

**Report of Enter and View Visit to
Kenver House Care Home**

56 Hill Street, Kingwood, Bristol, BS15 4EX

One visit undertaken on 14 September 2015

Authorised representatives undertaking the visit:

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Date: September 2015

Acknowledgements

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

Healthwatch South Gloucestershire would also like to thank Kenver House management and all the staff who were willing and able to engage and answer numerous queries. The members of staff were welcoming and helpful.

Contents

1. Executive Summary	3
2. Context.....	4
3. Findings	5
4. Conclusions.....	10

Appendices

A. Healthwatch Enter & View: Background.....	11
B. Healthwatch Enter & View: Aim and Objectives.....	13
C. Healthwatch Enter & View: Methodology.....	14

1. Executive Summary

"I'd give gold stars to all the staff." Quote from a resident.

"You couldn't find a better home than this one." Quote from a family member.

1.1 Healthwatch South Gloucestershire enter and view authorised representatives undertook an enter and view visit to Kenver House care home on 14 September 2015 with the purpose of finding out about the residents' lived experience of the 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. 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, Kenver House was found to be delivering a high standard of care with a dedicated and very caring staff team. They are providing care and support for people with dementia and there is a lot to commend. The residents expressed at least satisfaction and in many cases they were delighted with their levels of care. Likewise, relatives seemed very satisfied and appreciative of the care their family members are receiving.

1.4 Kenver House is to be commended for providing a warm, welcoming and clean environment in which a variety of activities take place to provide stimulation for those with dementia. All the staff were seen to be caring and attentive and residents were treated with dignity. Of particular note is the fact that Kenver House organises holidays for its residents and staff accompany residents to hotels in places such as Blackpool and Weston-Super-Mare.

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 Kenver House is a residential home with 30 placements, of which 29 are single and one is a shared room. Six of the rooms have sinks and commodes and all the residents' rooms have either a shower or a bath. Kenver House offers day care and respite, as well as residential care.

A report from the Care Quality Commission (CQC) in September 2013 stated that:

'It was evident from observations we carried out that people were treated with warmth and respect and that staff engaged with people in a positive way. For those people who lacked capacity we saw that decisions had been taken on their behalf, in their best interests. Staff knew how to report suspected abuse and allegations of abuse had been reported to the appropriate agencies.'

Care plans recorded peoples' individual care needs, preferences and their health needs. We spoke with three family members who confirmed their relative's needs were met and that they had no concerns. They said that if they had a problem they would go straight to the manager. We were told the food was good and "Nothing needs to improve, they (the staff) are so loving."

People told us that staff were caring and said, **"they are friendly, they are respectful."**

The home was generally clean, and areas to be maintained had been identified. Some areas that were in need of cleaning were carried out immediately. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider made visits to the home and spoke with people and their families on a regular basis.

2.3 Kenver House meets the CQC requirements for:

- **care and welfare of people who use services;**
- **safety and suitability of premises;**
- **requirements relating to workers;**
- **staffing; and**
- **assessing and monitoring the quality of service provision.**

3. Findings

3.1 The findings are presented as bullet points from the E&V representatives notes, using the observation template headings. Quotes are taken from conversations with residents and/or their relatives, and/or members of staff, and are used to illustrate the experience of living in Kenver House.

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

- there was security at the front door, a visitors book to sign in, and hand sanitiser available;
- Healthwatch posters were displayed. Representative volunteers were very warmly greeted by the manager and all staff were enthusiastic, friendly and helpful;
- staff were dressed in uniforms which were colour coded according to their level of experience and responsibilities;
- the entrance area is part of a new extension which houses improved office facilities. It was bright and clean with notices on the wall which showed the layout of the rooms. There were photos of staff and messages of thanks from residents and relatives on display;
- a large mock letter box is on display in the entrance hall in which residents can 'post' their letters and which is used at Christmas for delivery of Christmas cards;
- there were no obvious 'odours' in the entrance area;
- there is limited space in the entrance area and no sitting or waiting area is available;
- the manager informed us that the home was fully occupied and that there is a waiting list;
- the home had a busy feel with lots of activities taking place.

