



**REPORT OF ENTER AND VIEW VISITS TO
The Heathers Nursing Home
Quarry Road, Chipping Sodbury, Bristol BS37 6AX**

**Two visits undertaken during November 2014
(12 November and 22 November 2014)**

Authorised representatives undertaking the visits:

***Idwal Baines, Mike Garrett, Kay Hobday, Norma Marshall,
Joanna Parker, Jane Raderecht, Andrew Riches, Tony Colman, Kay Tily***

Author: Kay Hobday

December 2014

Acknowledgements

Healthwatch South Gloucestershire Enter and View authorised representatives wish to express their gratitude to the residents of The Heathers Nursing Home, Chipping Sodbury and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank The Heathers Nursing Home Manager and all the Nursing Home staff who were willing and able to engage and answer numerous queries. The members of staff were welcoming and helpful.

Contents

1. Executive Summary	4
2. Introduction and background	4
3. Enter and View Purpose, Aim and Objectives	6
4. Methodology	8
5. Findings	10
6. Conclusion and Issues to be Addressed	17

1. Executive Summary

“Its’s a wonderful place, they are so kind here” (Resident)

1.1 Healthwatch South Gloucestershire Enter and View authorised representatives undertook two Enter and View visits to The Heathers Nursing Home on different days of the week, and at different times of the day, during November 2014 with the purpose of finding out about the residents’ lived experience of The Heathers Nursing 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, The Heathers Nursing Home was found to be delivering a high standard of care with a dedicated and highly performing staff. They are providing care and support for frail, older and vulnerable people and there is a lot to commend. The residents expressed, at least, satisfaction and in some cases, they were delighted with their levels of care. Likewise, relatives were satisfied and appreciative of the care their family members are receiving. Under the constraints of being in a building of some age it would appear that the staff are delivering a good standard of care.

1.4 There were, however, some issues noted that Healthwatch seeks assurance will be addressed by The Heathers management.

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.

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 (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

3.2 The Heathers is small family run nursing home with 29 beds in a two-storey listed building which is several hundred years old. Nursing care and personal care are currently provided to older people including those with dementia who are not segregated from other residents. The home has only one room with en-suite facilities. It has 15 single rooms and 9 shared occupancy rooms. The Heathers carries out pre-selection assessments to ensure that only those who can be managed within the home's limitations are accommodated. Residents with challenging or disruptive behaviour are excluded.

Their website states that

Our Key Strengths are:

- A history of providing 24 hour, High Quality Care in South Gloucestershire
- Each resident is unique to us and treated as such
- The home is small and family run, offering a highly personalised service
- Exceptional standards of cleanliness and hygiene
- Respite, Residential Care and Day Care available
- Special diets catered for by our expert Chefs.

3.3 A report from an unannounced inspection in September 2013 by the Care Quality Commission (CQC) stated that: The Heathers met the standard required for

Care and welfare of people who use services

Safety and suitability of premises

Requirements relating to workers

Staffing

Assessing and monitoring the quality of service provision

3.4. The Aim and Objectives of the Enter and View visits:

Aim

“To find out about residents’ lived experience of The Heathers Nursing Home.”

Objectives

- To undertake two (2) separate announced E&V visits during November 2014; that is, on different days of the week,
- To visit at two different times of the day; that is, mid-morning on a weekday and mid afternoon on a weekend, for a minimum of two hours for each visit,
- To have a minimum of three (3) 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 The Heathers Nursing 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 Heathers Nursing Home members of 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 The HwSG Enter and View Planning Group, comprising all HwSG E&V authorised representatives had 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 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
- Ensuring a 'debrief' session and 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
- 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
- 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', and
- 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?

4.4 The Nursing 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 Nursing 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. The nursing home also advertised the Healthwatch visits in their Newsletter.

4.5 Each visit took the form of a series of informal conversations with residents and/or their relatives. 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, 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 Equality and Diversity, Safeguarding Adults, Deprivation of Liberty Safeguards and Dual Sensory Loss. 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 were 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. 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. A quick debrief session for the E&V representatives was 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 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 The Heathers Nursing Home. [The code used for each quote is: **R** = resident; **F** = family member; **S** = Member of Staff]. Where there are issues of 'concern' these are underlined in red.

