



**Revisit Enter and view
report**

**Little Croft Care Home
16 January 2017**

Authorised representatives

Weijie Song

Sarah Moore

Kay Hobday



Healthwatch South Gloucestershire

T: 01454 543 402

E: info@healthwatchsouthglos.co.uk

W: www.healthwatchsouthglos.co.uk

Contents

Contents.....	2
1 Introduction.....	3
1.1 Details of visit.....	3
1.2 Acknowledgements.....	3
1.3 Purpose of the visit.....	3
1.4 How this links with Healthwatch South Gloucestershire strategy.....	4
2 Methodology.....	4
2.1 Planning.....	4
2.2 How was practice observed?.....	4
2.3 How were findings recorded?.....	4
2.4 About the service.....	5
3 Findings.....	5
4 Conclusion.....	7



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Little Croft Care Home 42-44 Barry Road Oldland Common Bristol BS30 9TA
Service Provider	Quality Care Homes Limited
Date and Time	Monday 16 January 2017
Authorised Representatives	Weijie Song Sarah Moore Kay Hobday
Contact details	01454 543 402 info@healthwatchsouthglos.co.uk www.healthwatchsouthglos.co.uk

1.2 Acknowledgements

Healthwatch South Gloucestershire would like to thank Little Croft Care Home residents, management and the members of staff who were willing and able to engage and answer our queries.

1.3 Purpose of the visit

Healthwatch South Gloucestershire undertook an enter and view revisit to Little Croft Care Home in January 2017 with the purpose of finding out if any changes recommended in light of the findings from an Enter and View in February 2015 had been made; this is one measure of assessing the impact of Enter and View visits.



1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2015/16 was to engage with older people and people with dementia and to enter and view care homes across the county. Enter and view provides an ideal tool to hear the views of this group of people.

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

2 Methodology

2.1 Planning

A monthly planning meeting is held by authorised enter and view representatives. These are used to agree which observations to focus on and prompt questions to use. Observation templates and prompt questions have been continually amended and revised as authorised representative's learning develops.

The focus for this enter and view revisit was to try and assess the impact of the first enter and view visit and an observation template/questionnaire was developed with a focus on the changes suggested in the February 2015 recommendations for action by the Care Home. A number of Care Homes in South Gloucestershire previously visited are being revisited.

2.2 How was practice observed?

On 16 January 2017, three authorised enter and view representatives visited Little Croft Care Home. Information was gathered from the representative's observations of care and their notes of conversations with residents, their visitors and members of staff. Observations were gathered by the authorised representatives working in pairs. Conversations were semi-structured and underpinned by the focus on recommendations for action made in February 2015. Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Comments were recorded by one representative in the pair as the other engaged residents, carers or members of staff in conversation. Conversations were recorded anonymously. One of the enter and view representatives then compiled the report



based on the records from the conversations and observations, and shared the report in draft form for all representatives to discuss and agree.

2.4 About the service

Little Croft Care Home is registered for 41 residents and is situated in a house in Oldland Common. Little Croft Care Home was inspected by the Care Quality Commission (CQC) in June 2016 and received an overall grading of good.

3 Findings

Executive summary

February 2015 Recommendations	January 2017 Findings
Providing a greater and more diverse range of activities, including outdoor activities and especially those suited to male residents.	<p>There is evidence of improvement with activities since the previous visit, catering for both male and female residents.</p> <p>There are 3 staff responsible for activities, 1 full time and 2 part time.</p> <p>During the visit, there was a bingo session in one lounge with a few of the residents taking part. In the other lounge a member of staff was helping residents knit, and one gentleman was happily colouring, taking great pride in showing us his work.</p> <p>The activities board showed a diverse range of activities planned for the week. Saturdays were advertised as an opportunity to allow family pets to be bought in.</p>
Improving the information on noticeboards for residents.	Manager aware of the problem and is trying to address better signs, they are confined by budgetary issues and are therefore looking to search the internet and laminate their own.



	<p>The chalk boards with the menus are a particular problem as they are too small, with very faint white chalk. To counteract this the residents are each informed daily of the menu offered with alternative meals prepared if required.</p>
<p>Offering more choice of main courses at lunchtime.</p>	<p>Staff and particularly the chef is aware of residents individual likes and dislikes and cater as required. Wednesday is free choice day, when residents can choose a particular meal.</p> <p>Alternatives are always available daily.</p>
<p>Suggested that Little Croft Care Home undertook a self-audit to check that the home is dementia friendly.</p>	<p>The representatives were given results of a recent questionnaire given to relatives and friends of residents, this questionnaire sought opinions of overall environment, standards of care, staff attitude and activities provided. 75% of respondents gave positive feedback, 25% were mostly positive and 0% were negative (16 questionnaires).</p> <p>Little Croft have received visits from the Dementia team to help staff awareness of dementia issues.</p> <p>Subsequent to this, they have placed butterflies on the walls to help residents find their way to the butterfly lounge.</p> <p>The manager has a particular interest in dementia having previously worked with dementia patients and is researching new ways to improve the home surroundings. She is looking to place larger clearer visual signs on the toilet doors.</p> <p>Whilst the enter and view representatives were there, two residents were folding and refolding a napkin. It was suggested that more</p>



	<p>sensory/tactile objects could be left around. The manager says that anything left around gets put away again by the residents.</p> <p>Some of the resident's doors have large photographs of the residents, some residents do not want them on the doors, and their views are listened to.</p>
--	---

4 Conclusion

The enter and view representatives received a warm and friendly welcome, and this was reflected in the general friendliness of staff and residents.

The relatives spoken to, were very pleased with the care. One son reported feeling relieved that his father was now in a safe environment, he was pleased with all the carers and that there was a male carer to whom he seemed to be able to relate. The family had moved him from a previous home and felt that this home was more organised and they were much happier with his care, "they get things done and keep me informed of any problems".

Another resident had a parrot in a huge cage in her room, this was her own pet from home and his presence was a great comfort. Her relatives were also very pleased with the care she receives.

Overall the home had made huge improvements since the first visit. The home has been redecorated, giving a brighter cleaner appearance. The manager is enthusiastic and keen to comply with suggestions, looking for ways to improve signage within her budgetary constraints.

The home appeared well staffed, and well run, offering a safe and caring environment to its residents.

Disclaimer

- This report relates only to a specific visit on 16 January 2017.
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available.)