3.3 Environment

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

- the building consists of a large Victorian house, with later modern additions, linked by new corridors and with a new office extension added;
- as a result there are floors at different levels with steps, some narrow corridors, and a number of stairways, most (all?) of which had chair lifts installed. Residents' rooms are on the ground, first and upper floors. Corridors were kept clear and had hand rails;
- all the common rooms (lounges, television and dining rooms) are on the ground floors;

- there are small garden and patio areas outside with pleasant seating areas and some nostalgic touches, like an old telephone box;
- residents' room doors are covered with a laminated print of a traditional front door in bright and contrasting colours. The rooms were numbered and each area of the home is given a name relating to a musical, for example 'Singing in the Rain'. However, there were only a few posters dotted around to illustrate the musicals named;
- at the time of the E&V visit, very few doors had name plates on to assist in identifying the resident. However, the home is in the process of installing memory boxes at each door with identification and memorabilia relating to the resident;
- a toilet on the ground floor had no signage to indicate its purpose and had a door which looked like the residents' doors;
- a small, quiet room, decorated in 1950's style, was available for residents near to the front door. This overlooked a pleasant garden/patio area;
- the two main lounges are interconnected and had brightly coloured, fresh looking décor. Large picture windows let in natural light and the windows were decorated with leaf and flower shaped laminates. A large wall-mounted television was on in each room;
- seating was in small conversation groups, with chairs of the high-backed plastic-covered variety;
- there were many photos on the walls of residents taken on outings, holidays, and during activities;
- the dining room has a conservatory added to it which is also used for meal times and as a 'quiet' lounge for visitors to use;
- a further, smaller 'quiet' lounge was also available. It too contained a large television which was on quite loud. The room was not being used at the time of the enter and view visit;
- residents are encouraged to personalise their rooms with their own furniture and decorative items. They are allowed to choose the colour of the paint for their walls;
- the bedrooms that E&V representatives visited looked bright and clean and were reasonably spacious. Some had large picture windows with many personal touches;
- with the television on in one room and recorded music and percussion instruments being played in the adjoining room, as well as staff chatting loudly to be heard above the television, there were quite high levels of noise within the main lounge areas.
- **"The lounge is quite noisy, I would prefer the TV to be off." (Quote from a resident).**

3.4 Staffing

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

- all staff were exceptionally friendly, approachable and helpful to visitors and residents alike;
- staff knew all the residents personally and took care to provide personalised care;
- staff do more than 18 hours training a year;
- training includes Dementia, Manual Handling, First Aid, Food Hygiene, Essential Skills in Dignity and Care, Person Centred Care, Epilepsy Awareness, Stroke Awareness, Health and Safety, Being Person Centred, Deaf Awareness, Visual Impairment, Safeguarding Adults, Loss and End of Life, Challenging Behaviour, Record Keeping, Connecting with People with Dementia, Fire Safety, NVQ2 and NVQ3 in Health & Social Care. Most training courses are run by South Gloucestershire Council at the nearby council offices;
- Kenver House uses agency staff when necessary;
- many members of staff have been there for many years. The manager had been working at Kenver House for nine years, and another senior carer for eight years;
- Nicola Johnson the registered manager is not a nurse but has a Registered Managers Award qualification and an Assessors qualification;
- the staff told E&V representatives that they were well supported by the management;
- **“If we need anything, whether it’s equipment or training, we will get it, usually.” (Quote from a member of staff);**
- the owners of the home were on site during the visit but did not introduce themselves initially. They did, however, respond to a question about a potential trip hazard caused by the uneven nature of the floor levels, explaining that they were legally obliged to install a stair lift which prohibited the positioning of a ramp across a step. The step was clearly marked with hi-visibility tape. Staff explained that putting a ramp over this step would cause more of a hazard as residents could trip over it or fall down the stairs;
- **“Some staff can be abrupt.” (Quote from a resident).**

