November 2014**