

**Enter and view report
Treetops Care Home
15 June 2017**

Authorised Enter and View representatives

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1 Introduction

1.1 Details of visit

Details of visit:	
Treetops Care Home St Clements Road Keynsham Bristol BS31 1AF	
Shaw Care Homes	
15 June 2017	

1.2 Acknowledgements

Healthwatch Bath and North East Somerset (B&NES) authorised volunteer enter and view representatives wish to express their gratitude to the residents, and their families, who participated in conversations with Healthwatch. Staff were welcoming and helpful.

1.3 Purpose of the visit

The purpose of this enter and view was a revisit following the previous Healthwatch visit on 13 February 2015, to observe if the Healthwatch recommendations from the report had been implemented. Also to gather feedback from residents and their families about their experiences of care at Treetops Care Home.

2 Methodology

2.1 Planning

Treetops was chosen for a revisit to observe if recommendations following our last visit had been put into place. Healthwatch also noted that the Care Quality Commission (CQC) inspected in April 2016 (report published June 2016) and Jan 2017 (report published March 2017) and was requires improvement overall at both inspections.



Healthwatch staff and volunteer enter and view representatives met and agreed dates at an enter and view planning meeting on 25 April 2017.

The CQC was approached to confirm that the planned Healthwatch visit would not coincide with any activity that they were planning to undertake. It was confirmed that it did not. The care home was contacted about the visit with a follow up letter and poster to display to inform residents and relatives of the visit.

A team of volunteer enter and view representatives, comprising of two pairs, visited the home on 15 June 2017 with the aim of observing areas for recommendation and to speak with residents, family members and staff members to hear and record their experiences of care.

After the visit Healthwatch volunteer enter and view representatives had a short debrief at the care home to discuss what had been observed and heard and identified the recommendations for improvement that should be made.

2.2 How was practice observed?

Enter and view representatives visited the care home and spent time observing the areas where previous recommendations had been highlighted in 2015 report. Enter and view volunteers also spoke with residents, visitors and staff and spent time observing the environment and the patients and staff interaction.

2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch volunteer enter and view representatives while engaging with residents, relatives and staff. Comments were recorded anonymously. Volunteer enter and view representatives used conversation and observation record templates to make their notes, these were typed up and shared with the staff member who drafted the report. The report is compiled and written based on the feedback from the visiting team.

2.4 What happens with the feedback Healthwatch has gathered?

The draft report will be shared with Treetops Care Home. Healthwatch will give the home 20 working days to comment on our findings and recommendations. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care and/or the Clinical Commissioning Group (CCG). The report and provider's response will then be uploaded onto the Healthwatch website for the public to read.



2.5 About the service

Treetops is a small care home providing care for those with dementia and mental health conditions. There are 24 beds at the care home, with 20 residents at present. The majority of residents are older people and seemed quite frail, staff advised the Healthwatch volunteer enter and view representatives which residents would have the capacity to answer questions. There has been a change of manager at the care home, unfortunately we did not get to speak with Carol Hoskins the current manager who has been in post just a few months.

3 Findings

3.1 First impressions

“The care home looked very clean and tidy with fresh flowers in the communal lounge”

“It was good to observe and use the anti-bacterial hand gel on arrival in the entrance foyer”

3.2 Signage and website

There was no change to the signage from St Clements Road, there is a sign at the front of the building and there were car parking spaces clearly marked for Treetops visitors. The care home website shows the address and a map, the name of the manager is wrong on the website and needs to be changed. There is information about the care home and their philosophy on the website along with information on activities and a sample food menu. The CQC report is also on the website.

3.3 Front entrance and communal rooms

The front entrance was observed as scruffy, volunteer enter and view representatives have since been told that flowerpots at the front entrance are about to be repotted. The front entrance has a security keypad and after ringing the bell volunteer enter and view representatives were let in. There was an explanation of who we were and volunteer enter and view representatives waited until a nurse came out from the office and took us to the communal lounge to meet residents. The entrance to the office is on the left as you arrive and if staff in the office were aware of the Healthwatch visit they did not show it. The foyer was observed as a little cluttered, but volunteer enter and view representatives were pleased to see a visitor sign in book and hand gel dispenser.



