

# healthwatch

## North Somerset



**Enter and View Report**

*Dewdown House*

*2<sup>nd</sup> August 2016*



## Contents

Visit Overview .....	3
About Healthwatch North Somerset .....	4
Enter & View .....	5
Key Benefits of Enter & View .....	5
Purpose of the Visit.....	6
How was the Visit Conducted? .....	6
Observations and Findings.....	6
Personal Care and Dignity of Residents .....	7
Independence of Residents and Control over Daily Life.....	7
Staff Behaviour and Attitudes and Relationship between Residents and Staff.....	8
Activities for Residents .....	9
Food and Drink and Meal Times .....	9
Relationship between the Home and Relatives/Carers.....	10
Staff Satisfaction .....	10
Other Observations and Comments from Resident, Staff and Relatives.....	11
Examples of Good Practice noted.....	11
Recommendations .....	11
Acknowledgements.....	12



## Visit Overview

<b>Service Name and Address:</b>	<b>Dewdown House, 64 Beach Road, Weston Super Mare BS23 4BE</b>
<b>Registered Provider:</b>	<b>The Salvation Army</b>
<b>Type of Service:</b>	<b>Residential Care Home</b>
<b>Specialisms:</b>	<b>Alzheimer's</b>
<b>Registered Manager:</b>	<b>Anne Goodman</b>
<b>Date and Time of Visit:</b>	<b>2<sup>nd</sup> August 2016 10am - 12pm</b>
<b>Enter and View Team:</b>	<b>Sophia Jones, Karen MacVean, Jane Towler, Janice Walsh</b>

## About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

### Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

### Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is 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.

This Enter and View report is aimed at outlining what Enter and View 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 North Somerset 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.

Legislation allows ‘Enter and View’ activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- 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 the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

## Key Benefits of Enter & View

- To encourage, support, recommend and influence service improvement by:
- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences

- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

## Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Dewdown House was selected for an Enter and View Visit.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

## How was the Visit Conducted?

The visit was an announced visit with the manager being given 2 weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and we talked with residents, 2 family members or carers who were visiting at the time, and 8 staff who were on duty at the time of the visit. We also spoke with the Manager at the start of the visit and at the end to clarify any questions that had been raised.

## Observations and Findings

Dewdown House is a residential care home with 40 single rooms. The Manager informed us that at the time of the visit the home had 35 occupants.

On entering the care home the Healthwatch Enter and View Team were welcomed by the Head of Care and asked to sign in. Each member of the Team was wearing an ID badge but these were not checked by a member of staff. The Team observed that access to the home was gained through using an intercom to announce arrival and then staff opening the locked inner porch door with a fob.

The Team noted that the entrance area was light, airy and free of clutter with no unpleasant odours. The home had two birds in a large cage in the foyer which were twittering in the background as the Enter and view Team entered.

The Team observed the care home's Care Quality Commission report clearly displayed in the entrance area and the Healthwatch poster displayed on the noticeboard in the

corridor. There was a book of condolences just inside the entrance in which anyone could write a message.

While walking around the home the Team observed that none of the residents appeared to be in distress and there was a general feeling of calmness. Staff appeared to be busy but not stressed; all areas of the home appeared to be clean and well maintained. The temperature throughout the home was pleasant, warm but not stuffy. Lifts were available to all floors and were in working order during our visit.

We saw there was a small courtyard garden available for residents' to use and noted that the door was unlocked for open access. However, we did not see anyone use the garden during our visit as the weather was wet.

## Personal Care and Dignity of Residents

The residents that the Team observed during the visit appeared to be clean, dressed appropriately and individually, with their hair brushed. We noticed that one of the residents who was getting ready to go out with a member of staff was very smartly dressed with jewellery on.

We observed a resident ask one of the staff members if he could have a shower. The member of staff said he would check the list and see if he could arrange it for him. We clarified with the Manager if people can choose when to have a shower and she said that they do have a list to ensure no one is forgotten but if someone particularly requests one at a certain time they will accommodate this.

The residents in the lounge were positioned appropriately facing either a TV screen or with a view out of the window on to Weston sea front. One of the residents we spoke to said that she really likes the fact that the bay windows mean she can see for miles down the front.