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

- The management were friendly, welcoming and knowledgeable. They took time to show the E&V authorised representatives around the Home, made introductions to residents and members of staff, and answered all questions with great thoroughness.
- The building was clean and well decorated with evidence of some investment in new fixtures, fittings and décor.
- A residents committee meets on a regular basis and there is a newsletter made widely available (with one displayed on the main noticeboard).
- The noticeboard and newsletter highlighted the Healthwatch visits showing a policy of openness.
- Staff training is done on site or by the local council. The Heathers has a training room. There is also some limited use of on-line training methods to support continuous professional development needs of registered nurses.
- The Heathers is accredited as an Adaptation Placement centre for nurses from non-EU countries.
- Residents appeared to be comfortable, clean and well cared for.
- Visiting is open all day and visitors are welcome to come at any time and stay as long as they want.
- Rooms were mostly bright and light with personal home comforts and memorabilia on display.

- The home has a regular programme of activities carried out by a conscientious activities leader.
- There are 6 full time carers are on duty every day, with three allocated to work on the first floor and three on the ground floor. A state registered nurse is always on duty.
- The owner was actively and personally involved with the residents on a daily basis and is qualified to give care as and when necessary.
- The Heathers has been awarded an ALIVE ! Certificate of Achievement. (Alive ! is a charity dedicated to improving the quality of life in older people in care).
- Medication is only given at night to residents as a last resort, in particular to help those residents who need a 'good night's sleep'. "Residents who live here with us are entitled to feel safe without being disturbed by others, it is their home after all." (S) Each residents' medication is reviewed at least every six weeks.
- Apprenticeship (Care Assistant) training is offered and one person is in post
- Since 2013 the Home has been delivering care to the standard required to take nursing students from the University of West of England on placement.
- There are dedicated 'lounge duty' members of staff in place during the day to ensure adequate hydration of the residents.
- There is involvement of pupils as volunteers through the local secondary school - a properly structured, supported process. They are currently working on a memory tree with residents that will be displayed in the lounge

5.3 The E&V representatives noted that:

- The building is old and felt cramped with narrow twisting corridors and the lift is very small.
- There is some staff turnover though not exceptionally high as a percentage of the total staffing level. Five (5) out of a total of 40 members of staff have been left in the last year; one registered nurse, 3 carers and one tea cook. However, one of the carers has returned as a member of the in-house bank of staff.
- Residents only have access to a small patio/garden area leading from the communal lounge.

5.4 The E & V representatives found some issues to which management could give some further consideration. For example:

- Not all residents have access to a call button. It was explained that this was due to either their health reasons, or a risk of becoming entangled with the cord. **Healthwatch would like assurance that all residents are easily able to attract the attention of staff when the need arises.**
- The lounge/common room appears to be rather cramped and overcrowded with equipment and materials for activities, possibly in part because of its unusual shape. However, this is of concern as it appears that a number of residents choose to also take their meals in this room. The lack of another communal room, or better use being made of the dining room was a felt to be a drawback, limiting opportunities for a change of scenery for residents, especially when access to the patio is limited due to the weather. **Healthwatch would like assurance that the residents will be encouraged to use the dining room in a social manner whenever possible.**
- One visitor stated that her relative had to share a room and this was difficult for her. *Having to share with end of life dementia patients was at times distressing (F).* **Although Healthwatch understand that residents rooms are small and many are shared, assurance is sought that wherever possible residents (and their families), especially those nearing the end of their lives, are given as much privacy as possible.**
- It was noted that an E&V authorised representative had some difficulty in understanding the accent of one quietly spoken member of staff. **Healthwatch would like assurance that the importance of good clear communication between all staff and residents is stressed, especially those residents who may have sensory loss such as sight or hearing impairments.**

5.5 Environment

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

- The front door is always closed and locked. There is a small entrance hall with hand sanitiser and visitors book. It was warm and fresh smelling on our arrival
- The décor throughout is in traditional style to suit the age and style of the building. Lots of positive signage and individual photos and names on residents doors were a lovely touch.
- Everywhere looked very clean although some fixed architectural items like stair rails and banisters, doors and window frames are showing their age.

