

# Enter & View Bi-Annual DCC Summary Report

## September 2018

### For visits commissioned by Derbyshire County Council 2018-2019

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**WHAT IS ENTER AND VIEW?** Healthwatch Derbyshire (HWD) is part of a network of local Healthwatch across the country established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory powers of all local Healthwatch include that of conducting Enter and View visits to any publicly funded adult health or social care services. Enter and View visits may be carried out if providers invite this, if Healthwatch Derbyshire receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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## 1. The context

During 2018/2019, Healthwatch Derbyshire have been re-commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to 13 of their 26 residential services across the county. The service profile and range includes 11 services supporting older persons and two services supporting people who have learning disabilities/difficulties. So far, six out of the 13 visits have been conducted, the findings of which will be explored within this report.

Visits have been managed by the Healthwatch Enter and View Officer and the principles of the visiting schedule agreed with the DCC Service Manager (Direct Care) Quality and Compliance, Emma Benton. These respective officers maintain regular communications concerning visits and reports during a quarterly cycle of meetings.

The schedule of visits has been co-ordinated with Care Quality Commission (CQC) local inspectors to ensure that visits by either organisation are not too close in proximity to one another. Visits are undertaken by the Healthwatch Derbyshire Enter and View authorised representatives (ARs) who are volunteers fully trained to undertake such activities.

These Enter and View visits were commissioned to complement DCC's own internal quality audit system, hence individual reports have only been made available to DCC and not placed in the public domain. However, this report summarises the findings of the individual reports and it has been agreed that this can be made public.

## 2. Completed visits

No.	Service Visited	Type of Service	Date of Visit	Authorised Representatives (ARs)
1	Lacemaker Court (residential care unit)	Older Persons	25 <sup>th</sup> April 2018	Brian Cavanagh, Ruth Barratt and Denise Bowles (SAR) supported by Daniel Pidkorczemny
2	Whitestones	Older Persons	30 <sup>th</sup> April 2018	Lesley Surman and Caroline Hardwick
3	Ada Belfield House	Older Persons	30 <sup>th</sup> April 2018	Jacquie Kirk, Mary Beale and Denise Bowles (SAR) supported by Margaret Morrison
4	East Clune	Older Persons	9 <sup>th</sup> May 2018	Jacquie Kirk and Shirley Cutts
5	Petersham Centre	Learning Disabilities	14 <sup>th</sup> May 2018	David Corrigan and Hannah Morton
6	The Staveley Centre (residential care unit)	Older Persons	30 <sup>th</sup> May 2018	Dave Mines and Kay Durrant

Some visits are attended by our specialist authorised representatives (SARs) who are people who have learning disabilities. They have been trained since 2016 and whilst initially using their expertise with visits only to learning disability services, they now act as ARs across all services.

The SARs require support by another AR during their visits, as identified above, and have an easy-read checklist to use (Appendix 2).

## 3. Acknowledgements

Healthwatch Derbyshire would like to thank DCC, the care home unit managers, residents/clients, visitors and staff for their contributions to these Enter and View visits, and to those who have been involved subsequently.

## 4. Purpose of the visits

- To enable Healthwatch Derbyshire ARs to see for themselves how services are being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents/clients, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident/client satisfaction, good practice within the service and any areas felt to be in need of improvement
- To support DCC Direct Care Services' internal quality audit system.

## 5. Disclaimer

This bi-annual summary report collates the findings gathered across the range of visits undertaken on the specific dates as set out in Section 2. Such individual visit reports are not suggested to be a fully representative portrayal of the experiences of all residents/clients and/or staff and/or family members/friends encountered, but do provide an account of what was observed and presented to HWD ARs at the time of their visits.

## 6. Methodology

During visits ARs are provided with a set of standardised evidence gathering tools and generally employed the following techniques in undertaking each visit:

- Direct observation of interactions between staff and residents/clients
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents/clients
- Observing the delivery and quality of care provided
- Talking to residents/clients, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

## 7. Summary of key data and findings across all visits

- Each visit on average took approximately three hours to undertake
- Observations by ARs generally included the full range of residents/clients and staff present during the visit plus any visitors who were present
- Due to the nature of the capacity limitations of many residents/clients, discussions and/or questionnaire-based interviews were restricted. In total:-
  - (i) 28 individual residents/clients were engaged with and participated within their capacity in responding to questionnaire-based interviews
  - (ii) nine relatives/friends participated in questionnaire-based interviews
  - (iii) 19 members of staff participated in questionnaire-based interviews
- Healthwatch findings were mostly comparable to the previous reports with good standards maintained or improved in most cases
- Healthwatch findings were mostly aligned with the CQC's positive and negative findings
- Both residents and relatives expressed an appreciation of the high quality of care experienced and confidence in the staff delivering the care
- Good level of involvement with local community and voluntary sector groups for the benefit of residents
- Observations and interviews evidencing a variety of one-to-one and group activities for residents to engage within the majority of homes
- A few homes still require attention to garden areas, however, the majority are now maintained to a high standard

- The residential care units within community care centres were observed to be hubs for the local community, and this was felt to improve the connection between residents and the local people.