There were various displays in this small area including a leaflet rack and a notice board with the CQC report, staff achievements, the CCG leaflet about what to do if you are concerned about a resident and dignity information. On a side table was the maintenance book and information on the Fire Assembly point. Relatives told us they can pop into the office when they have concerns or need information which seemed friendly. The care home had been sent a poster to display to announce the Healthwatch visit, this was not displayed where volunteer enter and view representatives could view it.

The communal rooms were described in the last Healthwatch report as rather clinical and institutional, we observed clean rooms, with pictures and fresh flowers. There was a small kitchen area and residents all had drinks and a large fan was on to keep people cool. A radio was playing quietly giving background sound. It did not appear that the plans explained at the Healthwatch previous visit to change the rooms with the concept of 'sensory themed rooms' had been implemented. The hallways are well decorated and Healthwatch volunteer enter and view representatives observed a lovely 'dignity tree' and fish tank. The volunteers asked to see, and were shown, the sluice. Walking through the corridors volunteer enter and view representatives noted that the residents' rooms now have photos and memory boxes on the wall.

3.4 Gardens

The Healthwatch visit was on a sunny afternoon, residents were in the garden enjoying the sunshine and time with their family. The back garden appeared to be well kept with lawn and flower beds and a tree giving shade. One of the male residents spoken to said that he likes to help in the garden, planting and he has been doing some fence painting. The resident explained that there is some money available to buy pots and plants and he hopes to be doing more. The front garden was still in need of some work, a lawn could be laid or planting undertaken on the scrubby area near the door, some work has been achieved as there is a raised garden with plants growing in this garden.

3.5 Activities for residents

In the lounge was a list of the activities for the month of June, showing a range of activities for most days including tea parties, film afternoons, a visit from the hairdresser, opportunities for individual residents to go out shopping, celebration of birthdays and a church group attending regularly. On the day we visited a singer John Pendlington had been visiting earlier, the male resident we spoke to told us he did not like music and preferred to be in the garden. He went on to explain that there had been a vehicle (described as a van) that they had used for outings to the garden centre but the care home no longer has this vehicle to use.

3.6 Smoking

There is a covered area in the garden, away from the door to the main building for smoking, we observed residents smoking here and also staff. Volunteer enter and view representatives are unsure where residents smoke if the weather is bad and they cannot go out into the garden? It would also be good policy for staff not to be allowed to smoke while on duty.

3.7 Conversations with residents

Staff helped us to speak with residents who would have capacity to answer our questions. A male resident told volunteer enter and view representatives about his experience, he explained that cleanliness was good and his room is kept very clean, he has access to a washbasin in his room and can ask to use the bathroom because he would need help. He can go out once a week but requires a wheelchair and will be escorted by staff to hospital next week. The male resident is aware of the GP visits and says he would need to ask if he needs to see one.

His experience of staff is very positive, if he presses his bell in his room staff come quickly, he has had to do this as he has fallen several times. The male resident said that staff were good, they spend time with him for a chat although sometimes there were not enough staff and staff do change a lot. Food was praised, sometimes there is too much food. The resident explained that he had a lot of choice and when fish is being served he can ask for a ham salad instead.

Other Healthwatch volunteer enter and view representatives spoke to a female resident who has been a resident at Treetops for 10 years, she likes the staff and said attitudes towards her has been good throughout her 10 year stay. There was one member of staff she referred to as 'the boss' and she has a favorite care worker who encourages her to sing, she likes to join in with the singing sessions (there had been a singing session earlier in the day). The female resident said she has not been outside the care home in a very long time, she does not sit in the garden as she does not like the sun. She explained she is a Christian and there has not been an opportunity for her to attend church, she enjoys other activities include knitting.

When asked she explained that she is visited at the home by a GP and has recently had a visit. She does not like the dentist so has not been in years despite losing most of her teeth and has not visited an optician for a long time. She went on to tell us that she can choose meals and have drinks whenever she wants one and prefers biscuits to fruit as a snack as fruit can upset her stomach. The resident explained she was happy at the home, had had a shower that morning which she prefers to a bath and could not think of anything else she would like to change.



