healthwatch Bristol

Enter and view report Kingsmead Lodge 18 and 21 March 2016

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Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Kingsmead Lodge West Town Road, Shirehampton Bristol BS11 9NJ
Service provider	Four Seasons Health Care
Date of visit	18 and 21 March 2016

1.2 Acknowledgements

Healthwatch Bristol authorised enter and view volunteers would like to sincerely thank the residents, their relatives, staff and the management of Kingsmead Lodge for their kindness and time spent talking to us on our visits.

1.3 Purpose of the visit

The purpose of the visits was to find out about the quality of residential care at Kingsmead Lodge. Authorised volunteers observed social interactions and recorded conversations with residents, their relatives and staff. The visit was part of an ongoing programme of work being implemented by Healthwatch Bristol to understand the quality of residents' care experience within local care homes.

1.4 How this links with Healthwatch Bristol strategy

A key priority laid out in the Healthwatch Bristol work plan for 2015/16 is to engage with older people 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 Bristol are available on the website: www.healthwatchbristol.co.uk

2 Methodology

2.1 Planning

A planning meeting was held between the enter and view lead, volunteers and staff to agree an observation checklist and prompt questions to use for all care home visits. This is amended and revised as learning occurs.

2.2 How was practice observed?

On the first visit on 18 March 2016, two enter and view representatives visited Kingsmead Lodge and spent time on the Nightingale unit observing social interaction between staff and residents and talking with staff and some residents.

On the second visit on 21 March 2016, four enter and view representatives visited Kingsmead Lodge. Volunteers remained in pairs, with one pair spending time on the Nightingale unit and another pair spending time on the Kingfisher unit, which caters for residents with dementia.

Observations and conversations were recorded during the enter and view visit and were underpinned by the use of the prompt questions.

2.3 How were findings recorded?

Residents' comments are recorded by one volunteer in a pair as the other engages the residents, carer or staff in conversation. Comments are recorded anonymously. Record templates are handed to the lead at the end of the visit or typed up by the volunteer. The enter and view lead compiles the report based on the records from the team and shared the report in draft form for all who participated in the visit to contribute.

2.4 About the service

Kingsmead Lodge is a care facility for older people in Shirehampton, Bristol, offering full-time care for more than 70 residents. Kingsmead Lodge was provided by Four Seasons Health Care at the time of Healthwatch Bristol's enter and view visits, but is now run by Granville Care.

The Care Quality Commission (CQC) graded Kingsmead Lodge as "requires improvement" following an inspection in May 2015.

3 Findings

3.1 Environment

The entrance lobby area has recently been renovated and has a pleasant 'airy' feel with a pleasant odour. Volunteers were greeted warmly on both visits and offered tea or coffee. However, on both visits volunteers were not asked to sign in or out even though there is a signing in book for fire safety. There is a hand gel dispenser by the front door. The Healthwatch poster was on display in the entrance lobby and staff that the team spoke to were informed of the visit. Volunteers spoke to the maintenance lead who informed them that he has worked hard to re-decorate all the bedrooms and communal rooms. However, they informed there is just a single maintenance person rather than a team.

The enter and view team did observe that whilst the toilets were clean, a few bath tubs were rather unclean and in one bathroom there is a hole in the wall large enough for a hand. Volunteers feel this was a potential safety hazard, particularly as it was in the dementia unit. It was also observed throughout the home that woodwork was chipped in places and quite dusty. Volunteers had a conversation with the housekeeper who described the cleaning regime in place. Corridors were clear with no obstructions and signage around the home was clear.

In the Kingfisher unit there is a staff photo board although there are no residents' photos on their bedroom doors. The maintenance lead explained that there are plans to 'reinvent' the bedroom doors to give them the appearance of a house door making the bedrooms more personalised and 'home like' for the residents. It was observed that the corridors are rather bare and it is felt that there is greater scope here for 'nostalgic decoration', such as nostalgic photographs and memorabilia.

Kingsmead Lodge has a garden with a table and chairs and raised flower beds. Enter and View volunteers were informed that previously the garden was overgrown and unusable.

3.2 Food and hydration

Kingsmead Lodge has a tea and coffee machine in the entrance lobby for visitors to help themselves to which the team was invited to use upon arrival.

One resident on the Nightingale unit fed back that **'the food is great'**. Another resident on the Kingfisher unit commented that there is **'nothing wrong with the food'**. Staff said that residents can request snacks throughout the day and that

residents have two options of meals and that residents with diabetes are catered for. There were no gluten-free biscuits available.