## 8. Detailed findings across all visits

### 8.1 Location, external appearance, ease of access, signage, parking

All homes were found to be well located and in close proximity to local facilities, with two of the homes being located within community care centres which ARs commented on being a ***“hub for the local community”***. The feeling was also shared by a relative who commented, ***“The community comes to them, as the public use the centre.”***

Externally, all but two of the homes were well maintained and in excellent condition. The homes where maintenance was required, included one where the external panelling needed updating due to it being a 1960s-1970s build, and another which required re-paving of the car park and clearance of discarded furniture. One of these homes is due to close as a result of the costs associated with repairing and refurbishing the building. Both staff and residents are being relocated to a new-build community care centre which is due for completion in 2019.

On-site parking was available at all homes, with designated disabled parking spaces also available. Parking facilities were noted to be limited at several establishments, however, responses from providers indicated that the extension of parking facilities is not possible due to the limited external space available.

In the main, external signage was found to be sufficient. One home did, however, have a sign which was obscured by overgrown trees/bushes. Another home located within a community care centre lacked clear signage indicating the intercom system and residential care unit. We have been advised that since our visits these issues have been attended to as indicated in their responses to our recommendations.

### 8.2 Initial impressions (from a visitor’s perspective on entering the home)

Across all homes, ARs continually reported positive impressions on entering the homes. Overall, the entrance areas were clean, welcoming spaces and provided seating and relevant information for visitors. One of the homes was noted to be lacking specific information which would be beneficial for visitors, however, following the visit, we have been reassured that this has been attended to. Another home was noted to feature too much information which presented an untidy appearance; again, we have been advised this has been rectified. One home uniquely featured a bar which was noted to be greatly appreciated by residents, offering a chance to socialise with fellow residents and visitors.

Throughout the homes, it was highlighted that all staff were well-presented and in uniforms. In addition, all staff were noted to be polite, friendly and welcoming to ARs, residents and visitors.

All homes, apart from one, featured up-to-date CQC certificates which were prominently displayed within the entrance area of each home. We have received confirmation that the home where the CQC certificate was not up-to-date has since been updated.

### 8.3 Facilities for and involvement with family/friends/community

Visiting times across services were flexible with some maintaining protected meal times

and requesting relatives/friends of residents to avoid visiting at such times. One client residing at a home for respite purposes commented, ***“I look forward to the visit of my mum. Last time, the staff got flowers for her.”***

The majority of services provided good facilities for visitors to meet their loved ones in comfortable areas and if more privacy was required, they could use the resident’s bedroom or designated quiet rooms, if available.

Refreshment facilities for visitors were generally good with the majority having dedicated kitchenettes where hot drinks and other refreshments could be taken. The majority of homes were also reported to offer visitors refreshments during their visit.

Provision for overnight stays for relatives was available across all homes in the form of fold-up beds, but in one home this was only possible if there happened to be a spare bedroom available. In response to the subsequent recommendation, we were advised that fold-up beds have now been ordered. At another home, it was reported that a relative who lives far away was provided accommodation by the home to ensure they could spend adequate time with their loved one.

Relatives interviewed all felt involved in the care of their loved ones and felt comfortable with raising concerns if and when they arose. Relatives interviewed appreciated the regular contact from the homes via telephone and invitations to relatives/residents meetings to ***“enable conversations with the staff”***, as one relative expressed it. In one home, relatives/residents meetings are now held with a social theme attached to them such as a Christmas party or coffee morning. The home that offers this commented, ***“The casual atmosphere evokes greater input from both residents and relatives and attendance has increased compared to when ‘formal’ meetings were held.”***

Across the majority of homes, there was a clear involvement with the local community, with one home reporting to have a large group of volunteers who support staff for the benefit of the residents, whilst another involved a resident’s family member to volunteer whilst working towards their Duke of Edinburgh Award. Within one home, it was not clear whether there was involvement with the local community but within the response to a subsequent recommendation, it was confirmed that they do, with the manager giving examples such as The Salvation Army, local Women’s Institute, local schools and a children’s brass band.

