



Bath and North East Somerset Local Involvement Network

Report to B&NES Wellbeing Policy Development & Scrutiny Panel, 27 July 2012

1. The LINK's Host Organisation

Following the Council's decision to re-commence its tendering process for a Local Healthwatch organisation, Scout Enterprises, the LINK's Host organisation for the past four years, has been asked to extend its contract until 31 October 2012 to allow time for a fresh tendering process to be run.

2 B&NES Cancer Services User Group for RUH

Members of the LINK are keen to see the setting-up of a Cancer Services User Group for RUH patients, and have been exploring this possibility for several months. On approaching the RUH, they received the response that the Trust did not see any need for such a group, since there are already other groups in existence that provide feedback on cancer services users' experience and needs. The LINK feels that the Trust is confusing the purpose of these existing groups with the purpose of a Cancer Services User Group, which is to provide mutual support for patients undergoing treatment. We are currently pursuing this issue for RUH patients through other channels.

3. Transition from Children's to Adults' Care in B&NES

The LINK has received concerns from a severely disabled service-user's family about the serious problems they have experienced in the transition for that service-user from services provided to children to those provided to adults. They are anxious that their experience, and that of their many friends in similar situations, should be used to improve this very important transition process, which can be the cause of many serious problems. The LINK has agreed to undertake a project to look at this area, and is going to meet with the family in the near future to discuss their experiences and the best way to take this work forward to include the experiences of as many similarly placed service-users as possible.

4. LINK's Visits to Care Homes in B&NES

The LINK has conducted a short series of visits to care homes in B&NES, and has now finalised its report on this. The Report is attached as an Annex to this paper for the Panel's information, and the LINK's Deputy Chair, Jill Tompkins will present this to the Panel.

Diana Hall Hall
Chair, B&NES Local Involvement Network
17 July 2012



Bath and North East Somerset Local Involvement Network

Visits to Residential Homes in BANES- February to June 2012

It was decided in response to conversations with our members, the public, and other interested parties that quite often difficulty was experienced when the need arose to find a suitable residential place for an elderly person.

As some of the members of BANES LINK have been trained in the “enter and view” procedure we set up a group to plan a series of visits to homes in the BANES area. The programme was based on being able to familiarise ourselves with what was being offered to prospective residents and their families.

We chose homes of similar size that were on different locations that would give choices to meet the varying needs of the elderly clients. Every establishment made us welcome. The families and friends of residents came to talk to us. We had a great rapport with everyone.

The facilities clearly varied. All of them were clean and well kept. The residents, whenever possible, were included in any replanning, choice of decorations and the homes made it as homely as was practicable.

We would like to thank all the staff for making us welcome, and we never felt that we were on their way.

It is hoped that in the not too distant future we will be able to visit other providers to add to our portfolio, and trust that this is seen as a positive piece of work by the Council.

Jill Tompkins
Vice Chair, B&NES Local Involvement Network
July 2012



Report
on
Bath & North East Somerset LINK's
Visit to Cleeve Court Care Home, Twerton, Bath

24 February 2012

Cleeve Court Care Home Visit Report

24 February 2012 at 10.30 am

Address of Care Home:

Bath Community Resource Centre
Cleeve Green'
Twerton,
Bath BA2 1RS

1. Background to Visit

- 1.1 The Bath & North Somerset Local Involvement Network (“LINK”) decided to conduct a series of visits to care homes in Bath & North East Somerset. Although the LINK has formal, statutory powers (given under Part 14 of the Local Government and Public Involvement in Health Act 2007) to “enter and view” any premises in which health or social care is provided, it decided to conduct these visits on an informal basis, rather than invoke these powers.
- 1.2 The purpose of the visit was to acquire an overview of the services that are provided by talking to the residents, their carers and the home’s staff. The areas of care that we decided to focus on were:
 - Independence, choice and flexibility for residents;
 - Facilities and activities available;
 - Dignity, respect and privacy of residents;
 - Management, staffing, medicines, GP care, etc;
 - Communication
 - Involvement of Carers;
 - Engagement with the local community.
- 1.3 The LINK’s Host (its support organisation) contacted the manager of the home prior to the visit, to inform him of the LINK’s wish to informally visit the home, to explain the purposes of the visit, and to advise him of the number and identity of visitors. We asked him to send us some information on the home in advance of the visit, and he sent us the *Sirona* prospectus provided to prospective residents and their families.
- 1.4 The LINK visitors were the B&NES LINK Deputy-Chair Jill Tompkins, LINK Committee Member Pat Jones, and Host Manager Mike Vousden. They carried out their announced and informal visit to Cleeve Court on Friday 24 February at 10.30am.
- 1.5 We met with Shaun Lock the home manager, and Yvonne Case the incoming home manager, who would be taking over management from 25 February. On arrival, we were welcomed and asked to sign in.

2. Overview of Cleeve Court Care Home: information we were given

- 2.1 Cleeve Court is a care home situated within the Bath Community Resource Centre in Twerton, which opened in 2007. It is spread over two floors - the first and the second floors of a building which has a Day Centre on the ground floor.
- 2.2 Cleeve Court, like the overall Resource Centre, is provided and run by *Sirona*, a new Community Interest Company, under contract to Bath & North East Somerset Council. The company was formed in October 2011 as an independent non-profit distributing organisation providing publicly-funded health and social care services. *Sirona* is responsible for the delivery of the community healthcare and adult social care services previously provided by Bath & North East Somerset PCT and Council respectively.
- 2.3 The home is registered for 45 residents over 50 years of age. The second floor provides 20 places for people who are frail, and the second floor has 25 places for people diagnosed with dementia. There are also two places for the provision of residential respite care for people living in the community. All rooms have *en suite* toilet and washing facilities, and resident-couples can be

accommodated in adjacent, connected rooms which they can use as a separate living room and bedroom. The youngest resident at present is 45 years, and the home always has a waiting-list of would-be residents. There is no upper age-limit for residents, provided that their needs can be met at the home.

- 2.4 We asked about the independence and self-determination of residents, and we were told that they are free to bring their own furniture and belongings to furnish their rooms, and to spend as much time in their rooms as they wish. Meals are taken to residents' rooms if they wish to have them there. Residents who are safe to do so, may come and go from the home as they please. Residents are not allowed to smoke in their rooms, or anywhere else inside the home. There is a small open-air smoking area directly accessible from inside the home.
- 2.5 Hairdressing is provided at the home in a dedicated salon: this service is chargeable to residents. Chiropody is available on the same basis.
- 2.6 Residents are encouraged to pursue activities that interest them, and there is an Activities Room on the ground floor of the building. There is an Activities Coordinator who works for three hours daily on weekdays. Some activities, such as quizzes, bingo and reminiscence groups are held in the lounge and Activity Room.

3.0 Staffing of Cleeve Court

- 3.1 Overall staffing consists of:

- Manager
- 8 Senior Support Workers
- 60 Support Workers
- 12 Night Support Workers
- 9 Housekeeping Assistants
- 4 Catering Assistants
- 3 Cooks

The level of staffing is assessed on a monthly basis. We were told that staff-retention is very good, and that all speak good English, with all but one being a native English speaker.

- 3.2 We were told that training is given to staff to a high standard, through a mandatory general training package, together with some more specific training (eg, for dementia care). Some of the staff are trained in medicine administration.

4. Visitors and Relatives

- 4.1 Visiting is allowed at any time acceptable to residents. Visitors are welcome to eat with their relatives if they are there during mealtimes (a small charge is made for this).

5. Observations of the LINK Visitors during Visit

- 5.1 We met a number of staff during our visit, and were able to note their professionalism.