Residents are offered a choice of cereal or toast for breakfast and a care worker was observed discussing the lunch menu with a resident and offering a choice of lunch meals.

In the upstairs lounge there was a jug of squash. In the dining room there was a drinks dispenser but no cups available.

In the Kingfisher unit dining room there is a pictorial menu which is easily accessible and seems readable.

3.3 Activities

There was an activities board on the Nightingale unit but it was plain and the activities timetable was written in a small font which could be difficult for residents to read. However, the team observed that there was a variety of activities on offer, including one to one activities. There are photos of residents engaging in activities on the unit. On the activities board the date was handwritten.

On one of the visits it was observed that the music in the lounge was on a high volume with no residents in the lounge.

On the Kingfisher unit there was an Easter theme. There was an activities schedule but it could be difficult for residents to read as the font size was small and there were no pictures. The activities coordinator described the various activities on offer, including bingo and a 'reminisce game', where residents are encouraged to talk about their past. The coordinator also told the team that she wants to forge more community links. On the Kingfisher unit there was a large activities board with background images such as dominoes and playing cards. Whilst this is visually pleasing the team did wonder whether the permanent background images could confuse residents with dementia as they may believe that these images are a depiction of the activity on offer on that day.

The team observed several residents sitting in their rooms, not engaged in any activity or in any social interaction and were informed that some residents chose to remain in their rooms. One staff member said that they feel there are a lot of activities on offer for residents which is an improvement on previous years.

3.4 Care and support

The enter and view team observed care workers interacting respectfully with residents. On one visit the team did not observe much actual social interaction between staff and residents but what was observed was appropriate. It was noticed on two occasions that a file had been left unattended outside a resident's room; enter and view volunteers thought this a concern but were reassured by staff that

there was no confidential information in the file. The team observed care workers knocking on residents' doors before entering, giving them privacy, and offering residents a choice of drinks.

Volunteers observed a resident being appropriately covered with a blanket to keep her warm and being asked how she was feeling. Volunteers saw staff give residents appropriate eye contact when they were being spoken to. The team also observed the manager interacting with residents.

3.5 Dignity and choice

Enter and View volunteers noted individualised care being provided, with some residents being asked by care workers when they want to be washed and when they want to get up. One resident commented, **'I am given choices in relation to what I want to eat'.** Volunteers observed polite and respectful verbal interaction from care workers to residents.

The maintenance lead informed us that residents can decorate their rooms as they wish and are offered a choice of rooms within reason. It was noted that several residents' rooms were personalised. A relative confirmed that his wife had been able to have her room decorated to her taste.

4 Conclusion

4.1 Summary of findings/observations/conclusions

Healthwatch Bristol enter and view volunteers found Kingsmead Lodge to be a friendly, calm and caring environment, with staff who appear compassionate and genuinely committed to their caring roles. The residents we spoke to seemed satisfied with the care and choices they receive. It was evident from our visits that Kingsmead Lodge place an importance on activities and personal choice.

It was noted that the physical environment still requires enhancement, even though extensive renovation work has already been completed. The team also concluded that the way in which activities are communicated and offered could benefit from improvement.

5 Recommendations

5.1 Recommendations

There were a few issues that authorised enter and view volunteers thought should be implemented to improve residents' quality of life.

1. Print activity timetables in a larger font and with pictures and fewer words, so they are more likely to be read and understood by all residents.
2. Decorate corridors, perhaps with a nostalgia theme, to make them look more visually attractive.
3. Revise the food and snacks on offer to ensure all dietary needs can be catered for, as we were informed there were no gluten-free biscuits.
4. Recruit additional maintenance staff as currently the home has just one maintenance employee who is solely responsible for maintaining the entire building.
5. All visitors to the home should be consistently asked to sign in and out in accordance with fire safety requirements.

Disclaimer

- This report relates only to a specific visit (a point in time.)
- This report is not representative of all service users (only those who contributed within the restricted time available.)

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include[1]:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- 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. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

Each Local Healthwatch has an additional power to enter and view providers[2] [3]so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. [4] [5] Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. 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 local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch 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. The enter and view report is aimed at outlining what they 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.

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[2] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

3 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

[4] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

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.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

· NHS Trusts, NHS Foundation Trusts

· Primary Care providers

· Local Authorities

· a person providing primary medical services (e.g. GPs)

· a person providing primary dental services (i.e. dentists)

· a person providing primary ophthalmic services (i.e. opticians)

· a person providing pharmaceutical services (e.g. community pharmacists)

· a person who owns or controls premises where ophthalmic and pharmaceutical services are provided

· Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.