## **8.4 Internal physical environment**

### **8.4.1 Décor, lighting, heating, furnishing & floor coverings**

Across all homes, the internal condition of the décor and furnishings was noted to be of excellent condition and tastefully decorated, with one home being ***“... not tacky, it shows taste and shows that the residents deserve the best,”*** as stated by a relative. One home was in the process of being re-decorated and it was observed that some corridors had been completed to an excellent standard, with each corridor featuring a themed wall to aid in reminiscence. Where deficits were noted and reflected in recommendations, we were reassured that the issues were to be addressed in the refurbishment planning process or more immediately with maintenance issues. For example, in one of the homes, it was noted that the décor and furnishings would benefit from modernisation. The manager confirmed that the home is due to close and all staff and residents will be relocated to a new-build home where furnishings and décor will be more modern.

In all homes it was evident that thought had gone into trying to achieve a ‘homely’

atmosphere through the selection of décor/furnishings used and their arrangement within the communal spaces. In one home, for example, framed pictures of the local area were noted to be placed throughout the home to aid in reminiscence whilst creating a 'homely' atmosphere.

Across the homes, lighting was noted to be good, with a variety of natural light coming from windows and artificial lighting throughout which created bright and airy environments.

Throughout the homes, it was found that the temperature was adequate and reflected the outside temperature, with no residents, staff or visitors indicating that it was inappropriate.

#### **8.4.2 Freshness, cleanliness/hygiene & cross-infection measures**

Across the homes, it was found that the standard of hygiene and general cleanliness of the homes visited was very good. This was supported by one resident who commented that the home they live in is *“extremely clean and a good place to be”*. In the vast majority of homes ARs noted no unpleasant odours which also reflects well on those standards. This left ARs with a positive overall impression of the majority of homes being fresh, clean and tidy environments.

Some faint odours were noted during one visit from two communal lounges, however, we have been reassured that the source of the odour has been found and remedial action has been taken.

Although not a usual observation in a visit due to the nature of our statutory powers, on one visit, ARs were invited to view the laundry room which was noted to be well-organised and featured freshly laundered and ironed clothing, leading to the conclusion that residents' clothing was well cared for.

Across the homes, there was disparity between the use of hand sanitiser dispensers, with the majority advising against these due to the risks associated with residents misusing them, the home being a 'home' and not a hospital setting and following The National Institute for Health and Care Excellence (NICE) guidelines which promotes hand washing as opposed to hand gel. In line with this, during the visits, ARs did not observe any posters or information to promote hand washing, however, one home advised that they have ordered posters to promote this.

Linking to this, resident hand hygiene, particularly pre-meals, has been noted as an issue raised by Healthwatch in previous reports. There is evidence now that this is being addressed. During one visit, for example, a resident was observed being assisted by staff to wash their hands before being served afternoon tea.

#### **8.4.3 Suitability of design to meet needs of residents**

Five of the homes visited were supporting older persons who were living with varying degrees of dementia and additional mobility problems. The other two homes supported people who have learning disabilities (some with additional physical disabilities) offering short term/respite care and independent living training facilities. Overall, it was found that each of the homes were designed well in meeting the needs of those using the services, featuring elements such as large corridors free from obstruction, hand rails and communal bathrooms which were conveniently located next to the communal lounges, allowing for ease of access. There were, however, some homes that could benefit from improvement which are mentioned within this section and in section 8.5.1.



The majority of homes used the communal spaces well, creating a variety of areas for quieter or more interactive purposes and the ambience created was relaxed and sociable. Observations reflected that residents with a variety of additional needs moved around their home environments with comfort and ease due to the size of corridors, doors and adaptations to aid in mobility.

As referred to in 8.1, the majority of homes are of an older style and the designs tend not always to be ideal. Bedrooms, for instance, tend to be smaller in size, and only three out of the six homes were recorded on visits as having shower en-suite facilities, with another home being equipped with wash basins in residents' bedrooms. In the home where bedrooms were small and did not feature en-suite facilities, we were advised that this issue will be rectified when they move to the new-build care home following closure of their current one. This was welcomed by residents, with one commenting that they look forward to moving as they will have more space to display their personal belongings.

Internal navigational and orienting signage had been identified previously by Healthwatch as an area to improve in some homes, however, this seems to have vastly improved. In one home, a large orientation board featuring a clock, calendar and the weather was displayed in a communal lounge. In another home, it was noted by ARs that all of the clocks were accurate to assist in resident orientation.

