

## **Enter and View Visit**

to

**Humphrey Repton House**

**Visits during June 2014**

**(10/06/14 and 12/06/14)**

**Authorised representatives undertaking visits:**

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## **Acknowledgements**

We would like to express thanks and kindest wishes to the residents and their families, friends and carers who were willing to share a few hours of their time with us. We were made to feel welcome, and are particularly grateful for the patience and kindness we experienced from residents living with dementia.

We would also like to express our gratitude to the care home manager, for her help and support; and to all care home staff who were willing to speak to us and accommodate our questions and needs during the visits. Staff were friendly and eager to help us to gain an excellent insight into life at Humphrey Repton House.

## **Purpose of the visit**

The visit forms part of an ongoing package of work being implemented by Healthwatch Bristol around examining the quality of care within local care homes, particularly where residents have - or could be expected to have - dementia.

Full details of the workplan for Healthwatch Bristol are available on the website.

Healthwatch Bristol agreed to visit Humphrey Repton House with the Local Authority:

To gather views from residents and their families/friends on their personal experiences of Humphrey Repton House.

To make observations on the overall care environment.

To produce a qualitative analysis of the experience of residents of Humphrey Repton House; as part of our duty to act as an independent observer and patient and public champion.

## **Methodology**

### **How was practice observed?**

We built on previous experience conducting enter and views within care home settings, as follows:

Due to the fact that residents at Humphrey Repton House have varying levels of conversational capacity, a significant element of our work focused on observing the home, and taking note of the facilities and activities offered to residents.

Where appropriate, volunteers did conduct a series of semi-structured interviews with residents and their families, friends and carers. Volunteers also spoke to members of staff on occasion, to gain an insight into the running of the home.

All volunteers were given some verbal guidance around how to structure their questioning to ensure depth, but were also encouraged to develop their own discursive methods, whilst continually reflecting on how best to work with the specific abilities and needs of those to whom they were speaking.

At Humphrey Repton House there are many residents with limited, or sometimes minimal, capacity for conversation. As such, volunteers had to exhibit tact, compassion and flexibility when speaking to residents, which was achieved commendably.

### **Summary of data collection process:**

Data collected took the form of 'observations' and 'interviews'.

Observations were gathered by all volunteers during their time at Humphrey Repton House, being noted at the time and then collated afterwards.

Interviews were conducted with residents and their families, friends and carers. The notes taken during these interviews were collated by Healthwatch Bristol and used to inform this report.

### **Findings**

The quality of service at Humphrey Repton House is excellent. We observed a high level of attention to detail. All staff appear to have a clear understanding of the importance of personal interaction with residents.

Healthwatch volunteers also recorded a large number of compassionate, effective and well thought-out approaches to day-to-day life at Humphrey Repton House which have clearly been designed with residents in mind.

For example, the cleanliness and general appearance of Humphrey Repton House is to a high standard. The premises are clean and tidy, but without appearing sterile or impersonal. Rooms are pleasantly decorated, including decorations that appeared to be produced by residents, photographs of special events and parties that had taken place, and interesting items that clearly had emotional meaning to residents (such as handbags, a sewing machine, a juke box, and so on).

The external garden areas are very pleasant, though we did not observe many residents enjoying them on this occasion.

The nutritional and hydration needs of residents are well met. We saw residents being encouraged to eat and drink by good-humoured and patient carers, who always addressed residents by name and respectfully. A degree of choice is available when it comes to food – for example, one gentleman had chosen buttered toast for his breakfast.

Another example of excellent attention to detail was the fact that, where possible, residents were sitting at a table to eat their food rather than being confined to the same location throughout the day. The desire to encourage routine, and to impart a degree of meaning to daily events, was very apparent.

### **Summary of findings /conclusions from general observations:**

#### **Routine and care:**

From the observations made by volunteers and conversations with staff it appears that care is person centred and tailored to individual needs. Residents are fed according to their needs, when and where they want to be fed. Food and drink is monitored.

There were drinks and cake left out in the communal areas for residents to help themselves to.

As people with dementia can be disorientated to night and day there is 24 hour care and support so that if residents want to eat or be active in the night they can.

Residents have single rooms. The team observed some residents in their rooms, mostly asleep. Residents are free to move around the various communal areas. Residents appeared to be clean and well dressed.

The notice board in the lobby shows staff photos with the room numbers of the residents they work with. It is colour coded and upholds the confidentiality of residents. This will be very helpful for relatives to identify staff, particularly as staff do not wear name badges.

End of Life care plans are put in place to keep residents in the home. General signage externally was not clear as to where main reception is. There is a nurse on site, which is positive, and there is a hairdressing salon too. The site is also regularly visited by a chiropodist.

Staff & key workers are very good at catering for the needs and preferences of residents. For example, George is interested in Native American studies. He has a totem pole in his room and his own tv/dvd player. He also can print Native American pictures and there is a birthday party for him too.

The social needs of residents are well catered-for. For example, there is a bar with piano, a church service once a week, massage, tasting sessions and aromatherapy. Residents are encouraged to care for their own gardens, including vegetables and flowers. A good resource library is also available.

Staff exhibit a nice and appropriate level of physical contact with residents.