3.8 Conversations with relatives

Healthwatch volunteer enter and view representatives spoke with a family member who visits twice a week to visit her mother in law who has been at the home for 10 months. The family bring the resident's husband to see her and she explained her mother in law gets up to four or five visits each week from different family members. The family feel able to visit at any time and explained that most residents get visitors, there are only a few who do not get regular visitors. The family member said the care home has a good feel and makes her mother in law feel part of a bigger family, the staff are good and helpful and there is generally a happy atmosphere around the care home.

The general standard of cleanliness was described as satisfactory by the family and the only issue they have is that sometimes her mother in law is dressed in someone else's clothes, she now checks her clothes regularly and has named clothing items. GP and similar appointments are dealt with promptly and efficiently and since the new manager has arrived there have been family meetings, the family has attended one and feel they can ask for information. The family member explained her mother in law is funded by Bristol City Council who have a contract for beds at the home.

3.9 Communication with staff

Staff were welcoming and volunteer enter and view representatives observed a good rapport with residents and relatives, there was also good interaction between agency and permanent staff. Volunteer enter and view representatives spoke with care staff in the communal room and gave them an outline of Healthwatch and why we were visiting. The care staff introduced themselves and gave a history of their employment at Treetops. The care worker said she loved, and is passionate about, the work but is angry about the conditions, including the salary and the staff shortages. The care staff get training and she told us that she is up to date with Deprivation of Liberty and safe lifting, is able to complete care plans and is very aware of privacy and dignity for residents. As a care worker she reports any concerns to the nurse in charge, she would like the opportunity to meet with relatives which at present is only offered via trained staff. The staff member commented that with a more settled manager it would help the smooth running of the home. When asked if she would like to become a trained nurse she declined stating there was more than enough paperwork to do in her role, the only changes she would like would be more time to be with residents.



4 Conclusion

It was clear to Healthwatch volunteer enter and view representatives that residents are happy at the home, most of their needs are catered for and the residents and relatives we spoke with have found staff very accommodating.

The revisit was aimed at looking at the areas recommended for improvement in 2015. Signage to the care home from the road is not in place, but Healthwatch is aware that this might need further negotiation with the Local Authority to implement. The entrance was not the most welcoming, although relatives have told us that they can pop into the office and ask for what they want. The website still needs updating with the name of the current manager. The home is clean and the garden is now a lovely resource, where residents were observed sitting in the sun. It would be great to see the front garden area and the pots at the front entrance tidied up for the future.

Healthwatch volunteer enter and view representatives were pleased to observe a list of activities for the month of June displayed and it was good to hear from a male resident the pleasure he gets in helping out in the garden. Healthwatch understand that there will be some residents that like to smoke, but would like staff to be discouraged from smoking while at work.

5 Recommendations

Healthwatch Bath and North East Somerset volunteer enter and view representatives and staff have identified a few areas at Treetops that could still be improved:

- The website is updated with the name of the new manager
- The garden work is continued to make the most of both garden areas and pots at the front entrance are repotted and tidied
- Care staff have the opportunity to join meetings with relatives
- Staff do not smoke while on duty
- With less staff shortages staff would have more time for interaction with residents
- Residents get the opportunity to go out regularly, i.e. to church or to the garden centre



6 Recommendations summary

Recommendations	Comments from the service provider
The website is updated with the name of the new manager	None received
The garden work is continued to make the most of both garden areas and pots at the front entrance are repotted and tidied	None received
Care staff have the opportunity to join meetings with relatives	None received
Staff do not smoke while on duty	None received
With less staff shortages staff would have more time for interaction with residents	None received
Residents get the opportunity to go out regularly, i.e. to church or to the garden centre	None received

Disclaimer

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



7 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 include¹:

- 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 providers² 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, patients, visitors and staff, and make comments and recommendations based on their subjective observations and

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).



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 will 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.

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.