In one of the older person's homes, ARs noted that there were dementia-friendly coloured toilet seats in several communal bathrooms, but not in all. In response to the subsequent recommendation, the manager advised, ***"I can confirm that four toilet seats have now been ordered."***

Previously, we found that in a learning disability service, some signs were not adequately designed with colour contrast and menu pictorials required attention. Within these findings, it is clear that the recommendations were undertaken as signage and information within a learning disability service was noted to be appropriate.

Hearing loop systems were found to be available in two of the homes, but were not identified in the other four homes.

## 8.5 Accessibility

### 8.5.1 Adaptations, environment and furnishings (visitors & residents)

As mentioned in 8.4.3, the homes visited were generally suitable for the needs of residents, and equally visitors who may have mental or physical impairment, challenges or disabilities. There were, however, two homes where improvements could be made, such as calendars to aid in orientation and light switches and door handles being at a suitable height for wheelchair users. The recommendation relating to calendars was responded to promptly, with the manager stating, ***"I can confirm that calendars are now in situ around the home."*** At the other home, no recommendation was made in regard to the light switches and door handles being changed to an appropriate height for wheelchair users as the home is due to close and both staff and residents will be relocating to a new-build home which will likely have these adaptations in place.

As identified in 8.4.3, hearing loop systems were available in two of the homes but were not identified in the other four homes.

## 8.6 Staff support skills & interaction

### 8.6.1 Affording dignity & respect and approach to care giving

Overall, it was found that across all homes, staff were noted to provide care in a manner to suit the individual's needs, ensuring dignity and respect. In one home, ARs observed a resident collapse to which staff responded promptly, providing support in a gentle but thorough manner whilst ensuring that the individual's dignity was not compromised. In another home, a resident was being assisted from their chair and became distressed. Staff were noted to provide reassurance to the individual, whilst skilfully working towards the desired outcome.

Across the home, male care staff were employed and it was evident through conversations with residents that they were consulted as to whether they had a staff gender preference in their care.

Appreciation and delight was expressed by both residents and staff across the range of visits undertaken. Comments from residents typically included:

*"I like all the staff here, I can name each one of them."  
 "I have a buzzer next to my bed and the staff respond to it."  
 "It's a lovely place, they are all very kind."  
 "Nothing is too much for the staff. They are so kind and caring."  
 "Caring, considerate and very supportive."*

Comments offered by relatives included:

*"Staff are so kind and so understanding, especially to residents who are confused. They never lose their temper or get frustrated."  
 "Helpful and friendly."*

As indicated in the preceding sections, staff were noted in their interactions to offer a person-centred approach depending on the needs of that individual. There was no sense of people being rushed, and staff were observed to work with the resident at their own pace.

Across all homes except one, there were no concerns raised around the level of engagement being offered to residents. Within the home where concerns were raised, the manager responded with reassurance, stating, **"... created a two-week activity plan which will be implemented. Staff are also being tasked to spend quality time with clients, both on a one-to-one basis and in small groups."**

## 8.7 Residents' physical welfare

### 8.7.1 Appearance, dress & hygiene

Across all homes, residents were observed to be well groomed in terms of their appearance, dress and hygiene.

It was identified that residents were able to access a hairdresser on a regular basis, either within the on-site salon (if available) or escorted to an off-site salon or barbers. Residents were also able to access therapeutic activities and services such as hand massages, manicures and pedicures which were conducted within the home.

During the visits, all residents were observed to be wearing clothing of their choice and some preferred to wear specific items which the homes accommodated without



compromising their dignity. During one visit, two residents told ARs they felt that they could choose their clothes each day. Both residents also informed ARs that they had their hair done regularly which included colouring.

As mentioned in 8.4.2, during one visit, ARs were invited to observe the laundry room which was noted to be fresh, clean and organised, which showed a care and appreciation for residents' clothing. Throughout the rest of the visits, ARs did not observe the laundry rooms or services so no further comments can be made. In comparison with the previous Healthwatch report which highlighted that residents' clothing in two homes occasionally went missing, this issue was not reported within these visits.

