



Enter and View report

Hawksbury House Care Home

24 June 2016

Contents

| | | |
|-----|---------------------------------|----|
| 1 | Introduction | 3 |
| 1.1 | Details of visit | 3 |
| 1.2 | Acknowledgements | 3 |
| 1.3 | Disclaimer | 3 |
| 2 | What is Enter and View? | 4 |
| 2.1 | Purpose of Visit | 4 |
| 2.2 | Strategic drivers | 4 |
| 2.3 | Methodology | 4 |
| 2.4 | Summary of findings | 6 |
| 2.5 | Results of visit | 7 |
| 2.6 | Additional findings | 13 |
| 2.7 | Recommendations | 13 |
| 2.8 | Service provider response | 15 |



1 Introduction

1.1 Details of visit

| Details of visit: | |
|-----------------------------------|---|
| Service Address | Kellfield Avenue, Low Fell, Gateshead, Tyne and Wear, NE9 5YP |
| Service Provider | Hawksbury House Care Home |
| Date and Time | 24 June 2016 at 1.30pm |
| Authorised Representatives | Jane Kassell, Christina Massey, Fahmi Syeda, Karen Bunston |
| Contact details | Karen Bunston, Healthwatch Gateshead, Davidson Building, Swan Street, Gateshead, NE8 1BG Tel: 0191 4770033 |

1.2 Acknowledgements

Healthwatch Gateshead would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

To conduct an Enter and View Visit to Hawksbury House and talk to residents, family members, staff and managers, in order to find out what opportunities residents are offered during their day to participate in meaningful activities that promotes their health and mental well-being.

2.2 Strategic drivers

- NICE: Mental wellbeing of older people in care homes, Quality Standards, 12 December 2013 -

Quality Statement 1: Participation in meaningful activity.

“Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their family, friends and carers have opportunities to be involved in activities with them when the older person wishes”.



For the purpose of the visit activities may include spontaneous or planned activities and activities that are contributions to daily tasks within the care home.

- Hawksbury House was rated Good in the latest CQC inspection report (published 8 May 2015). The report highlighted that “We observed that people were given lots of choices in how they spend their day, and that staff listened and responded to their wishes”. The report also highlights how regular meetings are held with residents which enabled people to voice opinions and be involved in decision making. Minutes of meetings seen by the CQC inspectors show that people were “encouraged to speak freely and gave their views on issues such as the running of the home, meals, trips and social activities”.

Other strategic drivers identified are:

- Dignity in care (SCIE Guide 15) “Choice and Control”
- Mental wellbeing and older people (NICE Public Health Guidance 16), recommendation 1
- Personalisation: a rough guide (SCIE guide 47).

2.3 Methodology

The Enter and View visit was carried out by a team of Authorised Representatives comprising three trained volunteers who were supported by a member of staff.

Authorised Representatives spoke to a range of people associated with the Care Home:

- Five residents
- One family member
- The Deputy Manager
- Two Care Staff
- A worker who provides administrative support

Prior to the visit the Authorised Representatives held a planning session to agree key themes for discussion tailored to each identified stakeholder. These were directly linked to the purpose of the visit, and were used to provide a framework for discussion with each party. Information was recorded using “capture sheets”

when talking to individuals. Observation themes were also agreed, and observation sheets used to note key points relevant to the purpose.

Authorised Representatives carried out the visit from a lay person's perspective which means they were not considered to have the expertise to know whether a patient has the capacity to give informed consent to having their views represented. To address this, pre visit discussions with the Care Home manager took place and it was agreed that staff would identify and advise Authorised Representatives about any individuals who should not be approached or were unable to give informed consent.

The visit was carried out in a transparent and open manner. We observed activities in communal areas only and spoke to residents identified by the Care Home, a family member and staff.

All Authorised Representatives had pre-prepared explanatory notes to ensure consistent information about the purpose of the visit was given to participants. These were used to give a verbal explanation to participants, and hard copies were also available. It was stressed that people were always could opt out at any point and that information gathered was anonymous.

A brief post visit discussion about the findings was held with the Deputy Manager immediately after the visit.

2.4 Summary of findings

- Staff feedback throughout the visit indicated a genuine desire to provide meaningful activities for each resident.
- Staff understood what meaningful activity was and the benefits to each individual's health and well-being.
- Staff told us how individual activities were linked to care plans which are developed with the individual and their family/carers.
- A strategic decision had been taken to adopt a 'whole team approach' to activity development and provision was described as it was felt this was a more effective way of providing varied activities.
- We observed a number of one to one interactions taking place and accessible resources in the communal areas.
- Timetables of structured activities were displayed on the notice boards and we observed a group arts and craft activity in the communal area.