- The corridors and public spaces are narrow and cramped. Many residents' rooms are small and furnished with only basic necessities.
- The lounge was an odd shape and quite cluttered. However the shape created little bays so residents weren't sitting in chairs lined around the walls, just in smaller groups.
- Both the kitchen and treatment room appear cramped, however the decor is generally bright and pleasing, as well as being clean.
- The corridors had a grab rail, and the walls were decorated with photo montages of the residents.
- There are no lounges on the upper floor and any residents who want to go downstairs to the lounge have to be taken one at a time in the lift.
- There are two lounges on the ground floor. One large communal lounge which doubles as a dining room and which overlooks the patio, and a smaller 'quiet' lounge which can be used as a dining room for up to four people, or for residents to entertain visitors on special occasions such as birthdays. This lounge/dining room appears to be rarely used and the only natural light is from a skylight.
- In the shared rooms privacy between beds at night is provided by a curtain screen.
- In shared rooms residents may choose whether they each want their own television, or whether to share. All residents may bring their own personal TV in if they wish.
- Rooms vary in size. Some of the doubles are large and spacious and corner rooms have two large sash windows.
- Residents can have some of their own furniture if it is not too large. All have some space for personal mementoes.
- Most residents have access to a commode but they don't have their own commodes.
- One toilet and shower room has been recently refurbished. The main bathroom has a bath with lifting equipment and swivel bath seat and this room is due to be refurbished shortly with a much better freestanding bath and lifting equipment.
- All commodes are kept out of sight during the day and only brought to a room when required. Disposable pans are used as the home has two macerators, one on each floor.
- Many rooms are fitted with floor pressure pads which alert staff if a resident starts to move about the room and may need assistance.

5.6 Staffing Issues

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

- *I feel very happy here now and very well supported by the owner. She gets things done. (S)*
- *Any issues are picked up quickly and dealt with (S)*
- *There has been a lot of new investment recently and anything you need is usually provided. Some things take time, but do get done. (S)*
- *I like to make the residents smile. Every day there is something different happening. The Manager is a good listener. When a manual handling assessment is required there is no delay in it happening. (S)*
- Some staff have been with the Heathers for a long time, though there has been some staff turnover with 5 staff leaving and being replaced within the last year.
- There are 6 care assistants on duty in the morning, 4 during the afternoon and two at night, plus a registered nurse on duty at all times. Cleaners and ancillary staff are on duty at weekends as well as weekdays.
- The manager, deputy manager and the owner/director all carry out active care duties and are qualified to do so. An obviously very competent manager, he has clearly made quite a difference in the time he has been in his role.
- The two management staff were impressive and conveyed an air of competence, suggesting that they are "on top of their brief". They had pertinent and informed answers to fairly penetrating questions. Their comprehensive systems of administration allow them to have a knowledge of the individual clients that is both detailed and extensive. Their system for publishing to the staff the individual desires of the residents regarding resuscitation is sensitive, discrete and informative. This information resulted from consent given by either the resident or a close relative.
- Members of staff appeared to busy, but happy in their work. They addressed the residents courteously using their name, compassionately and with a smile, taking time to speak to them.
- Whistleblowing is encouraged by the management. The manager explained that this is reinforced every time there is a staff meeting or training session.
- Manual handling expertise is provided by the equipment suppliers.
- Registered nurses work 12 hour shifts and rotate from day to night duty. Registered nurses are responsible for the supervision of carers and have a one-to-one with each carer on a monthly basis.
- A Kitchen Assistant who is a student enjoys working at the Heathers and covers the weekends. She works the 3 - 9pm shift in the afternoon and likes the flexibility.

- Students from the local school come in as volunteers to talk to residents and keep them company. Some students progress to become tea cooks.
- The kitchen staff and the cleaning lady appeared enthusiastic for the organisation that employed them. They expressed, very earnestly, a desire to provide a high quality service, which implied a pride in their work.

5.7 Activities for residents

The following activities were noted:

- Bingo is held every afternoon.
- Art and craft sessions are held.
- An i-Pad has been purchased and is used as a memory aide.
- A hairdresser calls every Wednesday.
- Every Thursday residents are taken on an outing to places of interest. For example, the Avon Valley Steam Railway, local garden centres or shops. Only three or four residents can undertake an outing at any one time, due to the size of the vehicle and staffing requirements, and these visits are rotated. It means that those residents able to go out may only undertake an outing once every three or four weeks.
- "It's alright here - I take part in some of the activities." (R)
- "I love flowers and go in to the garden when I can." (R)
- A church service is held once a month and a visiting minister can come more often for individual residents who request it, or for those whose preferences have been indicated by their family. All denominations can be catered for in this way.
- There is a visiting audiology service for hearing aid users.
- A dog is sometimes brought in to visit residents.

5.8 Person- Centered Care/Residents Choice

- Many residents with communications difficulties were unable to express a preference but staff appeared to anticipate their needs and check that they were comfortable or needed anything.
- Residents have a bath or a shower once a week, which is all that can be managed by the number of staff they have on duty.