### 8.7.2 Nutrition/mealtimes & hydration

Generally meals were found to be of a good standard with a variety of choice and alternatives available. Comments from residents included:

***"The meal times are what we look forward to, they are the highlight of our day."***

***"I enjoy the food, there is a good choice. I like the fish and chips on a Friday."***

***"We pick what we want - there is a good choice. I like the yogurt."***

***"Food is very good. Just like home."***

***"Lovely."***

***"Good quality."***

***"Plentiful."***

In one home, it was identified by staff, a relative and observations that the meals which were provided by an external provider were overall not satisfactory, though one resident commented, ***"very good, can't fault it"***. ARs observed a themed taster menu which was not appearing to be popular with the majority of the residents. Within this home, a relative advised that they found the food to be ***"rather bland"***. Staff commented on the dining arrangements, stating, ***"It was better at the previous home where we had our own cook. In this home, the residents can't smell the food cooking so they lack the desire to eat when their meal arrives."*** This issue was raised with the home to which the manager advised that they are, ***"... continuously reviewing and monitoring the quality of the meals."***

Within two homes, ARs spent lunch with the residents and sampled the food. In one home, the ARs found the food to be ***"appetising"*** whilst in the other home, as mentioned previously, the opinion was mixed.

Across the homes, snacks and drinks were available throughout the day.

### 8.7.3 Support with general & specialist health needs

Across all homes, it was found that residents were being supported with any additional health needs. It was apparent that either local GPs or district nurses visited the homes on a regular basis to conduct a 'ward round', attending to all residents who required medical assistance.

Other services such as chiropody, physiotherapy and community psychiatric nurses were also readily available. One home reported to have an excellent working relationship with a local hospital, who they credit for, ***"... preventing residents from being admitted to hospital due to early intervention and diagnosing potential problems"***.

#### 8.7.4 Ensuring comfort

Generally, it was found that the homes offered a comfortable environment for residents, with specific areas for socialisation and activities, whilst having other areas to relax in peace and quiet. Clients accessing a respite service offered comments such as, ***“Felt at home here,”*** whilst another client said, ***“I have a comfy bed.”*** In another home, a relative commented, ***“The best I have seen, home from home.”***

Within two homes, issues regarding comfort were raised. One home had the TV and radio on at the same time in a communal lounge which created a noisy atmosphere, whilst in another, one resident reported to be feeling ***“a bit segregated”*** in one of the lounges. In response to subsequent recommendations, both homes have reassured us that action has been taken to improve and rectify these issues.

### 8.8 Residents’ social, emotional and cultural welfare

#### 8.8.1 Personalisation & personal possessions

Across the homes, it was found that all promoted personalisation of residents’ bedrooms. Within one home, a resident had decorated a wall in their bedroom. Staff advised ARs that they viewed this as the resident personalising their own space and had no plans to remove it, as long as the resident remained within that room and continued to enjoy it.

Bedroom doors in all homes were personalised with pictures and the person’s name, with some even incorporating memory boxes which staff advised generated conversation and aided in reminiscence.

#### 8.8.2 Choice, control & identity

With residents who had capacity, they were able to manage their own money, however, the majority preferred for it to be stored within the office or through a secure money-storing IT software which some homes used.

Likewise, where capacity was deemed adequate, residents were able to keep keys to their own bedrooms. However, for those who lacked capacity, homes always asked residents whether they would prefer to have their bedroom doors open or shut.

The majority of homes were found to have facilities for residents who smoked, and some permitted alcohol either within the home or, in other cases, residents were escorted to a local pub. Similarly, residents who had capacity were found to access local services such as the shops. During one visit, a resident proceeded to show ARs what they had bought from a recent shopping trip. It was also found that residents who did lack capacity were supported on trips, such as in one home where a client reported to enjoy going to the pub with a specific member of staff.

Some homes also offered double rooms, if available, mainly for couples.

Across the homes, residents reported that they were able to choose between having a bath or a shower, with one resident commenting, ***“It’s very flexible.”***

Other comments received by residents/clients included:

***“Plenty of freedom. I don’t have to do this or that.”***

***“I am epileptic and I choose to go to bed by 9:30pm every day. The staff respect that and help me.”***

Overall, it was found that choice, control and identity was promoted throughout homes.

### 8.8.3 Feeling safe and able to raise concerns

Throughout the homes, residents reported feeling safe and all were observed to be speaking freely with staff during the visits. One resident shared, ***“I feel safer here than at home. It’s good to know where people are and that the doors are locked.”*** A client accessing respite services commented, ***“I have a buzzer next to my bed and the staff respond to it.”***

Across all homes, both residents/clients and relatives felt able to raise concerns, with the majority having not raised a concern. Those that had raised a concern felt that it was dealt with in a satisfactory manner, with one relative commenting that the manager was ***“on the ball straight away.”*** In another home, a resident reported that they found the home to be excellent, adding ***“I’d be nit picking if I did complain!”*** In the same home, it was found that a local advocacy service regularly visits in case any resident would like support with issues either within the home or outside of the home.