- The outside area was accessible to residents should they wish to use it.
- Resident and Family engagement is promoted through involvement in developing individual care plans and through Residents Meetings and the "Friends of Hawksbury House" group.

2.5 Results of visit

Hawksbury House is situated in Low Fell and provides residential care for up to 35 older people. It does not provide nursing care. Hawksbury House was rated as Good by the Care Quality Commission in their report dated May 2015. It had also been recently inspected by Gateshead Council and who rated it as a Grade 1 Care Home.

This Enter and View visit was undertaken to explore how the Care Home enables their residents to participate in meaningful activity to support their mental and physical wellbeing.

Organisational commitment to the provision of meaningful activities

Authorised Representatives spoke to the Deputy Manager, two Care Workers and the Secretary of the Care Home.

The discussions with all staff were consistent in terms of a clear commitment to the provision of meaningful activity for the residents. Authorised Representatives were told that there was not a designated activity coordinator and that the whole team are involved in activity provision. This had been a strategic decision taken to enable a varied programme and seven day per week activity provision. We were told that the decision had been taken to re-invest resources in increasing numbers of care staff to provide additional capacity to work with residents both individually and in groups and provide opportunities to engage in meaningful activity. We did hear that one member of staff had a particular interest in this area of work.

All members of staff we spoke to gave a clear and consistent message about what they believed constituted "meaningful activity". They told us it was about having a person-centred approach and tailoring activities taking account of individual choice, interests and respecting diversity. Staff told us that they wanted residents to be enabled to do activities they love, have something to look forward to, have a purpose and sense of belonging and of making a valuable contribution.

They told us how meaningful activities also included helping out with practical tasks and 'housework' within the home. We were told that this was important to some residents and helped them to "feel part of it" and that this type of activity also contributed to supporting resident to "continue with their lifestyle" and routine they had before entering the home.



We heard about a whole team approach and responsibility for developing meaningful activities. When a resident first enters the Care Home a "life history" is devised with the individual and their family in order to determine their individual interests and community based activities they enjoyed. This is the foundation for planning activities meaningful to the individual and for deployment of staff to support activities. Staff talked about having an empathetic approach to working with each individual resident. They told us about how meaningful activities also included helping out with practical tasks within the home as this was important to some residents who wanted to "feel part of it".

Some of the residents we spoke to said they had not been asked about the activities they liked to pursue. One told us that staff suggested activities they may like to do and confirmed that they were supported to participate.

The family member we spoke to confirmed that this did indeed happen when their relative entered the home and that they had been asked a lot of questions about their relative's interests, likes and dislikes. They told us that there were numerous opportunities for their relative to participate in activities, however due to personal preference their relative did not always want to get involved in group activities. As an alternative they preferred to play dominoes or read the paper and this was respected. They did highlight that their relative was always given the opportunity to engage and they themselves were encouraged by staff to get involved.

The relative we spoke to was part of the "Friends of Hawksbury House" group who looked at suggestions for activities, days out and fundraising opportunities. We saw minutes of these meetings displayed on notice board and they were made available to all residents and their family/friends. We heard how they felt it was genuine involvement and not merely 'lip service'.

Provision of meaningful activity

All Staff recognised the benefits of providing meaningful activities. They told us that they believed it had a significant impact on quality of life and their well-being. They also told us that they hoped activities provided opportunities for socialising, gave a sense of purpose, fulfilment and belonging and that they focused on ensuring the individual could continue do things they enjoyed doing. It was apparent that staff felt that each of them had a role to play and a responsibility to provide meaningful activity. We explored the following key themes as part of our interviews and observations.

Resources:

In the communal lounge there were various items in 'rummage boxes' which were seemed to be openly available such as dressing up, hats, items to "touch and feel", a doll and one gentleman who was asleep had a teddy bear. There was a large



screen TV and DVD player which was not on at the time of our visit, and a music player which was playing music.

We heard about how the Care Home have purchased CD players and have a CD library so that individuals can listen to their chosen music in their own room. Staff told us about one resident who had dementia had been provided with an MP3 player and earphones as music was therapeutic for this individual and kept her calm. MP3 players, tablets or other personal choice items are not generally available to residents.