Staff address residents by name. Staff help residents to stay hydrated. Staff are also reassuring and honest, for example when speaking to a

distressed resident who was unclear as to why she was in the care home. Staff provide consistent help with reading in a respectful way. We also observed one staff member being politely persistent in their work to feed calshake to an underweight resident, which was really good to see.

### **Support for staff:**

Support is in place for staff and relatives in dealing with the death of a resident. A supportive and informative book has been created for staff called 'It's ok to be sad' (attached as an appendix for information) and another similar one has since been created for relatives.

We spoke to a staff member, who had worked here for 9 years and was very informative. There is a fairly high turnover of staff which is relatively common in the industry, but which ideally would be reduced where possible. The new managers are always ready to listen. Staff meetings are held once a week and on the night shift there are 3 care assistants.

*The manager: "I agree that this type of work does have a high turnover of staff but we have recruited to our full establishment and staff at the present time appear to want to remain working at Humphrey Repton House".*

Staff appeared to enjoy their work, and there was a family atmosphere between staff and residents. The lack of uniforms and name badges was also felt to be positive.

A staff member mentioned concerns over low staffing levels at certain times of the day.

### **Activities / Leisure:**

Residents take part in activities according to their assessed ability. Activities include sensory sessions; massage/ smells/ tasting, cookery, gardening, which are designed to cater for the various needs of those on different stages of the dementia journey. There are trained activity coordinators who lead on this work.

There are a variety of areas for residents - both quiet and busy; inside and out. Where there is a TV on it is not intrusive and programmes/films seem to be selected to be appropriate rather than just left on all day. The team observed an episode of 'Terry and June' and an old film.

A patient was observed offering an opinion about not liking the music being played. A staff member heard her say "it's rubbish" and offered to turn it off.

There are plenty of activities on offer including a one to one trip to Severn beach. Activities are reviewed every 6 months. Photographs of residents taking part in activities are available to show relatives, which evidences the excellent service residents receive, and also provides valuable information to families about the positive and fulfilling experiences of their family member.

The only limitation to activities was felt to be low staffing levels. An even higher standard of resident activities and leisure can be implemented by maintaining adequate staffing levels.

*The manager: "We actually do have adequate staffing levels at all times. Sometimes it can appear that there are less staff than there actually are if staff are undertaking personal care activities in individuals' rooms".*

The garden has interesting areas and objects such as an old Reliant Robin, telephone box, letter box, bus stop, sensory garden and beautiful murals of Weston-Super-Mare and areas of Bristol. There are individually painted tiles in memory of previous residents, which was a particularly touching feature.

There are stimulating objects, artworks and props throughout the home such as books, dolls, teddies, handbags, posters, pictures, positive sayings, a singer sewing machine and a juke box. There are stimulating areas within the home such a shop, a pub and a tool shed.

### **General Environment:**

The entrance area was messy when we arrived, with large chairs blocking the signing-in book. However, these had been removed by the time we left.

The kitchen area saw a lot of thoroughfare, but residents were always spoken-to and valued as staff moved past them, which was good to see.

The use of armchairs on wheels facilitates excellent mobility for residents, and helps to keep the rooms fresh, with residents being able to move about freely rather than habitually remaining in a set position.

The site is very light and airy. Doors and windows can be opened to facilitate fresh air flowing through. The temperature was pleasant throughout.

A few minor maintenance issues were identified in the garden, including some trip hazards and some broken pieces of wood.

The colours used throughout the building were bright and cheerful, and hand rails were painted in bold colours for easy identification.

### **Other comments**

It was unclear what training is offered for carers.

Tools in the shed were highlighted as a potential risk however this was identified with a clearly visible risk assessment. The tool box was not locked.

### **Relatives and Visitor Feedback**

We did not observe a large number of relatives or visitors, but it is understood that Humphrey Repton House operates an open-door policy, except during meal times.



### **Summary of conclusions from interviews:**

Communicating with most residents was difficult, due to the nature of their dementia. However, it was noted during our time speaking to residents that most spoke fondly of the staff and the care home.

Several residents commented on the decorations that had been put up for the birthday celebrations of a fellow resident.

In general, residents were positive in their verbal interactions with staff and with our volunteers.

### **Discussions with Relatives:**

Relatives surveyed had no concerns with standard of care or quality of staff. They had no comments on activities.

The son of a resident spoke very highly of the care home, but expressed disquiet at what he felt was a cultural practice of extending life at all costs, beyond the point of any discernable quality of life. When asked about levels of care, attitudes of staff and the care home environment, he was very complementary, and was greeted upon arrival by name by a staff member who clearly knew him very well.

### **Summary of Conclusions from Observations:**

The staff at Humphrey Repton House should be commended on the positive manner in which they communicate with residents; as well as the very caring and compassionate ethos that appears to underpin all aspects of their work.

### **Recommendations**

- Healthwatch has requested copies of the support booklets developed for staff and relatives with a view to disseminating the idea as good practice.
- A staff member mentioned concerns over low staffing levels at certain times of the day. We did not observe this ourselves, but would recommend that this could be an issue to monitor in future visits.

### **Disclaimer**

- This report relates only to a series of specific visits (a series of points in time)
- This report is not representative of all service users (only those who contributed, or chose to contribute, within the restricted time available).

### **Appendix 1: It's ok to be sad**

Please see attached PDF