### 8.8.4 Structured and unstructured activities/stimulation

Overall, throughout all homes apart from one, it was found that activities were planned and varied, with activities such as exercising classes, cooking, gardening, arts and crafts and outings to local areas of interest. Within the home where a lack of planned activities was found, the issue was raised and the manager advised that ***“A two-week activity plan has now been created ... looking into increasing the number of trips made available.”***

Only two homes were found to employ senior care workers which is a new post designed to deliver both care and activities to residents. In one of the homes where this was present, the senior care worker informed ARs that they offer regular structured activities and keep a list of residents who have not been engaging to ensure that each of them are engaged in a group or one-to-one activity at least once a week.

Within some homes, it was found that an animal or reptile petting service was brought in on a regular basis which was found to have a positive impact on residents.

In the majority of homes, it was found that Wi-Fi was available for both visitors and residents to use. One home had their own computers in a communal area for visitors and residents to use as they wish. In other homes, it was not identified whether Wi-Fi was available or not.

### 8.8.5 Cultural, religious/spiritual needs

Several of the homes had either local churches or non-denominational sessions held within the homes, however, some encountered issues with securing a local religious/spiritual organisation to deliver a service. Those that had encountered issues advised that they were continually working to develop relationships with local religious/spiritual organisations, but acknowledged the difficulty of this.

### 8.8.6 Gardens - maintenance & design/suitability for use/enjoyment

Overall, the homes were found to have improved since previous visits, however, there were three homes where additional maintenance could be beneficial. The issues raised focused around the condition of garden furniture and the paving and tidiness of the garden areas. Within these homes, assurance was provided that the issues had been escalated with the estates and maintenance teams to ensure they are attended to.

Within the homes where improvements had been made, these featured specific vegetable, fruit and flower areas where residents could get involved. One home advised ARs that they were preparing for the annual DCC garden awards with residents, for which they had previously won an award. Generally, it was found that the gardens were appreciated by residents and visitors, with one relative commenting, *“Mum used to garden a lot, she loves the flowers here and watching the birds.”*

## 9. Additional issues

No other significant issues or themes that are worthy of noting.

## 10. Comparisons with previous visits and CQC inspections

In addition to the above, two additional elements form part of the reporting process. One of these is a brief comparative analysis with previous Healthwatch Enter and View visit reports and the other is a similar exercise in comparing the Healthwatch report from each home with the CQC inspection report at the time.

### 10.1 Comparisons with previous Enter & View visits

Generally, the individual Healthwatch reports of the homes from previous visits were comparable to those findings from this set of visits. It was pleasing to note that in most cases good standards had been maintained and in most instances improvements were noted within areas previously raised as part of the recommendations. In some reports, there had been little improvements made to recommendations so these have been raised again to the service, if deemed appropriate.

Comparing this summary report to the previous summary report published in March 2018, generally improvements have already been made and these will be monitored again once all visits have been completed in a final summary report which will be published next year.

In the previous summary report, it was identified that there were limited parking facilities available at the majority of homes. This was acknowledged to be an area that could not be improved due to limited external area available to extend the parking areas. DCC did, however, mention that they would review the amount of designated disabled parking spaces at establishments. Within this report, it was found that there were designated disabled parking spaces available at all homes, with no concerns raised around the number of them available.

It was highlighted previously that fold-up beds could be beneficial for relatives who wish to stay overnight with residents in emergency circumstances. Within this report, it was identified that all homes currently have fold-up beds and following recommendations within individual reports, homes have since ordered fold-up beds so that they are able to accommodate relatives in these circumstances.

An issue regarding staff across homes not wearing name badges was previously raised, to which DCC informed us that this was due to safety concerns regarding the badges and that they would be exploring alternatives. Within this report, this was not identified as an issue. However, from conversations with residents/clients, it was clear that they know each staff member well and in a couple of homes, staff photo boards were also present.

The previous report emphasised the need for refreshment-making facilities to be available in a non-restrictive way for residents and visitors to use. In this report, it was found that

these facilities were readily available for anyone to use, with the majority of homes noting to offer visitors refreshments throughout their visit.

Within the previous report, the suggestion of Wi-Fi facilities being implemented across all homes was recommended. This report found that in some homes, Wi-Fi facilities were available but in others, it was not identified so a conclusion cannot be made as to whether this has been implemented across all homes.