The manager told us that the residents were free to come and go as they pleased and could go to their rooms whenever they wanted to. She was very clear that it was their home and their choice what to do with their time.

## Independence of Residents and Control over Daily Life

The Manager told us that residents could get up and go to bed whenever they please. She explained that she does occasional shifts as a carer rather than a Manager if cover is required and told us that on her last night shift one resident wanted to get ready for bed earlier in the evening but then stayed up until 2am watching TV.

As we walked along the corridors, we could see that all the room doors resembled external domestic front doors that the residents may have had in their previous homes. The Manager advised us that residents chose their own door colours and currently three residents had their own room keys. We observed one resident leaving their room and locking their door behind them. We were invited into a couple of the residents' rooms and observed that they were clean and each resident had lots of their own personal belongings in their rooms. One resident told us that they enjoyed colouring and liked animals and his room had colouring pads and lots of small animal models in it.

Each of the rooms that we entered had a sink in it with what appeared to be the particular resident's choice of toiletries around it.

One resident told us that she was waiting to go out with a member of staff and that she was going shopping to the Sovereign Centre in Weston Super Mare.

We observed that there is a tuck shop on the first floor of the home, although it was closed during our visit. The Manager explained that the activities coordinator opens it three times a week and she has a proper coffee machine for the residents.

On the wall outside the residents rooms there were memory boxes where residents could display personal items or photographs that say something about them as individuals. We noticed some of them were empty. The Manager clarified that these can be helpful for residents with dementia but many of the residents who do not have dementia have chosen not to use them. Again she reiterated that it is their home so they can choose what they want to do.

The Manager explained that some residents are able to go out on their own if they want to, but residents who needed someone to accompany them can ask a member of staff.

We observed several residents who were sitting in the entrance area and appeared to be quite content and happy, smiling and responding to people entering the home who said hello. One lady was cuddling a teddy which she told us was her baby.

The Manager informed us that the residents choose their own GP Practice. They currently have residents who use several different surgeries including one that is quite a distance away. As long as the GP is willing to travel to visit it's fine with the care home.

The Manager showed us the hairdressing salon, which is open 2 days a week for residents to use. The Manager explained there is a charge for residents to use this service, along with the chiropodist. Individual residents also pay for a newspaper delivery service. All other services are included in the home fees. The manager explained that they did not have a sign on the hairdressing salon to avoid people with dementia getting the days the hairdresser came mixed up and going along to the salon to wait. Instead, the manager told us, they advised residents on the day that the hairdressers was available and take them along if assistance is needed.

## Staff Behaviour and Attitudes and Relationship between Residents and Staff

Staff were very welcoming to the Enter and View Team on arrival and they were consistently very helpful and open to our questioning throughout the visit. The Manager told us that she and her senior Team have all been at the care home long-term and she feels that coming from a care background they have a better understanding of how everything works.

We observed the Care Manager showing a new member of staff around and we listened to her explain the complaints procedure and clarify to the new recruit that a complaint is a positive thing that she needs to know about so that improvements can be made.

We spoke to one of the cleaners in the home and she explained that the cleaners each have their own floor. She said this encourages her to take pride in her work.



We observed staff members talking to residents in a very friendly manner that was respectful and not patronising. The Manager was able to clarify lots of information about a number of residents during our brief chat at the end of the visit which indicated that she was not detached from them as individuals. A member of staff in the lounge was observed asking residents what they wanted to watch on TV.

We spoke to a relative of a resident with dementia, who said he comes to visit almost every day. He told us that the staff were great and he “can’t fault them” and that they were a “Godsend”. He said he got a good feeling about the home as soon as he entered it which was not the case in other homes that he looked at.

## Activities for Residents

The residents that were sitting in the lounge were participating in a prayer service when the Team arrived. The Manager later informed us that a prayer service takes place every day except Saturday and residents can choose to join in if they want to. On the day of the visit there were ten residents participating and most of them were observed singing hymns later in the service.

A relative of one of the residents said that he is able to take his wife out in a wheelchair for a walk around the local park or along the sea front whenever he wants to and that the staff also take her out often. He said that there are regular trips out and these are advertised in the entrance area.

