

REPORT OF ENTER AND VIEW VISIT TO GWENDOLINE HOUSE CARE HOME

**17 - 19 Pleasant Road, Downend, South
Gloucestershire, BS16 5JN**

**One two hour morning visit undertaken on Thursday 10 November
2015**

Authorised representatives undertaking the visit:

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Date: November 2015

“Home from Home.” – Quote from a resident.

Acknowledgements

Healthwatch South Gloucestershire enter and view authorised representatives wish to express their gratitude to the residents of Gwendoline House Residential Care Home and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Gwendoline House management and all members of staff who were willing and able to engage and answer our queries. The members of staff were very welcoming and professional.

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1. Executive Summary

1.1 Healthwatch South Gloucestershire enter and view authorised representatives undertook one two hour enter and view visit to Gwendoline House Care Home on Thursday 10 November 2015 with the purpose of finding out about the residents' lived experience of care.

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 the authorised representatives working together as a three. Conversations were semi-structured and were noted down contemporaneously. The approach for recording the observations, and the content of the conversations was underpinned by the use of a template and a list of prompt questions.

1.3 Overall, Gwendoline House is to be commended for providing a warm and caring environment with an "intimate friendly family atmosphere".

2. Context

2.1 The Context of the Enter and View Visits

Enter and view (E&V) visits are part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire (HwSG) to understand the quality of residents' care experience within local care homes, particularly where residents have, or could be expected to have, dementia.

Full details of the work-plan for Healthwatch South Gloucestershire are available on the website: **www.healthwatchsouthglos.co.uk**

2.2. Gwendoline House is a privately owned residential care home providing personal care for up to 16 residents. At the time of our visit there were 13 female residents and two male. The last room was being prepared for a new female resident during our enter and view visit.

2.3. A report from the Care Quality Commission (CQC) dated July 2013 found that Gwendoline House had met all their requirements:

- Treating people with respect and involving them in their care.
- Providing care, treatment and support that meet peoples' needs.
- Caring for people safely and protecting them from harm.
- Staffing.
- Quality and suitability of management.

3. Findings

3.1 The findings are presented as bullet points from the E&V representatives' 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 Gwendoline House.

3.2 The E&V representatives' first impressions were positive.

- The home's front door opened into a small lobby. The inner door was securely locked and visitors had to ring a bell to gain entry.
- The home was decorated for Christmas and smelt clean and fresh.
- Hand sanitisers were available at the entrance of the home.
- A visitor's book was available for safe signing in and out.
- The manager and her staff were all very welcoming and friendly.
- We observed residents sitting in a lounge area. Chairs were arranged around the edge of the room and the layout of the room allowed for conversation between the residents.
- The residents all appeared clean and well dressed.
- Healthwatch leaflets were on show in the home.
- There was a board on the wall which displayed staff photos and names.
- There was an activities board in the entrance hall.
- The manager informed us that the home was fully occupied and that there is a waiting list for new residents.

3.3 Environment

The observations noted about the care home environment are as follows:

- Gwendoline House had a well decorated entrance hall and colourful dining room with comfortable looking chairs;
- we observed that the carpet had marks. We pointed this out to the manager who said they would arrange for a clean. The manager told us that carpets are cleaned regularly;
- the downstairs bathroom area with toilet facilities was well appointed;
- the kitchen was open plan and clean and tidy and we observed the chef at work preparing a meal;
- the lounge area was warm and full with residents;
- we observed staff treating residents with care and respect in the lounge area;
- the corridor off the lounge lead to several bedrooms. Bedrooms all had en-suite toilet facilities and appeared clean and homely. Residents' personal belongings were on show in bedrooms, which added to the family feel;
- one bedroom smelled of urine but the others did not;
- there were fire doors in the corridor. These appeared somewhat heavy to open, but staff told us residents are always accompanied to their bedrooms so staff are able to open these doors for them;
- the bedroom doors all had photos of the residents on them;
- there were no hand rails on the lower corridor. The representatives were informed that all residents used walking aids or were accompanied to their bedrooms;
- the second floor was accessed by stairs with a stair lift available. The bedrooms on this floor were pleasant, like the bedrooms on the downstairs floor. There was a spacious double bedroom on the top floor, which was occupied by a single male resident. Authorised E&V representatives thought this room would be ideal for a couple.

3.4 Staffing

- Gwendoline House has four care staff in total plus three members of management, two office staff and a chef who is also the owner. The office staff are trained to work as carers if required.

