



# **REPORT OF ENTER AND VIEW VISITS TO STANSHAWES CARE HOME**

**11 Stanshawes Drive, Yate, Bristol BS37 4ET**

**Three visits undertaken during June and July 2014  
(23 June, 09 July and 21 July 2014)**

**Authorised representatives undertaking the visits:**

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Healthwatch South Gloucestershire would also like to thank Stanshawes Care Home Manager and all the Care Home staff who were willing and able to engage with the authorised representatives and answer their numerous queries. The members of staff were always welcoming and helpful.

## Contents

<b>1. Executive Summary .....</b>	<b>4</b>
<b>2. Introduction and background .....</b>	<b>5</b>
<b>3. Enter and View Purpose, Aim and Objectives .....</b>	<b>6</b>
<b>4. Methodology .....</b>	<b>8</b>
<b>5. Findings .....</b>	<b>10</b>
• <b>Environment .....</b>	<b>12</b>
• <b>Staffing .....</b>	<b>13</b>
• <b>Activities .....</b>	<b>13</b>
• <b>Person Centred Care .....</b>	<b>14</b>
• <b>Nutrition .....</b>	<b>15</b>
<b>6. Conclusion .....</b>	<b>16</b>
<b>7. Recommendations .....</b>	<b>16</b>

## 1. Executive Summary

### **"The will to do the best they can is there"**

**1.1** Healthwatch South Gloucestershire Enter and View authorised representatives undertook a series of three Enter and View visits to Stanshawes Care Home on three different days of the week, and at three different times of the day, during June and July 2014 with the purpose of finding out about the residents' lived experience of Stanshawes 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 conducted in-depth conversations with residents and their families, friends and carers, and some members of staff. The conversations were semi-structured and also recorded contemporaneously. The approach for recording the observations, and the content of the conversations was underpinned by the use of a recording template and a list of prompt questions.

**1.3** Overall, the standard of care and service provided at Stanshawes Care Home was found to be what could be reasonably expected from a facility which is designed to provide care and support for older and (in some cases) vulnerable people; there were, however, some concerns about the delivery of care, and residents reported 'lived experience', that should and could be improved.

**1.4** The following recommendations are made, that Stanshawes Care Home:

- Should ensure that there are sufficient commodes available so that residents do not have to share,
- Should ensure that all residents are assessed on a regular basis about their manual handling needs and ensure that there is sufficient, appropriate equipment available to meet these needs,
- Could support residents to have more choice about how their daily lives are lived, and
- Could consider engaging with the local community to develop a group of volunteers who could assist residents with activities and at meal times.

## 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 is aimed at outlining what the authorised representatives saw and making any suitable suggestions for improvement to the

service concerned. 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.

### **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 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 (HwSG) are available on the website:

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

**3.2** Stanshawes Care Home in Yate is registered to care for 48 (forty-eight) residents of 50 years of age or older, and provide respite, residential and nursing care services. Their website states:

*“We have large rooms which we use for palliative care; the nurses at Stanshawes are highly trained in providing this care. The garden has had a lot of attention to make it a pleasant place to sit, with a shelter and benches available. The kitchen currently has a 5 star rating for hygiene from South Gloucester Council, and we are always working hard to provide an even wider range of choice for our residents. Most of the rooms have been refurbished in the last six months with new carpet, furniture, and linen. The communal areas have also been improved with new lighting being fitted in both lounges and new carpets in the main corridors. Stanshawes Care Home has a full time activities team who work throughout the week interacting with the residents and planning events and visits .Key features include; all single rooms, onsite hairdressing, quiet lounge, flat screen TV lounge, Lifts, landscaped gardens, patio, chapel, and personal telephone”.*

**3.3** A report from an inspection by the Care Quality Commission (CQC) published in March 2014 (from an inspection undertaken in January 2014) stated that action was

required to meet the standard about the 'Care and welfare of people who use the services'.

The CQC judged that:

*"Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. We have judged that this has minor impact on people who use the service, and have told the provider to take action."*

**3.4** A further unannounced, routine inspection was undertaken by the CQC in May 2014 and the CQC report stated that the standard about the 'Care and welfare of people who use the services' was met; however, action was required to meet the standards for 'Cleanliness and infection control' and for 'Assessing and monitoring the quality of service provision'. The CQC judged that:

*"People were not fully protected from the risk of infection because appropriate guidance was not always being followed. We found that suitable infection control guidance was in place for staff and others to follow. However we also found that environmental infection control risks were not always being identified or acted upon".*

*"The provider had a system to assess and monitor the quality of service that people receive. However environmental infection control risks were not always being identified or safely managed."*

### **3.5. The Aim and Objectives of the Enter and View visits:**

#### **Aim**

"To find out about residents' lived experience of Stanshawes Care Home."