At the time of our visit, four residents were in a small lounge watching a film, and one resident who appeared very engaged told us how much she loved the particular film, whilst the other three people were sitting on the sofa together chatting. We were told that residents were able to watch television any time they wanted to.

One resident also told us that there was a book shelf which was openly accessible. None of the residents we spoke to remembered being taken to the local library.

Environment:

Hawksbury House is situated in a tree lined setting with attractive plantings at the top of a 'prestigious' street. The dining room was attractive and well decorated, with a lovely outlook from its Victorian bay window. The communal lounge was bright, clean, open-plan and well presented with high backed armchairs around the perimeter walls. At the time of the visit the furniture configuration and layout perhaps did not readily support privacy or opportunities for small group or pair activities.

The French Doors to the garden were open and it appeared that residents could freely come and go. There were two residents outside at the time of our visit and one told us how staff apply sun protection and make sure they have a sun hat when they go out and often ask them if they want to go outside (needs support due to mobility). The outside area was flat, accessible, with a mix of paving and grass and there were bird feeders. There was some planting, though it appeared to be not of a sensory nature. We were told by staff that they would provide support to residents to access the outside area if they needed it. We were told that residents would be supported to garden or eat outdoors if they wished, however we did not witness this at the time of our visit.

Two residents we spoke to told us that they had loved gardening at home, and really missed being in the garden and planting.

Individualised activities:

Staff told us that activities provided linked directly to individual care plans and that all staff must be familiar with each residents plan. We heard that agency

staff are very rarely used, there is a high staff ratio and that staff turnover was low which supports continuity in care and individual and group activity provision.

One member of staff told us how individual care plans were a "recipe book". We were told how they gave the history of a person, a bit like a biography, and that this information underpinned all care and support given to an individual. Staff felt that one of their most important person-centred activities was to make time to sit and talk to each resident and actively listen to the person and to spend time with each individual. They reported having received training in body language and active listening techniques to support them in their work.

We heard from a family member that their relative did not always want to go out or participate in group activities. This was respected by staff and the family member still felt as though their relative had opportunities for participating. They told us how they visited five times per week to be with their relative. We later saw the family member in the lounge with her relative who was reading a paper. We were told about a library of books being available to residents.

Staff told us that residents could participate in tasks to support the running of the home. Residents and staff both told us that this was up to the individual if they wished to do so. Staff told us that some residents want to set tables, dust, clean and tidy and actively ask to be involved. We were told that one resident believed she had a 'job' and staff had provided a telephone, paper and pen in her room to support her to do her job. Staff told us that they wanted residents to feel as though it was their home, while two of the residents we spoke to talked about their home as being their own house they had lived in previously. Of the residents we spoke to there appeared to be a very vague grasp of time displayed by some of them.

Staff told us that they informally pick up information about likes and dislikes from residents, families, friends and relevant professionals on an ongoing basis which is used to plan individualised activities. We were told that residents are encouraged to bring lots of personal items for their own rooms and this is used by staff to get ideas of what they would like to do.

We saw evidence of individual support and person-centred activity being provided in the communal lounge. Staff reported that this is particularly important for residents who do not wish to participate in the structured activities. Staff told us that this helps meet the needs of those with particular issues such as physical disabilities. Staff described how there was no pressure to "join in" and that a hand massage or sitting quietly with a resident can also promote wellbeing.

At the time of our visit we saw a member of staff doing one to one hand massage, one was playing dominoes with a resident, one was supporting a resident with touch and exploration (gloves, chiffon scarves etc), one was playing cards and one was supporting someone with reading.



At one point we saw a member of staff showing one person photos of old film stars. Staff also told us about the therapeutic benefits of 'dementia gloves' and a 'dementia doll' in their one to one interactions with residents with dementia. The Care Home is fitted with a loop system for to support residents who have a hearing impairment.

We observed two residents sitting slightly apart from other residents having a private conversation, some residents sleeping and one resident organising a task involving menus.

Structured activities:

We saw a timetable of activities throughout June advertised on the notice board with a range of activities including birthday celebrations, manicures, dance, practical housekeeping skills and film afternoons. Also available were sessions including cake decorating and exercise to music, which we were told are led by local volunteers. Staff and the family member we spoke to told us that family and friends were able to join in as they wished.

At the time of our visit we observed an arts and craft session with an external artist who comes in every three weeks. There were a group of five residents focused and actively participating in this session. A staff member was there to support residents as appropriate and we witnessed this staff member encouraging and supporting another resident to get involved.

