

**REPORT OF ENTER AND VIEW VISIT TO  
Woodlands Manor Care Home  
Ruffet Road, Winterbourne BS36 1AN**

**Two visits undertaken on 27 January 2016 and 9 March  
2016**

**Authorised representatives undertaking the visits:**

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**Date: March 2016**

## Acknowledgements

Healthwatch South Gloucestershire enter and view authorised representatives wish to express their gratitude to the residents of Woodlands Manor Care Home and their families and friends who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Woodlands Manor management and all the members of staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

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# 1. Executive Summary

**1.1** Healthwatch South Gloucestershire (HWSG) enter and view (E and V) authorised volunteers undertook two, two hour enter and view visits (on different days of the week and at different times of the day) to Woodlands Manor Care Home in January and March 2016 with the purpose of finding out about the residents' daily lived experience of being in this care home.

**1.2** Information was gathered from the authorised E and V representatives' observations and their conversations with residents and their relatives, and members of staff. Observations were gathered by all the authorised representatives working in pairs. Conversations were semi-structured and all information was noted contemporaneously. The approach for recording the observations and the content of the conversations was underpinned by the use of an observation guideline with prompt questions.

**1.3** Woodlands Manor is to be commended for providing an attractive and spacious 'home from home' which was warm and welcoming. Members of staff were seen to be caring and attentive and residents were treated with respect. The home should also be commended for the link it has built with a local secondary school and the 'Paint Pals' project, a good example of encouraging intergenerational involvement.

**1.4** However, there are areas that the care home needs to address:

- E and V representatives were told that some residents thought the members of staff on duty at night were brusque, abrupt and uncaring;
- call bells appeared to go unanswered for long periods of time;
- some residents in need of assistance in communal areas appeared unable to attract attention from members of staff;
- it appeared that there are few activities on offer that would readily engage male residents and that the activities available offered little to help residents maintain their mobility;
- we were told that residents and their relatives/friends would like easy access to hot drinks or an opportunity to make themselves a hot drink when they want one;

- we observed that the potential to use one of the two large communal areas with a conservatory was not being realised in imaginative and stimulating ways for residents;
- there was a concern that the main entrance was not always locked which allows people to walk in easily and that the key code for exiting the door is visible on the signing-in book by the door;
- staff to address development of each resident's life history to support a person-centred approach to care.

Recommendations for action by Woodlands Manor Care home can be found in paragraph 4.2

## 2. Context

**2.1** Enter and view is an ongoing programme of work being implemented by Healthwatch South Gloucestershire to understand the quality of residents' care experience within local care homes, particularly where residents have, or could be expected to have, dementia. Full details of the work-plan for Healthwatch South Gloucestershire are available on the website: [www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk)

**2.2** The brochure for Woodlands Manor states that:

“Woodlands Manor is a nursing home that has 38 bedrooms, all centrally heated. Each room has a telephone socket if the resident wishes to install his/her own telephone. There is a nurse call in every bedroom and bathroom and communal areas. There are two large lounges for the residents' use and each has a conservatory overlooking the beautiful gardens and pond. There is plenty of space for family and friends to visit. There is also a quiet room where residents can enjoy listening to music. Any resident can choose to stay in their own room if they wish. Menus are varied and favourite dishes and special diets can be catered for. Meal choices are made daily by the residents and they are encouraged to eat in the dining area but may eat in their own room at their request. Tea, coffee and other hot drinks are available 24 hours a day.

Activities coordinators take into account the resident's interests, skill, experiences and personality and provides a wide range of activities designed to encourage the resident to remain active. Residents can play games such as cards, scrabble, bingo and draughts. Staff will talk to residents, take them for walks and help with armchair exercises. Sing-along sessions are organised and there is a visiting keyboard player every month. Watching the television and reading books and newspapers is also encouraged.

Outings are organised according the resident's needs and capabilities. The staff try to promote an active social life whilst ensuring the safety of the resident. Various events are arranged by staff to encourage family involvement and to raise funds for the outings and any other amenities that will benefit all of the residents.

The home is attended by a chiropodist, optician, dentist and hair stylists for whom payment is required on an individual basis.”