It was enquired as to whether hearing loops are available throughout all homes. DCC advised that they were undertaking a review of this across all homes. Within this report, it was found that hearing loops were available in two of the homes, but were not identified in the other four.

It was requested that DCC confirm that there are sufficient opportunities to maintain residents' daily living skills and that self-care is optimised across all settings. DCC advised that this is reflected within personal care plans and that residents are encouraged to get involved in all aspects of the home, from meetings to decisions. Within this report, it was found that resident independence was placed at the forefront, with homes featuring activities such as cooking and gardening. Residents who did have capacity were able to access community services as they pleased and similarly, residents who lacked capacity were supported with these activities. In addition, it was clear that regular relatives/residents meetings are held to ensure involvement.

An issue regarding the external safety and security of homes was previously raised. Within this report, no safety or security issues were identified apart from at one home where there was missing fencing in the garden that was adjacent to a public car park. This, however, has been rectified as per the subsequent response from the home. Generally, the rest of the homes had fencing surrounding the perimeter of the gardens and access out of these was via keypad-locked doors, minimising any risks to residents.

It was previously requested that an update on the effectiveness and introduction of the senior care worker role would be beneficial. DCC advised that not all senior care workers are in post yet and that some are currently undergoing training. They also advised that they are intending to monitor the process to evaluate the success of the role. It was identified in this report that only two homes had senior care workers employed, whilst the remaining four did not. It is worth noting that within three homes, despite there being no senior care worker, there was still a regular activities schedule in place. Within the remaining home, an issue was raised around the lack of planned activities, however, immediate action has been taken by the home to rectify this as per their response to our recommendation.

Previously, it was requested that DCC advise what therapeutic and memory stimulating activities are available for residents. DCC advised that through gathering personal information regarding a resident, encouraging families to create photo albums and memory boxes and, ultimately, understanding the individual's preferences, activities can be created to suit that individual. Within this report, it was found that there was a range of one-to-one and group activities available in the majority of homes and either memory boxes or photos were displayed outside of a resident's bedroom door to stimulate conversation and aid in reminiscence. In addition, it was also found that residents have access to therapeutic activities such as hand massages and manicures.

Within the previous report, issues regarding the garden maintenance were raised and assurance was requested. DCC advised that a new service level agreement had been made with the garden maintenance provider, remedial work has already been taken and a

monitoring process was in place to ensure progress is being made. In this report, it was generally found that the gardens had improved in terms of maintenance. There were, however, some homes where maintenance garden issues were present, but we have been assured that these issues have been escalated and remedial action will be taken in due course.

## 10.2 Comparisons with most recent CQC reports

In comparing Healthwatch reports with those from CQC inspections, it is important to note that the Healthwatch visits do not operate in the same way and/or cover exactly the same range of issues which CQC address, but there are similarities. This is with particular respect to the CQC 'domains' which are observable or can be judged by resident and visitor feedback and this relates closely to the domains of 'effective', 'caring' and 'responsive'.

The CQC ratings, at the time that each Healthwatch report was issued, provided five with an overall rating of '**good**' and the remaining one rated as '**requiring improvement**' to varying degrees.

The home that was rated '**requiring improvement**' was due to two domains - 'effective' and 'well-led', with the remaining domains being judged as 'good'. Our visit reflected both the positive findings such as the supportive interactions between staff and residents, but also the negative findings such as the quality of food. Due to the nature of the domain of 'well-led' focusing on the governance side of the home, this is not under the jurisdiction of Healthwatch, so no findings can be added to support or offer an alternative view to this.

Overall, within the homes rated '**good**', our visits reflect the positive findings identified by the CQC, from residents being treated with dignity and respect, to the caring interactions between staff and residents. In one of the homes rated '**good**', the only discrepancy between the CQC and our findings is that the CQC did not identify the need for further dementia-friendly signage and adaptations which we recommended.

## 11. Elements of good practice/standards of care

- Relatives feeling involved and being kept up-to-date in their loved one's health and care
- Designing bedroom doors to include the name of the resident, a photograph and/or 'memorable' image from their life
- The homes being tastefully decorated, in a manner to provide a 'homely' and 'welcoming' environment
- The overall high standards of cleanliness present across the homes
- The use of memory boxes to stimulate conversation and aid in reminiscence
- The food being reported as 'homely' and of a good quality in majority of homes
- The involvement of an animal and reptile petting service in several homes which had a positive impact on residents
- Informal themed resident/relatives meetings to develop relationships and enable conversations
- The large orientation board in one home to aid in residents' orientation of date and time
- The use of dementia-friendly signage and adaptations throughout the homes
- Residents involved in the gardening and growing of fruit and vegetables in several homes



- The majority of homes having a variety of one-to-one and group activities for residents to engage in
- Involvement with local community and voluntary sector groups for the benefit of residents
- All homes (following recommendations) having fold-up beds for visitors to stay overnight in emergency or exceptional circumstances
- Residents reporting to feel safe and secure within the homes.