- Three care staff are on duty in the day and in the evening and two care staff work the night shift.
- Many of the staff are family members or have been employed for numerous years and subsequently know the residents very well.
- Photos and names of staff are displayed on the entrance wall.
- The manager has an open door policy and staff have had full information on safeguarding issues and the whistle blowing policy.
- Staff meetings are held every four to six months, with residential meetings running every four months.
- Training is in house and is accredited and all staff are encouraged to attend. All staff attend mandatory training sessions and many have done the Dementia awareness course.
- The deputy manager is currently completing an NVQ level 5 in management and preparing to take over the full management of Gwendoline House. She has links with other care home managers and meets regularly with them, which is good for networking and exchanging ideas around good practice.

“The staff are like my family.” – Quote from a resident.

“I am proud to work in this home.” – Quote from a member of staff.

3.5 Activities for Residents

- An activities board is displayed in the entrance hall so residents know what they can join in with each day.
- Gwendoline staff do not employ an activities person. They have two volunteers who support residents to engage in activities.
- Ladies are offered hair styling and manicures every Monday.
- There are a variety of other activities on offer during the week, including a quiz, bingo, 'singalongs' and keep fit.
- The deputy manager has young children who come in every day after school and interact with the residents.
- It was evident during the visit that staff make time to talk to the residents.

“I really enjoy the quizzes.” – Quote from a resident.

3.6 Person-Centered Care and Residents' Choice

- Authorised E&V representatives were told that residents are encouraged to choose which activities to join in with. Those who want quiet time or to have a chat instead can choose to do that.
- Residents are free to spend time in their own rooms or to spend time in communal areas as they wish.
- Residents are encouraged to take meals in the shared dining room, but they are able to stay in their rooms to eat if they wish.
- Residents are encouraged to personalise their rooms with their own belongings.

“Home from home.” – Quote from a resident.

- Residents can select to have either a bath or a shower once a week.
- The district nurse visits to attend to any skilled nursing care. One lady requires regular leg dressings from the district nurse.
- One resident likes to get up at 6.00 am and retire at 8.00 pm and this is catered for by staff.
- Staff were observed giving sensitive and reassuring care to residents.
- The majority of residents are registered with the local GP surgery although they do have a choice if they prefer to stay with a GP they had before moving to Gwendoline House.

“I can go out if I want as long as I inform staff where I am going.” – Quote from a resident.

3.7 Nutrition and Hydration

- Gwendoline House has a small intimate dining area. Tables laid out attractively.
- All food is cooked on the premises by a trained chef.
- Food is locally sourced.
- Menus offered residents good patient choice at meal times. Residents can have alternatives if they request them, for example, one lady prefers to buy Wiltshire Farm Food ready meals and the cost is supplemented by the home.

- Cooked breakfasts are available at 9.00 am every day, and can be eaten in individual rooms or in the dining room. Lunch is at 12 midday, most residents choose to eat in the dining room, but all times are flexible to suit the residents' needs.

“I can go up to my room with my paper after breakfast.” – Quote from a resident.

- Cold drinks were readily available and staff were observed offering residents drinks during our visit.
- We were told that residents are weighed every month and a recognised screening tool is used to check their weight. If any residents show signs of losing weight they would then be weighed weekly.
- Staff were observed serving food without gloves. Although staff were wearing an apron to serve, it was not clear if this was the same aprons used when providing personal care. The manager agreed this could lead to confusion, especially during busy periods, and said they would look into providing different coloured aprons for infection control.

“Staff wake me up with a nice cup of coffee.” – Quote from a resident.

4. Conclusions and Recommendations

4.1. This E&V visit found a warm, friendly home with a very strong family atmosphere. There was much to commend.

All comments from residents were positive and staff were friendly and very professional in their manner. Residents appeared relaxed and happy. There appeared to be a lot of mutual respect between staff and residents.

The home is flexible in tailoring its care to suit each resident's needs and offers residents choice around what and where they eat, where they spend their time, what activities they take part in, when they get up and go to bed, and whether they have a bath or a shower.

Staff expressed pride in the care they were able to give. Long term staffing meant that the residents knew the staff well.

The use of volunteers to support residents' activities was commendable.

The deputy manager has close links with other registered care home managers and networks closely with other care homes to keep Gwendoline House's care up to date, and bring in fresh ideas.