**2.3** The home is registered for 40 residents. There are currently 38 residents as two of the rooms are for double occupancy but are being used by single residents. There are 11 en-suite rooms (which have lavatories and wash hand-basins) and other bedrooms just have wash hand-basins. There were nine residents who required full nursing care, that is, nine residents with complex nursing care needs. Woodlands Manor also provides palliative care.

**2.4** A report from the Care Quality Commission (CQC) in August 2014 following an inspection stated that Woodlands Manor met the CQC requirements for:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Staffing
- Quality and suitability of management.

## 3. Findings

**3.1** The findings are presented as short narratives and bullet points from the E and V authorised representatives' notes using the observation guidelines as headings.

Quotes are taken from conversations with residents and/or their relatives and members of staff and are used to illustrate the experience of living in Woodlands Manor Care Home.

### 3.2 First Impressions

The authorised E and V representatives' first impressions were generally positive:

- the home is easily accessible from main roads and motorways. It is set back from a narrow side road in large gardens. There is adequate parking available for visitors but the space is compromised as there is currently building work in progress;
- the front door was locked to gain entry on the first visit but opened easily for the second visit. A key code was required for exit on both occasions but this code was clearly written on the signing in book;
- the entrance hall was spacious, well decorated, clean and fresh;
- there was a signing-in book for visitors, hand sanitiser available, a range of notices on a board about activities and forthcoming events, the latest CQC report available, information about the building work to develop an extension to the home and the home's pet cat eating his meal;
- posters advertising the Healthwatch enter and view visits were prominently displayed;
- E and V representatives were warmly welcomed by the manager/owner. All the members of staff we encountered were helpful and there was an immediate sense of a friendly, homely atmosphere to the home;
- staff were dressed in uniforms but did not have name badges;
- the entrance area is part of a new extension which houses improved office facilities. There were notices on the wall which showed the layout of the rooms. There were also photographs of members of staff and messages of thanks from residents and relatives on display.

### **3.3 Environment**

The observations noted about the care home environment were as follows:

- the building consists of a large two storey building which has been run as a care home for just over 20 years and is in the process of being updated with new accommodation to include en-suite rooms;
- the home is set in large grounds with fountains and peacocks and a very big pond full of fish and there are several attractive outdoor seating areas;
- landscaping of the gardens was in evidence and the major new building work at the time of the visits impinged on some of the outdoor space. However, although some of this was unsightly it did not appear to be too intrusive for the residents;
- there are two large and spacious lounges on the ground floor with conservatories allowing for seating which give attractive garden views;
- the large dining room is also on the ground floor and had background popular music playing;
- members of staff were observed using the residents' dining room to take their coffee/tea breaks which E and V representatives did not think was appropriate;
- bedrooms all had residents' names on doors and appeared to be very clean, a reasonable size and well furnished. The rooms with no en-suites had wash hand basins;
- there are no showers available, only baths. The one bathroom seen was clean and modern;
- corridors were wide and uncluttered with handrails along one side of the corridor;
- there were some pictures on the corridor walls;
- residents are able to have some of their own furniture, pictures and ornaments for their rooms.

### **3.4 Staff**

The observations of, and conversations with, the manager and members of staff elicited the following information:

- Woodlands Manor has a low turnover of staff and there are some long serving members of staff, although the home is currently recruiting to cover three members of staff taking maternity leave. The home does not take student nurses although they have health and social care students from a local college who help with giving drinks to residents and spend time in conversation with them;
- qualified, registered nurses are employed as are health care and ancillary staff. Staff stated that they found the manager approachable, understanding and supportive. The manager is not a registered nurse and is the home owner;
- the manager explained that they use the company Red Crier Training Solutions for care staff to access distance and e-learning courses with extra support offered if required;
- staff training included statutory requirements such as moving and handling, safeguarding, first aid, equalities and members of care staff could work towards NVQ level 2 and 3 Care Certificate. The manager admitted that there was some 'catch-up' on training to be done but there was an action plan in place to ensure this would be achieved.

In conversation with residents and their relatives, authorised E and V representatives noted down the following verbatim comments:

- **“Some staff can be abrupt, especially the night staff.”** – Quote from a resident.
- **“The night staff are poor, they don’t take any notice of my requests for help. I don’t like them.”** – Quote from a resident.
- **“Most of the staff are very kind but the night staff are not pleasant and I get told off for ringing my call bell.”** – Quote from a resident.
- **“I wouldn’t like to ask for a cup of tea during the night.”** – Quote from a resident.
- **“I try not to ring the bell at night.”** – Quote from a resident.