- One gentleman enjoyed being surrounded by his treasured collection of clocks and watches and was happy to be in his own leather chair and to stay in his room.
- The communal common room/lounge was quite a cluttered environment and was where the majority of the residents who weren't bed bound, spent their day. It also acts as an activities room and dining room, which although not ideal, it was found to be generally clean, warm and fresh. The E&V authorised representatives were told that it was by choice that residents took their meals in the communal lounge.
- The age of the building, and the layout of the rooms, imposes some limitations for residents' freedom of movement around the building. However, it is a nursing home, not a care home, and a sizeable number of residents are bedridden or have cognitive problems.
- A high level of attention to residents needs was observed.
- The activities officer was on duty and spending time talking to residents and showing them photos.
- One male resident said he had "no complaints". But then added that he might like to stay in bed a bit longer in the morning. He was happy with his weekly shower and said the food was "very good". He said he could get a hot drink if he asked for it and there was a choice of food. He enjoyed getting out and getting his paper very day. His room was personalised and very clean, tidy and fresh
- A family member of a resident who had moved to the Heathers from another home said: The Heathers was extremely responsive to our situation and our experience has been very positive from the very beginning. We are delighted with the care provided for my mother. They always made me welcome and the care is consistently good. The previous place had better curtains etc, but the Heathers was just so much better in the ways that really mattered. (F)

She clearly felt confident in her mother's placement despite getting very emotional when she was about to leave the home. The manager was very reassuring and responded to her distress. The lady's husband reiterated everything she was saying, stating "they really care here".

5.9 Nutrition and hydration

- There is no formal dining room at the Heathers. Residents can either eat in their own room, or they can eat from a tray/trolley across an armchair in the main lounge. A small table for four is available in the quiet lounge.
- Breakfast is offered to residents in their rooms and we were told they can have anything they like for breakfast.

- All the food is home made daily on the premises in a small kitchen which, though not modern or new, looked generally clean.
- Being a fairly small home the chef knows each resident's preferences.
- The menu works on a four weekly rota of dishes, and the day's menu is written on a large blackboard in the corridor near the kitchen.
- The kitchen had a notice, supplied by the local council, which stated that it had a Food Hygiene Rating of 5.
- A visual aid for residents, in the form of an illustrated booklet, helps people choose what they want.
- Tea or coffee is offered at every meal. Orange juice is available in lounge and other drinks are available on request.
- A choice of two main courses is available every day for lunch.
"very nice home cooked food" (R)
- The evening meal is buffet with choices of sandwiches, cakes, sausage rolls, and other snack items.
- One lady who had been resident at the home for about a year said it was a wonderful place, and nothing was too much trouble. She said the food was very good and wholesome, and she was able to ask if she needed additional portions. She did comment however that she was not given a choice. Although it was noted that all residents are offered a choice at all meal times.
- " The food is nice but I am not looking forward to lunch" (R)
- A conversation was held with the kitchen staff who seemed to be enthusiastic about their role and keen to describe what they do. There is a 4 week rolling menu and the residents have a 2 course lunch with a lighter buffet style evening meal. A list in the kitchen showed which residents have diabetic menu and those who need their food in puree form

6. Conclusion

6.1 Overall, the standard of care and service provided at The Heathers Nursing Home was found to be excellent and very caring despite being delivered in the rather cramped conditions of an older non purpose-built building. Within these limitations there is a lot to commend and it is evident that many improvements have already taken place.

6.2 There were, however, some issues that Healthwatch believes could be addressed, and seeks assurance about the following points:

- Not all residents have access to a call button. It was explained that this was due to either their health reasons, or a risk of becoming entangled with the cord.

Healthwatch would like assurance that all residents are easily able to attract the attention of staff when the need arises.

- The lounge/common room appears to be rather cramped and overcrowded with equipment and materials for activities. This is of concern as it appears that a number of residents choose to also take their meals in this room. The lack of another communal room, or better use being made of the dining room was a felt to be a drawback, limiting opportunities for a change of scenery for residents, especially when access to the patio is limited due to the weather.

Healthwatch would like assurance that the residents will be encouraged to use the dining room in a social manner whenever possible.

- One visitor stated that her relative had to share a room and this was difficult for her. *Having to share with end of life dementia patients was at times distressing (F).*

Although Healthwatch understand that residents' rooms are small and many are shared, assurance is sought that wherever possible residents, especially those nearing the end of their lives, are given as much privacy as possible.

- It was noted that an E&V authorised representative had some difficulty in understanding the accent of one quietly spoken member of staff.

Healthwatch would like assurance that the importance of good clear communication between all staff and residents is stressed, especially for those residents who may have sensory loss such as sight or hearing impairments, or dual sensory loss.

Disclaimer

- **This report relates only to a series of two specific visits in 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).**

Kay Hobday

HwSG E&V Representative

December 2014