4.2. Authorised enter and view representatives identified a few ways that Gwendoline House Care Home could improve the lived experience of care for its residents. We recommend that:

- staff wear different colour aprons when serving food to prevent accidentally wearing the same apron as when providing personal care to residents;
- staff wear disposable gloves when serving food;
- management continues to network and maintain links with other care homes to keep ideas fresh;
- management arranges the cleaning of communal carpets;
- management consider introducing some meaningful activities for men, like a newspaper group or gardening club.

Disclaimer

- **This report relates only to one specific visit in November 2015.**
- **This report is not representative of all the residents or all members of staff (only those who chose to contribute within the time available).**
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Sarah Moore

HWSG E&V Representative

December 2015

Appendix A

Enter & View Context and Background

A. 1 Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. (The activities were confirmed by Section 221(2) of the Local Government and Public Involvement in Health Act 2007, amended in Part 5, section 182(1) to (4) of the 2012 Act). Some of these activities include:

- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- making reports and recommendations about how local care services could or ought to be improved, and;
- local Healthwatch has an additional power to enter and view providers so that matters relating to health and social care services can be observed.

A.2 In order to enable Healthwatch South Gloucestershire to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear how those services are provided. Organisations must allow authorised representative volunteers to enter and view the nature and quality of the services as long as this does not affect the provision of care, or the privacy and dignity of people using the service.

A.3 Healthwatch enter and view visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch South Gloucestershire to gain a better understanding of local health and social care services by seeing them in operation and talking to the service users, their families/carers and the health and care staff.

A.4 Enter and view representative volunteers are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users, and staff if appropriate, and make

comments and recommendations based on their observations and impressions in the form of a report.

A.5 The enter and view report aims to outline what the authorised representatives saw and heard and make any suitable suggestions for improvement to the service. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Appendix B

Enter and view - 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&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&V authorised representatives to learn from the process, and test out and refine their methodology for future care home E&V visits.

Appendix C

Enter and view Methodology

B.1 The Healthwatch South Gloucestershire (HwSG) enter and view (E&V) planning group, comprising all HwSG E&V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E&V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made
- how to record the observations
- how to initiate and maintain 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&V authorised representatives.

B.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home
- residents' environment
- staffing issues
- activities for residents
- person centred care
- conversations with residents

- conversations with residents' relatives
- conversations with members of care staff
- nutrition and hydration
- residents' choice
- any other comments or observations.

B.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a resident, included open questions such as:

- please tell me about your daily routine, for example, food, activities, company and visitors;
- what do you think about the care that you receive?
- how frequently are you able to have a shower/bath?
- how are you helped to have a meal or a drink?
- what sort of activities are you able to enjoy?
- can you please give some examples of choices you are able to make, for example, about television (or radio) being switched on (or off), which channels you can watch/hear, what food you like to eat, how are you able to choose which clothes to wear, getting up/bedtime, going outside into the garden, other 'routines'?
- specifically to ask members of staff caring for people with dementia ... What do you do if a resident is continually asking to go home, or asking for their mother?

B.4 The care home is informed in advance by telephone and letter of the E&V visits, and dates and times are agreed. Posters and leaflets about HwSG are sent to the home in advance so that these can be displayed on notice boards and used to inform residents, their relatives and members of staff about the role of HwSG, the E&V visits, and to encourage relatives to be present during the visits.

B.5 Each visit takes the form of a series of informal conversations with residents and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on residents. The views of some of the members of care home staff, including qualified nurses, care assistants and ancillary staff, are also sought.

B.6 All the E&V authorised representative volunteers have received the initial Healthwatch England approved E&V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E&V representative volunteers introduce themselves to residents and explain the purpose of their visit. Some residents are also given leaflets about HwSG which includes information about ‘how to tell your story’ in case any of them, or their relatives, wish to send HwSG further information, or send it anonymously.

B.7 The data collected are the E&V representative volunteers’ subjective observations and notes from conversations with residents, where possible, their families/carers, and members of staff. Observations are gathered by all the E&V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E&V representatives is held on site after each E&V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final ‘wash-up’ session is held separately.

B.8 Care homes are identified for E&V by:

- following concerns that have been raised about a care home through HwSG
- using collective knowledge, that is, E&V representatives’ knowledge and understanding of care provision across South Gloucestershire
- placing an emphasis on the care of elderly people with dementia
- managing a balance of visits to the small family owned care homes, or local/regional providers and large (national) providers of care for older people
- ensuring a spread of E&V visits across urban, suburban and rural provision
- seeking a balance between new build specialist provision and older care homes
- having an emphasis on South Gloucestershire Council priority neighbourhoods.