- **“I get a cup of tea early morning when I wake, but I think it depends on the member of staff on duty as I don’t think everyone has one.”** – Quote from a resident.
- It is important to note that, regardless of what members of staff on duty during the night might say to refute these statements, this is the residents’ perception of how things are and night staffing is an issue that needs addressing. **“I don’t want to get anyone in to trouble but...”** (quote from a resident) was said to E and V representatives more than once.

Other verbatim comments about Woodlands Manor’s staff are listed below:

- **“Staff are generally cheerful.”** – Quote from a family member.
- **“It is seriously understaffed here, the staff do not have enough time to talk to me.”** – Quote from a resident.
- **“I worry about what I call the ‘toilet situation’. I can call and call for a member of staff to help me but sometimes I have to wait for a very long time.”** – Quote from a resident.

When asked, this resident who needed assistance with walking said that they were not taken to the toilet on a regular basis, for example before a meal or on their way back to their room, which meant that they were also not able to wash their hands before eating their meals. This ‘toilet situation’ was an issue that was clearly worrying the resident considerably, yet they felt unable to tell the members of staff because they believed that some members of staff **“were a bit harsh”** and they did not want to be considered a nuisance.

- **“The staff are on the go all the time.”** – Quote from a resident.
- **“The bells ring too often.”** – Quote from a family member.

The E and V representatives noted that the call bells appeared to be ringing continuously for long periods of time during the visits.

### **3.5 Activities for Residents**

No activities were underway during the first visit which was during the afternoon from 3.30pm to 5.30pm. E and V representatives were told that some activities were laid on each week but not always well attended. There were activities listed on the notice board, which included:

- exercises
- card games and dominoes
- nail and hair pamper days
- flower arranging (residents are encouraged to arrange the flowers on the dining tables and in the home, and had planted bulbs in containers in the hall)
- cake decorating
- art and crafts
- musical entertainments
- bingo
- trips out
- relatives dogs are allowed to visit the home
- residents are taken out to a local pub or café
- there is an annual trip to Weston Super Mare
- Christmas carol concert with children from a local Brownie pack
- daily newspapers can be delivered for residents
- the home is linking with a local library to ensure that there are talking books available for residents
- there is a mobile shop that is taken round by a volunteer once a week that sells sweets, drinks and toiletries.

When asked about outdoor activities, the manager explained that once the new build was completed landscaping of the grounds would be undertaken and a sensory garden would be developed. Hopefully residents who enjoyed gardening would then make use of the greenhouse. The E and V representatives discussed the use of raised flowerbeds and vegetable beds to make it easy for residents to garden and gave an example where a home had worked with secondary school students to build raised beds as part of their community involvement work in undertaking the Duke of

Edinburgh Award Scheme. E and V representatives also spoke of homes that worked with Growing Support, an organisation that provides a programme of social and therapeutic gardening activities: [www.growingsupport.co.uk](http://www.growingsupport.co.uk)

It was noted that there were few if any listed activities with a focus which would appeal to older gentlemen although the home has a number of male residents.

There was a knitting group that one female resident regretted did not meet anymore.

- **“Nobody asks me what I want to do.”** – Quote from a resident.
- **“There are not many activities.”** – Quote from a resident.
- **“I’m bored.”** – Quote from a resident.
- **“I’m not engaged in many activities here.”** – Quote from a resident.
- **“I’d do more exercises if they had them more than once a week.”** – Quote from a resident.
- **“I don’t think they want you to have any fun here.”** – Quote from a resident.

There was an armchair exercise session being held during the second visit to the home. This was held in a large communal room that overlooked the garden (the communal room furthest from the main entrance). There is just one armchair exercise session a week for about an hour and includes simple exercises such as stretching, ball throwing and co-ordination exercises. This session is run by a volunteer who is self-taught.

The home has links with a local secondary school for ‘Paint Pals’, where residents and students share painting experiences and art projects.

A residents’ survey demonstrated that some would like more outings. This is an issue for the home as they do not own a minibus and to hire one with wheelchair facilities is very expensive. There are not enough staff available who can be spared to take out more than two wheelchair users at a time to the local pub or café. As the home is rather ‘remote’ from major housing areas and schools it is not easy to find volunteers to visit on a regular basis.