## 12. Recommendations

Individual reports for each home/service included recommendations that have already been responded to. This summary report therefore is not intending to repeat these but place them into a broader context where DCC may lead in supporting recommendations for application across all relevant services.

- 12.1 To ensure that external signage across all homes is visible and clear of obstruction (8.1)
- 12.2 To advise of any plans for the promotion of hand washing in all homes through posters or other methods (8.4.2)
- 12.3 To advise on any updates or plans for the installation of hearing loop systems across all homes (8.4.3)
- 12.4 To consider inviting advocacy services into all homes to ensure that residents have the opportunity to speak to an independent person (8.8.3)
- 12.5 To confirm whether Wi-Fi facilities are available within all homes (8.8.4)
- 12.6 To provide an evaluative update on how the senior care worker role is progressing, along with any updates regarding the recruitment of these posts (8.8.4)
- 12.7 To consider promoting the animal and reptile petting service to all homes due to the evident positive impact it has had on residents in several homes (8.8.4)
- 12.8 To provide support to unit managers who are experiencing difficulties with arranging religious and/or spiritual services within their homes (8.8.5)
- 12.9 To ensure that the standards of garden maintenance are consistent across all homes (8.8.6).

## 13. Service Provider response

No.	Recommendation	Response from Provider
12.1	To ensure that external signage across all homes is visible and clear of obstruction (8.1)	Unit managers will monitor that the signage is clear and unobscured. They can make a request for additional work by Property Services to keep signage clear.
12.2	To advise of any plans for the promotion of hand washing in all homes through posters or other methods (8.4.2)	A new poster is available in the Infection Prevention and Control Policy which has just been launched. Managers will be reminded to print off and laminate signs and place them at each communal sink. Staff will encourage residents to wash their hands before and after meals

		times. Hand wipes are provided for staff to offer to residents who do not want to or cannot easily wash their hands.
12.3	To advise on any updates or plans for the installation of hearing loop systems across all homes (8.4.3)	A tender is to be drawn up for hearing loop services for Adult Care. Information has been requested from specialist social work staff to formulate the specification.
12.4	To consider inviting advocacy services into all homes to ensure that residents have the opportunity to speak to an independent person (8.8.3)	Information about advocacy services is available on the DCC web site. Unit managers will be reminded of the facility to offer these services in their establishments. We will check that the availability of this service is reflected in establishment Client Guides.
12.5	To confirm whether Wi-Fi facilities are available within all homes (8.8.4)	Wi-Fi is available in all our homes, however the older buildings do not have full coverage. Due to the age of some buildings and the work that would be required, the cost of providing Wi-Fi throughout has to be considered alongside other priorities.
12.6	To provide an evaluative update on how the senior care worker role is progressing, along with any updates regarding the recruitment of these posts (8.8.4)	<p>A review of the implementation and impact of the introduction of the senior care worker role is already planned and aims to be completed by February 2019.</p> <p>Currently, we have 111 senior care worker posts, and of these we have 15 vacancies.</p>
12.7	To consider promoting the animal and reptile petting service to all homes due to the evident positive impact it has had on residents in several homes (8.8.4)	We will raise awareness of the benefits of animal petting services with all homes. However the availability of services will differ across the county and the cost of these services will need to be met from the establishments' amenities fund.
12.8	To provide support to unit managers who are experiencing difficulties with arranging religious and/or spiritual services within their homes (8.8.5)	Unit managers to be asked to look at what religious/spiritual services are available in their locality that will be suitable for the requirements of their resident group at any given time.
12.9	To ensure that the standards of garden maintenance are consistent across all homes (8.8.6).	<p>A new service level agreement is in place as a result of previous Healthwatch recommendations.</p> <p>The contract has been increased in all homes for older people, and covers the general maintenance of lawns, hedges/shrubs and borders. Monitoring of the contract is ongoing. Unit managers now have regular contact with the landscape supervisors to raise concerns. However, due to the unprecedented weather conditions this year,</p>

		grassed areas have suffered and replanting has been difficult.
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