#### **Objectives**

- To undertake three (3) separate announced E&V visits during June and July 2014; that is, on different days of the week,
- To visit at three (3) different times of the day; that is, mid-morning, over lunchtime and early evening/suppertime, for a minimum of two and a half (2.5) 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 have the opportunity to do so ,

- To observe the overall service provided for residents, including any structured activities and meals, using a template as an 'aide-memoire',
- To engage residents in conversation about their daily lives in Stanshawes Care Home, using the template and prompt questions,
- 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 recommendations for change,
- To share the final report with Stanshawes Care Home 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** HwSG Enter and View Planning Group, comprising all HwSG E&V authorised representatives, discussed:

- 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
- To ensure a 'debrief' for the E&V authorised representatives

**4.2** A draft template was drawn up to act as an aide-memoire for relevant observations, and give space to record them; and a list of draft prompt questions provided by an E&V authorised representative was adopted for trial use after the first visit. 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
- Conversations with residents
- Conversations with residents' relatives
- Conversations with members of care staff
- Nutrition and hydration
- Resident's choice
- 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 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'.

**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 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 as Equality and Diversity, Safeguarding Adults, and Dual Sensory Loss; so, 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 took the form of 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. Pairs of E&V representatives conducted in-depth conversations with residents and their families, friends and carers. These 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 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 Stanshawes Care Home.

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

- The entrance foyer/hall was bright and light and clean and welcoming, with a hand sanitizer available and posters and leaflets on display,
- The lounge areas had been recently refurbished with new carpets and chairs,
- It was noted that there were good portion sizes for each resident at meal times. At one visit on a hot day the cook asked residents if they would prefer ice cream rather than custard on their pudding,
- Some E&V representatives met with the Activities Officer and found her to be very enthusiastic; an impressive individual with the residents welfare at heart.

She speaks to residents on a one-to-one basis to find out what they would like to do and implements what is possible,

- A lot of the members of staff spoke about how they enjoyed their work and that there was good teamwork, and

The overall impression that E&V representatives came away with was that the staff were trying very hard to care for their residents, “***the will to do the best they can is there ....***”

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

- Residents were sharing commodes; which is considered undesirable,
- There appeared to be manual handling and lifting issues. A resident’s relative reported having witnessed residents being lifted by staff putting their hands under residents’ arms. There did not appear to be sufficient hoists available, and relatives had also seen broken hoists,
- Most residents reported that they only had a shower once a week. Although showering weekly may be some residents’ choice they did report being unable to have a bath if they so wished because of lack of appropriate equipment (lap straps); which raises the question of whether or not all residents’ do have a choice,
- There may be issues with the timely administration of medicines, it was noted that one resident reported that they had received their medication 2 (two) hours late, and that this was a particular problem if an agency nurse was on duty,
- There did not appear to be a very imaginative selection of vegetarian meals on the menu and the same menu was rotated on a monthly basis; there was some uncertainty about how much choice about the content of meals there actually was for residents, and
- All residents were in their rooms for their evening meal; and some were in their rooms for their lunchtime meal. Some of the residents had chosen to do this. However, all residents are taken to their rooms after their lunch for a rest and then, apparently, ‘decide’ to stay in their rooms. This does raise the question of whether or not all residents are able to exercise ‘choice’. That is, ‘choice’ about whether or not they wish to go their room after lunch; and where they eat their meals, or if residents staying in their rooms from lunchtime onwards is a routine, systematic, non person-centred, ‘custom and practice’ way of doing things?

Some E&V representatives described how they felt that the Care Home was delivering ‘institutionalised’ care rather than individual focussed care, and there was little, if any, ‘choice’ for residents and ‘personalisation’ of care apparent.

When a senior member of staff was asked, 'How much 'individuality' do residents have?'

The response was ... 'We go by what they want. It is person centred care. If they want to get up at 11am that is fine. There are routines and systems for food etc but food can be kept in a hot plate. We encourage residents to be involved in the routine but they choose it, it is not imposed',

One resident stated that "They wake me at times suitable to me".