The E and V representatives described imaginative activities for older people that they had observed elsewhere and that those that could be permanently established in part of the communal lounge/conservatory furthest from the main entrance; for example, floor standing Connect 4, a small size pool table, floor bowls, and darts.

### **3.6 Person-Centered Care and Residents' Choice**

When asked about vision and values the manager explained that the home's philosophy was that residents should lead lives that were as fulfilled as possible.

E and V representatives observed two large communal sitting rooms, one at each end of the building on the ground floor overlooking the back gardens. Each led into a large conservatory, one of which was situated immediately overlooking the big fishpond. This was plainly the most popular area for residents to sit as it was full of residents and some relatives. The residents were sitting in two straight rows of chairs facing the fishpond, and the chairs in the sitting room leading in to the conservatory were also in straight lines facing a television. The manager explained that the staff try and keep the chairs arranged in small conversation groups but the residents move them in to lines.

A resident told the E and V representatives that the front row of chairs in the conservatory facing the fishpond were much favoured spots to sit and the seats are taken by whoever manages to get there first. It was apparent from other conversations that certain residents always try and sit in the same seats each day, which appears somewhat unfair to residents who are newcomers to the home and are then unable to exercise any choice in where they sit. There was little, if any, conversation between residents facing the fishpond. There was a lively parrot in a cage that said a few words.

It was not clear to the E and V representatives where the call bells were located in the communal rooms/conservatories and residents told them that sometimes they had to wait a long time for a member of staff to come in to the room before they could ask for assistance.

E and V representatives noted the following quotes during conversations with residents about how they are able to exercise some choice about how they live their daily lives:

- **“It’s not perfect, but is as good as you are going to get in a nursing home.”** – Quote from a family member.
- **“The staff are very kind, the care seems good and the place is clean.”** – Quote from a family member.
- **“I don’t get a bath every week.”** – Quote from a resident.
- **“The staff sometimes handle me roughly.”** – Quote from a resident.
- **“We can have a bath whenever we want.”** – Quote from a resident.
- **“I have an all over wash every morning and a bath just once a week. I’d like more baths but I don’t like to ask.”** – Quote from a resident.
- **“I have a bath once a week but a good wash and a fresh clean nightdress on every morning.”** – Quote from a resident.
- **“I am always helped out of bed at the same time every morning, sometimes it’s earlier than I would like.”** – Quote from a resident.
- **“I go to bed when the staff have time to help me, but that is fine.”** – Quote from a resident.
- **“My clothes are washed every day.”** – Quote from a resident.
- **“I’m quite happy here, there are no changes that I can think of.”** – Quote from a resident.

Residents are supported to have access to a general practitioner, a dentist, an optometrist, a chiropodist and to attend hospital appointments.

Residents and relatives, at a recently established relatives/friends meeting, had asked for a visitors’ hot drinks area which had apparently been deemed ‘potentially dangerous for residents’. Relatives and friends are however allowed tea/coffee and biscuits/cakes from the residents’ midmorning/mid-afternoon drinks trollies. The E and V representatives explained that a number of care homes have a sociable café style area where residents and guests are able to make their own drinks and that part of the large communal area/conservatory furthest from the main entrance could be used for this purpose as it appears to be infrequently used and a space with potential to improve residents lives.

At the relatives/friends meeting members of staff had asked for a life history for each resident which 'would help in communicating with them'. E and V representatives would endorse this development as it is crucial to understanding how care can be delivered in a person-centred way.

### **3.7 Nutrition and Hydration**

E and V representatives were not able to view a meal service. However, the kitchen was seen and appeared to be clean and well ordered, very 'spick and span'. There is a large dining room on the ground floor with round tables that seat six people; the tables were ready for mealtimes laid with tablecloths and napkins. There were cold drinks of fruit juice available for residents and visitors to help themselves whenever they wished, although it appeared that hot drinks were served only at set times. The E and V representatives were told that most residents who took their meals in the dining room preferred to always sit at the same table. A number of residents chose to have their meals in their rooms.