3.5 Activities for residents

- An extensive programme of trips and outings is organised for residents including visits to the Avon Valley Railway, Bristol Hippodrome, Bristol Zoo, the local cinema, garden parties and fetes.
- Two activities officers organise a wide range of indoor activities. A timetable of activities was pasted onto the wall.
- In evidence during the visit was: skittles, connect four, jigsaw puzzles, music and dancing. Percussion instruments were handed out and residents encouraged to take part. Staff encouraged residents to get up and have a little dance.
- Of particular note is the fact that the staff of Kenver House arrange to take groups of residents on holiday to hotels around the country. Staff accompanied residents on holiday to provide a one-to-one ratio of staff or volunteer supporters to residents. Staff partake during their own holiday leave periods.
- A hairdresser visits once a week. Staff will attend to nails and give a manicure. A chiropodist visits regularly.
- Residents are not forced to take part in communal activities and for those that prefer something quiet staff will spend time having a chat. E&V representatives observed staff actively engaging with residents, talking or looking at photos with them.
- Volunteers assist with activities and outings. Fund raising activities are organised by volunteers.
- Dial-a-ride services are used when additional transport is needed.
- **“I’d like more sports activities.” (Quote from a resident).**

3.6 Person-centered care/residents’ choice

- Residents are encouraged to choose which activities to join in with. Those who want quiet time or just a chat can have that.
- Residents are encouraged to personalise their rooms and can choose a colour scheme.
- Staff appeared to know each resident individually and recognised their needs.
- Residents can select to have either a bath or shower and this is documented on their care plan.
- **“Nothing is too much trouble for the staff.” (Quote from a family member).**
- Staff were observed giving sensitive and reassuring care to residents.

- A GP visits weekly, on Tuesdays.
- Do not resuscitate requirements are noted on individuals' care plans and are immediately visible on the spine of each resident's folder, which is kept in the main office, ensuring prompt and accurate attention is given as necessary.
- Visiting is unrestricted.
- **"We can pop in at any time to see Mum. It's lovely and informal." (Quote from a family member).**
- Family birthday parties are organised for residents and parties take place in the home even if no family members are able to attend.
- **"Staff are always willing to sit and chat." (Quote from a resident).**
- **"The staff go out of their way to treat you and speak to you as if you were a member of their family. I get the feeling that they love them (the residents) as if they were their own." (Quote from a family member).**
- Family members of two separate residents told us that sometimes items of clothing, though labelled, either got lost in the laundry system or were not returned to the correct resident.

3.7 Nutrition and hydration

E&V representatives were not able to view a meal service. However, the kitchen was visited and appeared to be clean and orderly.

- A large attractive tray of homemade cake was ready for the afternoon tea.
- Staff were preparing sandwiches but also answered questions helpfully.
- The daily menu was hand written on a white board in the dining room. A choice of hot meal was served at lunchtime.
- Residents could choose to have breakfast in their room, or to come to the dining room for breakfast.
- Cooked breakfasts are available two days a week.
- Drinks and snacks are available at any time day or night.
- A tray of cold drinks and juices was available in the lounges.
- **"I have my breakfast in my room, but the toast is rather hard and dry by the time I get it." (Quote from a resident).**
- **"The food is very good here. I enjoy the meals." (Quote from a resident).**
- **"There's not a great choice of food." (Quote from a resident).**

4. Conclusions

4.1 This E&V visit found a warm, friendly and very caring environment with high-quality care for people with dementia. Kenver House benefits from enthusiastic leadership and dedicated, caring members of staff:

- overall, E&V representatives found Kenver House to be a warm and caring environment for the care of people with dementia;
- staff demonstrated very good care and understanding of the residents' needs;
- residents and family members expressed a high level of satisfaction with the standard of care and the overall quality of the home.

Disclaimer

- This report relates only to a specific visit in September.
- 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).

Kay Hobday, HwSG enter and view representative

Septemebr 2015

Appendices

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;
- local Healthwatches' additional power to enter and view health and social care settings 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, at times 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.

A.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.

Appendix B

Enter and View - Aim and Objectives

The aim and objectives of the enter and view visits:

Aim

To find out about residents' lived experience of being in a residential care home or nursing home.

Objectives

- Undertake two (if possible) separate announced E&V visits on different days of the week
- Visit at two different times of the day (if possible) for a minimum of two hours for each visit
- 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
- Observe the overall service provided for residents, including any structured activities using a template as an 'aide-memoire'
- Engage residents in conversation about their daily lives in a care home using the template and prompt questions
- If possible, engage residents' families and friends in conversation to elicit their views about the service their relative receives
- Produce a report of the findings from the observations and conversations
- Make comments on the findings and make recommendations for change if appropriate
- Share the final report with the care home members of staff and residents; and with appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission
- 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
- Ensure 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 to 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. 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.