## 5.4 Environment

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

- The outside of the building looks neat with several flower pots and hanging baskets on display,
- The garden could do with some care and attention as the grass needed cutting, the garden looked scruffy and there was an ashtray overflowing with cigarette butts. It was not clear how residents access the garden,
- The rooms are all single occupancy except for one double room which is shared by friends who have shared accommodation for a long time and wish to do so,
- The rooms are not en-suite, just a wash-hand basin in each room, which means that some residents require commodes,
- It appeared that commodes were shared between residents,
- Residents rooms were 'personalised' with family photographs,
- The place looked clean, if somewhat shabby with dated decoration, and there were some smells of urine in the corridors,
- The lounge/dining room on the ground floor was being refurbished with new carpet, curtains and chairs. A reading area was being created,
- They were long corridors which residents rooms lead off, the residents rooms doors were wide open; but on one visit on a very hot day when there were fans switched on in the corridors, the residents rooms still felt very airless and stuffy,
- The heating was still switched on, on the very hot day, "Heaters are full on, it's a problem",
- One shower room had a hand operated rather than foot operated waste bin, there were cobwebs on the ceiling, flies in the light fittings, the room was dusty and cluttered with residents' bottles of shower products, and there were shower controls hanging off the wall,
- The kitchen was immaculate,
- One resident was frustrated that he was unable to access his wash-hand basin because it was set into a vanity cupboard and his wheelchair could not therefore fit under the basin,
- There appeared to be a lack of hand sanitizer dispensers easily accessible and no non-latex gloves were noted as being available for any staff to use if they or residents had a latex allergy,

- “The lift doesn’t always work”.
- One resident expressed concern that the front doorstep was broken which meant a struggle to get out in a wheelchair. “This has been going on for weeks”, and
- Call bells were not always working, or it was noted that they were not in reach of residents who were sitting in chairs in their rooms.

## 5.5 Staffing

- There was a qualified nurse on each floor,
- There appeared to be a stable team of staff with some turnover of healthcare assistants, I’m happy working here; We are one big happy family who help each other; Senior staff listen to my views; I would recommend the care home to other people who may need it; Best job I’ve ever had.
- It was noted that a notice with telephone numbers for ‘whistleblowing’ observed at a visit had later disappeared from the noticeboard, but staff said... Wouldn’t hesitate to speak out if there were any incidents as highlighted on TV recently.
- Members of staff stated that they were often short staffed and this often happened at short notice due to ‘last minute sickness’, Lifting of residents from chairs and beds is not always carried out correctly; Not every resident is assessed for hoist lifting, sometimes the nurses are too busy to use the hoist.
- At one meal time E&V representatives noted that many residents had to wait for their meals as there were insufficient staff available to hand out meals and assist those residents who required help; the main meal was finished by some residents before those needing assistance could start their lunch,
- Some members of staff undertake National Vocational Qualifications but it is all e-learning and has to be undertaken in their own time,
- The staff are always very busy and don’t have time for a chat.
- The current staff are very good.
- Not enough staff; last night there was only one carer on one of the floors and there should be two”;
- One resident was complimentary about the care she received and the caring attitude of the staff. She only had three negative comments; the most significant was that she did not have the confidence to make any adverse comments to the staff for fear that there would be adverse consequences for her were she to do so. She was not specific, so it was unclear if there were any current issues.

## 5.6 Activities for residents

- There was weekly activity plan on the board in the hallway. This plan listed activities available to residents, such as bingo, and stated that ‘relatives and friends are welcome to join in any sessions and that any activities are subject to change due to circumstances outside our control’. This plan was on display during the June visit and was dated for the week beginning April 14<sup>th</sup>.
- However talking to staff and residents elicited a much livelier programme of activities; and indeed, Stanshawes Care Home website states that their personal

Activity Leader, had, in 2013, received The Dorothy Mason prize from Alive!; the South West charity that helps improve the quality of life of Care Home residents by providing fun and stimulating activities.

- The residents were able to participate in baking, pastry making, gardening, 'arts and crafts', reminiscence, skittles and learning to use an I-Pad (with supervision to help with tracing family trees) as well as bingo. There had been dance and music therapy but this had ceased as the student who ran the sessions had left. Monthly church services, which had also ceased, were due to resume. Different memory boxes were in development to support the reminiscence work with residents. There were concerts held from time to time and there were sometimes young volunteers from local schools who came in to assist.
- Members of staff do try to work on a one-to-one basis with residents but few are involved in activities other than when there is a concert being held.