- **“Very good food. Good variety and portion sizes about right.”** – Quote from a resident.
- **“The food is very good, always fish on Fridays, sometimes bacon for breakfast, but rarely sausages.”** – Quote from a resident.
- **“The food is good and plentiful.”** – Quote from a resident.
- **“If there is something I don’t like I can always ask for something else.”** – Quote from a resident.
- **“There is a good choice of meals. I might have cereal and poached egg on toast for breakfast, a roast lunch, tea in the afternoon with cake sometimes, supper is soup and sandwich or maybe scrambled egg.”** – Quote from a resident.
- **“I can’t have a hot drink when I want one. I have to wait for when they are brought round.”** – Quote from a resident.

The chef visits the residents to ask about the about the food and to find out about individuals' preferences.

- **“I have a small appetite and the chef does things I like to tempt me to eat. They make me cheese on toast.”** – Quote from a resident.
- **“Sometimes the food is cool when it gets to me.”** – Quote from a resident.

- **“The food has to be pureed and sometimes it can look rather uninteresting.”** – Quote from a resident.
- **“Lots here enjoy the food, me personally I’m not overjoyed, I haven’t got a favourite meal.”** – Quote from a resident.

There was a large ‘help yourself’ fruit bowl in the lounge and soft drink dispensers were in the dining room with a range of fruit juices available for residents and visitors to help themselves.

### **3.8 Discussion with the manager/nurse-in-charge**

E and V representatives had discussions with the manager and the nurse-in-charge about staff knowledge and understanding of falls prevention, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and dysphagia (difficulty in swallowing) and use of liquid oral medication instead of crushing tablets.

E and V representatives were assured about the home’s approach to prevent residents’ slips, trips and falls. Staff ensure that residents have a mobility assessment on admission, that they have their medication regularly reviewed, that they receive Vitamin D and calcium supplements if deemed necessary, that they have the right aids and wear shoes, not slippers, and have regular access to chiropody services. If a resident does have a fall it is reported as an accident, the root causes are looked at and a regular audit is undertaken to look for trends and patterns. Equipment such as hoists are regularly checked and maintained but ferules on aids such as walking sticks and zimmer frames are not checked for ‘wear and tear’.

Discussion about MCA and DoLS elicited that the MCA and the MCA Code of Practice are available for staff and that further staff training is required and going ahead.

The E and V representatives were assured that care assistants would recognise if residents were having difficulty in swallowing and that each resident’s medications are reviewed on a regular basis.

The Patients Association report, titled “Survey of medicines related care of residents with dysphagia in care homes” [October 2015] has found that as many as 50% of residents are affected by swallowing difficulties (dysphagia), which can make tablets difficult or even impossible to swallow. Despite the number of people affected by swallowing problems in care homes, only 10% of the homes surveyed had a specific protocol to guide staff in administering medication to people with dysphagia and only 20% had arranged training in this important area.

## 4. Conclusions and Recommendations

**4.1** This E and V visit found a warm, friendly and caring environment with members of staff seen to be demonstrating good care and understanding of the residents’ needs. The majority of residents and family members expressed satisfaction with the standard of care and the overall quality of the home, although there were a number of concerns raised about the attitude of the night staff.

**4.2** There are a number of recommendations for the home to consider:

- to address some residents’ perceptions that the night staff are abrupt, brusque and uncaring;
- to ensure that activities available include some with a ‘male focus’, some with an outdoor focus (contact [www.growingsupport.co.uk](http://www.growingsupport.co.uk)), and to offer more exercise sessions, in particular activities that support people to maintain their mobility for as long as possible;
- to ensure ferules on walking sticks and zimmer frames are regularly checked and replaced to support falls prevention;
- to ensure that all residents are able to contact a member of staff as and when needed wherever the residents are, and they are responded to in a timely way;
- to consider establishing a café in a communal area for use by residents to encourage socialisation and for their relatives and friends to use with them;
- to ensure that the main entrance is locked and people are unable to gain admission without a member of staff opening the door and that the key code is not visible for safety and security;



- that each resident has a 'life history' developed and that members of staff use such knowledge to help enrich residents daily lives and support person centred care.

