

ANNUAL SYNOPSIS OF ENTER & VIEW VISITS

Background

From June 2016 to February 2017, we carried out 26 unannounced Enter & View visits across all of the Derbyshire County Council (DCC) residential care homes. These included 22 services supporting older persons who commonly had varying degrees of dementia and four services for people who have learning disabilities.

These visits were undertaken by request of DCC, providing them with an additional independent dimension to their own internal quality assurance systems. Each visit was conducted by two or three of our trained volunteer Enter & View authorised representatives who provide a lay-person's view of services they visit.

We expanded the skills of our Enter & View volunteer body by developing an especially adapted training course, in partnership with MacIntyre (a national learning disability charity). This led to the appointment of two specialist authorised representatives who have learning disabilities. The knowledge, skills and expertise represented by the two specialist authorised representatives was used particularly within the learning disability service visits undertaken.

The purpose of the visits; what we set out to do ...

- To enable Healthwatch Derbyshire authorised representatives (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, 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 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.

Reports

Following each visit, Healthwatch Derbyshire produced a report of findings and recommendations for each service to consider where the service might improve. These reports were agreed to be issued solely to DCC and the service itself but with three summary reports being produced at approximate four monthly intervals (in October 2016, February and May 2017). These summary reports were issued to DCC, the Derbyshire Clinical Commissioning Groups (CCGs), the CQC (Care Quality Commission), Healthwatch England and posted on the Healthwatch Derbyshire website enabling them to be publicly accessible.

Overall findings

On average, each visit took about 3¹/₂ hours to complete and across all visits, aside from the structured observations conducted, information was gathered from 94 residents, 39 relatives and 83 members of staff.

Generally across all visits undertaken there was a significant range of evidence gathered reflecting very positively on the quality of care provided to residents. These are outlined as follows:-

- The services provide a homely, welcoming and comfortable environment
- There was a high degree of satisfaction and confidence expressed by both residents and relatives regarding the commitment, enthusiasm and skills of the staff
- Staff/resident relationships reflected care, sensitivity and respect for each individual
- Staff practices reflected the importance of choice, control, independence and personalisation for residents in their care
- Residents and relatives felt confident in raising any concerns if they had any
- The homes had good facilities for visitors and, in many homes, overnight stays are available if needed
- Residents were clean, well dressed and tidy in appearance
- High standards of cleanliness and freshness were evident within the homes
- Meals are of a very good standard and residents were highly satisfied with the choice and quality.

Recommendations

On average each report generated eight recommendations which were not necessarily indicative of many major concerns, but were often seeking clarification on issues raised/evidence gathered or suggestions to reflect upon or review an aspect of the care facilities or delivery.

Recommendations made were generally addressed positively by managers/DCC and the following illustrates some of the more common '*themes of concern*' within recommendations and the responses received as a consequence.

RECOMMENDATIONS THEME	SERVICE RESPONSES
We found external signage to some homes and clear information/signage for visitors on entry, was limited.	Individual homes introduced additional signage wherever possible.
We found that across all homes 'staff information boards' were not consistently displayed for visitors in the entrance/reception areas.	DCC reviewed their position on the necessity of these and decided that they add little value to what are essentially consistent resident, staff and visitor groups associated with the homes.
We found that a number of the homes were struggling to maintain their gardens and outside spaces.	DCC reassessed the needs of each home and now provide an improved regular low maintenance landscape service programme.
We found that the number and location of hand sanitisers was variable throughout the homes.	Homes where this was identified introduced more hand-gel units and/or provided staff with personal hand-gel bottles to use.
We found that resident hand hygiene did not always appear to be consistently provided prior to and/or after meals.	DCC have asked managers to raise this concern with their staff teams and to observe the practice on a daily basis.
We found that there was variation between the homes in the provision and/or quality of dementia-friendly signage	DCC have assured us that Internal signage for the care homes has now been ordered
We found distinct differences in the quality of facilities, such as bedroom en-suites, particularly between the older and more modern homes. In some other homes the choice of baths or shower facilities was restrictive	In 2016 DCC told us that a £4.1m capital expenditure on Direct Care Homes for Older People had been approved and will include refurbishment in some homes with others having money to improve bath/shower facilities.
We found that where homes had skylights installed they did not always include protection from any strong sunlight.	In all cases the homes concerned introduced systems of either installing tinted UV protective glass or suitable blind systems.

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We found that it was not always clear as to how the requirements of the Accessible Information Standard (July 2016) were being met in relation to each resident.	DCC told us that awareness is being raised through discussions and that a new information gathering form identifying individual communication needs, is completed with each resident.
We found that residents with capacity did not always have access to facilities to make their own drinks and snacks throughout the day.	DCC told us that this is an area that will be addressed with regards to the ongoing refurbishment plans within homes.
We found that there was some inconsistency across homes concerning the range and frequency of stimulating leisure/recreational and therapeutic activities for residents.	DCC told us that they had reconfigured staffing arrangements to introduce a senior care worker role with responsibilities to coordinate a programme of activities delivered by the staff team as a whole.
We found that hearing loop systems were not always evident or known how to be used by staff in all homes.	DCC told us that they have reviewed what is currently in place within establishments and a development plan is being drawn together.