Staff told us that they try to provide one "big activity" each day and several smaller ones so that if someone did not want to get involved in the group they had the choice of participating in the smaller activities instead. We heard about and saw evidence of (in the newsletter) Birthday Parties for each resident. Staff told us about film days, exercise classes and trips. This information was consistent with information in the newsletter, however the residents we spoke to had limited recollection of the detail of activities provided. Staff highlighted sing-a-longs as a particularly useful activity, particularly for people with dementia. Staff told us they encourage residents to suggest favourite songs to sing. Staff reported that these singing activities evoked memories and emotions.

Resident and family involvement:

There was evidence of resident involvement in planning and also information distribution to keep residents up to date.

We saw a Summer 2016 Newsletter on the notice board which residents, family and friends could take away. This highlights up and coming events, future projects (for example a Garden Party), community links and projects, a welcome to new residents and staff news.



Minutes of monthly Residents Meetings were available (the last one being held on 26 May 2016). Items discussed included meal times, trips, activities, Equal Arts project, fundraising safeguarding and pocket money.

The Care Home also has a "Friends Of" group made up of residents, family, friends and staff. Minutes of these meetings were also available and the last meeting took place of 18 May 2016. Minutes show that this meeting looks at fundraising, diary dates and activities amongst other things, which is consistent with what the family member we spoke to told us (she is a member of this group).

The family member also reported to us that she felt able to query, question and make suggestions and that when she had done so to the Manager it had always been handled and resolved in an appropriate manner.

Staff advised us that they encourage residents and family members to be involved in identifying things they would like to do. We were told that the Home consistently looks at the changing needs of clients and adapts activities accordingly.

They told us that they ask residents opinions and feedback and use this when planning future activities. It was unclear whether this was done in a formal or informal way and how activities are evaluated to check whether they are continuing to meet the needs of residents.

Local community:

We heard from staff about various group activities taking place in the home. Often these involved the local community for example they work closely with local school children who often visit to sing or put on a play for residents. When reminded of these by a member of staff one of the residents told us how much they enjoyed these activities.

Volunteers also come into the Home to lead sessions as previously described. There is a church service every two weeks, alternating between Church of England and Roman Catholic. Staff advised that if a resident had an alternative faith this would be respected and supported.

We were told about fundraising activities and "open days" that welcome all members of the local community and are advertised in local churches.

The Care Home has a named GP from a local practice and every Wednesday a GP visits the Home and sees residents as appropriate. There is no charge for this. Some residents elect to stay with their existing GP (if still in their catchment area).

Staff, a family member and residents talked about resident's trips and local community based activities. Staff told us these were often undertaken with six or seven residents at a time as by keeping groups small they are able to dedicate more one to one time with each resident.



Activities highlighted included trips to Saltwell Park, cinema and theatre, the Sage and Shipley Art Gallery. On a smaller scale staff talked about supporting residents to access the pub and cricket matches (particularly the four male residents) and visits to Clay's garden centre, coffee shops and local shops. One resident goes shopping locally on her own as does not require support. Some of the residents we spoke to talked about enjoy these activities while others said they mostly went out with their family or did not get the opportunity to participate in activities outside of the home. The family member advised us that their relative had previously been involved in these activities however did not want to be involved currently due to ongoing health issues.

Overcoming barriers:

We spoke to staff about how they overcame barriers and supported and enabled residents to partake in meaningful activity. We were told about how all staff have a responsibility for this and that the "high staff ratio" enables effective one to one support to be given. Managers ensure that a strategy is in place to ensure that each client is allocated adequate staff time to undertake activities.

One of the barriers highlighted was the lack of accessible taxis early morning and late afternoons due to school driving contracts. This had limited what the care Home could offer in terms of afternoon activities. In order to overcome this all community based activities happened between 11 and 2 to ensure there is sufficient accessible transport available for all residents who wish to participate.

Finance is also a limiting factor and this is why the Care Home established a Friends Of group to support and facilitate fundraising. The Care Home has a "Social Fund" administered by this group which is used to finance activities based on resident and family feedback. Volunteers also provide both a link to the local community and also low cost group activities.

2.6 Additional findings

There are no additional findings to report.