## **Disclaimer**

- **This report relates only to two specific visits in January and March 2016.**
- **This report is not representative of all the residents or members of staff (only those who contributed, or chose to contribute, within the restricted time available).**

**Joanna Parker    HWSG volunteer and Lead for Enter and View    March 2016**

## Appendix A

### Enter and View Context and Background

**A. 1** Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. (The activities were confirmed by Section 221(2) of the Local Government and Public Involvement in Health Act 2007, amended in Part 5, section 182(1) to (4) of the 2012 Act). Some of these activities include:

- 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, and;
- local Healthwatch has an additional power to enter and view providers so that matters relating to health and social care services can be observed.

**A.2** In order to enable Healthwatch South Gloucestershire to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear how those services are provided. Organisations must allow authorised representative volunteers to enter and view the nature and quality of the services as long as this does not affect the provision of care, or the privacy and dignity of people using the service.

**A.3** 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 Healthwatch South Gloucestershire to gain a better understanding of local health and social care services by seeing them in operation and talking to the service users, their families/carers and the health and care staff.

**A.4** Enter and view representative volunteers are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to

observe the service, talk to service users, and staff if appropriate, and make comments and recommendations based on their observations and impressions in the form of a report.

**A.5** The enter and view report aims to outline what the authorised representatives saw and heard and make any suitable suggestions for improvement to the service. The report may 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.

## Appendix B

### Enter and View - Aim and Objectives

The aim and objectives of enter and view visits:

#### **Aim**

To find out about residents' lived experience of being in a residential care home or nursing home.

#### **Objectives**

- To undertake two (if possible) separate announced E and V visits on different days of the week
- To visit at two different times of the day for a minimum of two hours for each visit
- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so
- To observe the overall service provided for residents, including any structured activities using a template as an 'aide-memoire'
- To engage residents in conversation about their daily lives in a care home using the template and prompt questions
- If possible to engage residents families and friends in conversation to elicit their views about the service their relative receives
- To produce a report of the findings from the observations and conversations
- To make comments on the findings and make recommendations for change if appropriate
- To share the final report with the care home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission

- To provide an opportunity for the E and V authorised representatives to learn from the process, and test out and refine their methodology for future care home E and V visits.

## Appendix C

### Enter and View Methodology

**A.1** The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made
- how to record the observations
- how to initiate and maintain conversations with residents/their relatives
- what questions were important to ask residents/their relatives
- how to record the conversations with residents/their relatives
- what questions were important to ask members of the care staff
- how to record the conversations with members of staff
- how to collate all the data gathered and write a final report
- ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

**A.2** An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- residents' environment;
- staffing issues;
- activities for residents;
- person centred care;
- conversations with residents;
- conversations with residents' relatives;

- conversations with members of care staff;
- nutrition and hydration;
- residents' choice;
- any other comments or observations.

**A.3** Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a resident, included open questions such as:

- please tell me about your daily routine, for example, food, activities, company and visitors;
- what do you think about the care that you receive?
- how frequently are you able to have a shower/bath?
- how are you helped to have a meal or a drink?
- what sort of activities are you able to enjoy?
- can you please give some examples of choices you are able to make, for example, about television (or radio) being switched on (or off), which channels you can watch/hear, what food you like to eat, how are you able to choose which clothes to wear, getting up/bedtime, going outside into the garden, other 'routines'?
- specifically to ask members of staff caring for people with dementia: what do you do if a resident is continually asking to go home, or asking for their mother?

**A.4** The care home is informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters and leaflets about HWSG are sent to the home in advance so that these can be displayed on notice boards and used to inform residents, their relatives and members of staff about the role of HWSG, the E and V visits, and to encourage relatives to be present during the visits.

**A.5** Each visit takes the form of a series of informal conversations with residents and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on residents. The views of some of the members of care home staff, including nurses, care assistants and ancillary staff, are also sought.

**A.6** All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to residents and explain the purpose of their visit. Some residents are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

**A.7** The data collected are the E and V representative volunteers' subjective observations and notes from conversations with residents, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.

**A.8** Care homes are identified for E and V by:

- following concerns that have been raised about a care home through HWSG;
- using collective knowledge, that is, E and V representatives' knowledge and understanding of care provision across South Gloucestershire;
- placing an emphasis on the care of elderly people with dementia;
- managing a balance of visits to the small family owned care homes, or local/regional providers and large (national) providers of care for older people;
- ensuring a spread of E and V visits across urban, suburban and rural provision;
- seeking a balance between new build specialist provision and older care homes;



- having an emphasis on South Gloucestershire Council priority neighbourhoods.