### 5.7 Person Centred Care/Residents Choice

- Each resident had a care plan which is reviewed on a monthly basis, although one resident said that they had never seen their care plan and had not been involved in any of the planning,
- One resident said that they get up at different times in the morning depending on the staff available to help; some residents said that they had a choice about when they were helped in to bed at night,
- It was noted that there is a hairdresser who visits regularly and there is information available on the noticeboard about how to arrange a visit from a podiatrist,
- Residents are assisted to attend nearby dental surgeries and opticians and members of staff arrange for residents to be visited by their general practitioners, there is also a dentist who visits residents in the care home,
- One resident explained that they spent all their time in their room, only coming in to the dining room if a relative was with them,
- A number of residents said that they frequently had to wait quite a while for their call bell to be answered,
- Some residents said that their rooms were always too hot and the heating was on constantly,
- Some residents said that they were only able to go in to the garden when a relative or friend was able to take them,
- A resident in a wheelchair explained that they were confined to their room for meals as their wheelchair would not fit under the dinning table; however, a number of residents in wheelchairs were noted to be placed at the table,
- One resident said that they spent most of their time in bed as they could not walk very far; but staying in bed was their choice. Even so they had to 'ask for the commode, no one comes to check if I need it,
- Most residents said that they were given a shower on a weekly basis, although some would prefer a bath but cannot have one because of lack of appropriate equipment,

- All residents were in their rooms from post lunchtime onwards; this was reported by both residents and members of staff; the staff members said that this was residents choice,
- Residents are given their evening meal in their rooms, and it is uncertain if the residents are given the opportunity to wash their hands before this meal,
- Some residents believed that there was a limited menu, too much mashed potato; the cooked food is always mashed down, everybody gets their food mashed down, although the breakfasts were considered to be good,

## 5.8 Nutrition and hydration

- There was a printed card available in the dining room which has a four week cycle of daily menus; the selection for the day is then hand written daily on a whiteboard in the dining room,
- The menu appeared to offer a limited vegetarian option, and little or no fresh fruit. The main cooked meal at lunch times tended towards dishes such as cottage pie, or fish fingers ... the food is the cheapest they can find; the food is watery and mushy; poor choice and unpalatable options; the food is bad value.
- The evening meal appeared to be just sandwiches (one round only) with a small cake and a hot drink. The monthly menu card did offer other evening meal options such as spaghetti or sardines on toast, but during the E&V evening visit all residents appeared to have just sandwiches and cake served in their rooms; .. we get sandwiches and a bit of cake for tea everyday; I would like to change the choice of food but I don't like to complain; the choice of food is not very good; the food here is excellent; the meals are fine; the meals are just like Meals-on-Wheels; the food quality is 50/50; the bread is very doughy, best when toasted; the food is always hot.
- The portion sizes at lunchtime appeared generous,
- Residents were kept waiting a long time for assistance to eat their lunch, a resident's relative was observed helping a number of residents to prepare for their meal, and she reported that she does this on a regular basis,
- Hot and cold drinks were always available but E&V representatives were uncertain about how much assistance those residents who needed it actually received to ensure an adequate fluid intake, especially in the hot weather,
- Residents stated that they had tea/coffee/hot drink offered at each of the three mealtimes, mid-morning, mid-afternoon and late evening. There were jugs of water in residents rooms and these were refreshed during the morning,
- Jugs of squash were available on the dining room tables at lunch time,
- The tables were laid with paper serviettes available for residents,
- The staff wore plastic aprons to serve the meal,
- When one resident did not like either of the two main courses on the menu they were offered an alternative option which they enjoyed,
- When residents complained that the food was too spicy the menus were changed.

## 6. Conclusion

**6.1** Overall, the standard of care and service provided at Stanshawes Care Home is what could be reasonably expected from a facility which is designed to provide care and support for older and (in some cases) vulnerable people; there are, however, some concerns about the delivery of care, and residents reported 'lived experience', that could be improved.

**6.2** The impression that the E&V authorised representatives came away with was that the members of staff were trying very hard to care for their residents, "*the will to do the best they can is there*", but it is difficult for them to do what they want/need to do with the resources they have, and members of staff did state that they are often short staffed.

**6.3** It is suggested that the concerns about certain aspects of care delivery should be changed, and that concerns about the residents' experience could be changed without incurring any great expense, so the following recommendations are made:

## 7. Recommendations

### Stanshawes Care Home should:

- Ensure that there are sufficient commodes available so that residents do not have to share,
- Ensure that all residents are assessed on a timely, regular basis about their manual handling needs and ensure that there is sufficient, appropriate equipment available to meet these needs,

### Stanshawes Care home could;

- Support residents to have more choice about how their daily lives are lived; for example:
  - ❖ Enable those residents who would prefer to have a bath rather than a shower to do so,
  - ❖ Review and develop a menu with residents that reflects their food choices and offers more fresh fruit, and
  - ❖ Consider offering the evening meal in the dining room on a regular basis. (These last two suggestions could be actioned as part of reminiscence activities.)
- Consider engaging with the local community to develop a group of volunteers who could assist residents with activities and at meal times.



## **Disclaimer**

- **This report relates only to a series of three specific visits to Stanshawes Care Home (a series of points in time in June and July 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 Enter and View 'Lead' Representative**

**August 2014**