2.7 Recommendations

1. You may wish to increase the use of the outside area as a way of engaging residents in meaningful activity. We were told by some of the residents we spoke to that they really missed gardening as it had been an activity they enjoyed at home. The outside area could provide an additional opportunity for individualised activity, even though space is limited. An additional raised beds, sensory planting and planters could offer low-cost opportunities to support additional resident engagement. The introduction of a shade or parasol may also be useful. Further



development of the outside area may also provide an opportunity to involve partner agencies and/or the local community.

2. It may be worth considering making MP3 players available to all residents. Individual preference could be supported by staff working with each individual (who wishes to do so) in order to identify music they enjoyed and to compile a personal 'playlist'. In this way individuals would have access to their own personal choice of music whenever and wherever they wanted to. Similarly, it may also be worth exploring whether the use of e-readers would be appropriate in order to increase personal choice and availability of reading material.

3. You may wish to review the seating configuration in the communal lounge to explore the potential for providing a small number of "cosy" seating areas, in order to support resident interaction and engagement for those who would prefer the option to sit in a quieter area whilst still feeling part of the group.

4. We were told that Christianity was the only religion practiced by the current residents and that should a resident have another religion or spiritual belief this would be supported, it may be useful to consider and plan how this would be achieved.

5. It may be useful to put in place a mechanism to capture all residents views and feedback about the activities available, in order to evaluate their impact and to test whether they truly are 'meaningful' as outlined by NICE (please see 2.2 for the full quality statement regarding meaningful activities).

6. It may also be worth exploring examples of good practice which provide a way of measuring the emotional well-being of residents when they first come to live in the home and then periodically, to ensure that activities provided continue to support each individual's needs and preferences.



2.8 Service provider response

A strategic decision was made by management to ensure that the provision for meaningful social activities is maximised by using external agencies and care staff on a weekly basis to provide activities that are relevant to the people that live in the care home. In the view of the management this is an effective manner to provide a varied, exciting and interesting programme of opportunities to the people who live at the care home. Daily extra staff hours are dedicated to provide extra support for residents and their activities of choice. The management of the care home recognise that the well being of the people who live at the care home is paramount. That engagement, fulfilment, choice and independence will all enhance the self esteem of the people at the home. A happy client is a well client.

Every effort is made to gain the views and suggestions from residents and their representatives. This can be challenging to staff to gain an evaluation due to the fact many of the residents have a degree of Dementia. Evaluation and reviews are obtained by several methods, a quality assurance system that involves residents, visitors, staff and visiting professionals. Regular residents meetings and meetings with the Friends of Hawksbury House are held bi monthly to gain views on social activities and to plan future events.

Individual care reviews are completed to listen to residents views and ideas and to evaluate if the person centred approach is working or whether it needs to be changed with regard to care needs and social activities.

On a usual weekly basis external agencies are commissioned to provide different activities and bring different skills to the care home:

An exercise class

A cookery session

A luncheon club at a local church

An artist session, every third week

An entertainer

Also every two weeks there is a church service at the care home or a coffee and hymns at a local church.



On a daily basis, each afternoon care staff have allocated time to engage with residents and follow a daily programme of activities.

The care home aims to provide each resident a monthly trip out of the care home, to a place of their choice. This is recorded and monitored to ensure the aim is met.

Each resident is given the opportunity to celebrate their birthday in a manner of their choice, for example a party with an entertainer, a trip out or undertaking an activity of choice.

With regard to resources available:

A daily newspaper is delivered to the care home for the people at the home to read. Several residents have their own newspaper delivered for personal reading. The report seems to contradict itself saying that no evidence of a newspaper but a visitor was seen with her relative reading the paper. A library of Dementia friendly books are available in the lounge area. A library of large print books are available.

A large touch screen computer is situated in the Heathfield lounge for residents use. Staff also use this resource with a resident, often as a tool for reminiscence.

With regard to the recommendations:

A raised flower bed is available for a resident use. The flowers planted in the raised flower bed were planted with several residents during an activity session.

There are 2 parasols available to provide shade for residents, they must not have been visible on the day of inspection, they are kept in the garden shed when not required, as they are a safety hazard in high winds so are only brought out when required. There are two garden benches strategically situated permanently next to the building wall which are constantly in the shade.

There is a mechanism for evaluating resident views and feedback about social activities as detailed above, via care reviews.

There is a form that staff complete with a resident. It is filed in the care plan. It describes what is a good day or a bad day for a resident. This enables staff to



understand what is a good experience for a person and what is not and how a person likes to spend their time.

Many thanks for conducting the inspection and writing the report. Staff present at the inspection were complimentary about the manner in which the visit was conducted by the inspectors.