We noticed that there was an activities coordinator named on the staff members notice board in the entrance area and this was confirmed by the Manager. She explained that the weekly activities are usually displayed on a notice board in one of the corridors. We did see this noticeboard but the activity list was not displayed at the time of our visit. A member of staff and a resident told us that they had arranged to go to Hestercombe Gardens the following day.

The Manager told us that they usually arrange to have access to the community minibus one day each week and clarified that this also includes people who require a wheelchair to get about.

We noticed that there was a separate quiet lounge away from the main lounge where a large selection of books and board games are available for the residents to make use of.

The Manager told us that there is a residents meeting every quarter which is open to relatives and visitors too, where residents get the opportunity to say what sort of things they would like to do.

## Food and Drink and Meal Times

Meals were served in the dining room at a set time, but the cook and the kitchen assistant advised us that if any resident wanted to eat later they could have it brought to them on a tray when they were ready for it. The cook also said that any special dietary needs are catered for.

We observed a menu for the day on the wall with two choices of main course and pudding, the cook told us this option was always provided but if a resident wanted something small

or just wanted two lots of pudding they would accommodate that. The kitchen assistant advised us that if anyone wants second helpings they can have them.

The dining area was very spacious and pleasant and the tables were set in a restaurant style with a menu on each table and linen napkins with napkin rings at each place setting.

The cook told us that a few of the residents wanted to help set the tables and clear up which was fine for them to do.

The choice of lunch available on the day of our visit was meatballs or cod in cheese sauce followed by a choice of two puddings.

The cook told us that assistance is provided to anyone who requires it and those residents that need a little help usually sit together.

The cook told us that the menus are changed seasonally.

The cook also told us that she has a book that she writes any comments from residents in about the food, so if they say something is really nice or if people don't like something she can put their comments in it.

A member of staff told us that residents can make drinks for themselves whenever they please.

## Relationship between the Home and Relatives/Carers

During our visit two visitors arrived and several members of staff were observed greeting them in a professional but friendly manner. We observed the Manager speaking to a relative that was visiting his wife and she was very friendly and responded to his request quickly.

On the wall in the entrance area there is a large poster displaying staff names and photographs, and on the wall outside the residents rooms there were memory boxes which clearly display the key worker for that particular resident.

## Staff Satisfaction

The staff that we observed during our visit seemed confident and content in their work and appeared to be happy to speak to us and answer any questions we had. During our visit we spoke to the Care Home Manager, the Head of Care, several members of the care staff, the cook and kitchen assistant, the cleaner and the handyman.

We noticed that the home nominates a 'Staff Member of the Month' as there was a poster with a named member of staff and their photo displayed in the entrance area.

## Other Observations and Comments from Resident, Staff and Relatives

Additional quotes from residents included the following:

“I really enjoy being here”

“I really like living here”

“It’s very pleasant”

“My carer is lovely”

“It’s good food here”

Additional quotes from relatives included the following:

“It’s really lovely here”

“She does it lovely for Christmas, all the residents get presents, it’s a home from home”

“I don’t know what we’d do without them here”

Additional quotes from staff include the following:

“It’s really lovely here, a really nice place to work”

“I’ve been here a year and a half and I really like it”

## Examples of Good Practice noted

- The Manager told us that residents are encouraged to choose the colour of their room door which can help residents who have dementia. She told us that one resident has a green door because that is her favourite colour.
- All of the toilet doors are the same colour to make them easily distinguishable for residents.
- The Manager also told us that the home has really good links with Weston College. They take on students for work experience and get them to shadow the activities coordinator to give them the opportunity to interact with the residents. This also means that more residents with wheelchairs can be taken out at the same time.

## Recommendations

1. The complaints procedure could be positioned in a more prominent place in the entrance area.
2. Due to the fact that the layout of the home is very similar on the first and second floor it may be helpful for residents and visitors if there was a clear visual indication of the floor number that could be seen as you reach the top of the stairs or step out of the lift.

## Acknowledgements

Healthwatch North Somerset would like to thank Anne Goodman and all the residents and staff of Dewdown House for their assistance in planning the visit and the preparation of this report as well as the provision of opinion and feedback.



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