Report
on
Bath & North East Somerset LINK's
Visit to the Heather House Care Home,
Batheaston, Bath

1 February 2012

Heather House Care Home Visit Report

1 February 2012 at 10.30 am

Address of Care Home:

Heather House Nursing Home
Bannerdown Road
Batheaston
Bath BA1 7PL

1. **Background to Visit**

- 1.1 The Bath & North Somerset Local Involvement Network (“LINK”) decided to conduct a series of visits to care homes in Bath & North East Somerset. Although the LINK has formal, statutory powers (given under Part 14 of the Local Government and Public Involvement in Health Act 2007) to “enter and view” any premises in which health or social care is provided, it decided to conduct these visits on an informal basis, rather than invoke these powers.
- 1.2 The purpose of the visit was to acquire an overview of the services that are provided by talking to the residents, their carers and the home’s staff. The areas of care that we decided to focus on were:
 - Independence, choice and flexibility for residents;
 - Facilities and activities available;
 - Dignity, respect and privacy of residents;
 - Management, staffing, medicines, GP care, etc;
 - Communication
 - Involvement of Carers;
 - Engagement with the local community.
- 1.3 The LINK’s Host (its support organisation) contacted the manager of the home prior to the visit, to inform him of the LINK’s wish to informally visit the home, to explain the purposes of the visit, and to advise him of the number and identity of visitors. We asked him to send us some information on the home in advance of the visit, and he sent us the brochure provided to prospective residents and their families, and also the *Statement of Purpose* of its proprietorial company (Blanchworth Care Group).
- 1.4 The LINK visitors were the B&NES LINK Deputy-Chair Jill Tompkins, LINK Committee Member Pat Jones, and Host Development Worker Carole Pullen. They carried out their announced and informal visit to Heather House on Wednesday 1st February at 10.30am.
- 1.5 We met with Sally Bushell Operations Manager for Blanchworth Homes, and were introduced to Lorna Flick, Manager Heather House and Jason, Clinical Manager Heather House. They were expecting us, and made us feel very welcome. We were asked to observe the routine of signing-in.
- 1.6 In the introductory discussion, the Home’s managers emphasised that Heather House is the residents’ home, and that the focus of care is on facilitating the residents to make their own choices, on fostering the residents’ life skills and preferred life-styles, and on encouraging them and helping them to act in their own best interest. Choice was always mediated by risk assessment by staff.
- 1.7 Sally explained that the Blanchworth Care Group have homes in many areas, and cater for various types of resident-funding. Heather House has both self-funded and local authority funded residents. Some residents could be eligible for NHS Continuing Healthcare funding of all their nursing and residential needs.
- 1.8 Sally confirmed that all Care quality Commission visits to the home had been unannounced visits. Inspections by the Local Authority are normally pre-announced, and are usually carried out by social workers coming in to carry out annual reviews on care plans etc; however to Sally’s knowledge there had not been any Local Authority visits.

- 1.9 The LINK visitors requested a copy of the pro-forma Care Plan document, and were provided with a copy to take away with them.

2. Overview of Heather House Care Home: information we were given

- 2.1 Heather House has dual registration with the Care Quality Commission for provision of both Personal (“Residential”) and Nursing care.
- 2.2 Heather House is registered for a maximum of 36 residents, with 28 single rooms and 4 double rooms. When we visited there were 21 residents.
- 2.3 This is a General Care home, not able to take dementia residents, although have residents with “confusion”
- 2.4 Have to meet the residents’ needs: all residents have ongoing assessments for care and mental health.
- 2.5 Not registered for dementia.
- 2.6 All residents come to the home initially on a 4 week trial basis, and are assessed individually to ensure their needs are being met.
- 2.7 Residents have access to a local advocacy service.
- 2.8 All residents are required to register with a GP. The home has a contract with a local GP.
- 2.9 There is a number-coded door entry system

3.0 Staffing of Heather House

- 3.1 The Home Manager, Lorna Flick, is a dignity champion, and is fully qualified.
- 3.2 Clinical Manager, Jason, has been at Heather House for 8 months, is fully qualified and has specialist mental health training.
- 3.3 The staff are from multi cultural backgrounds.
- 3.4 At interview, applicants must be able to read and speak English
- 3.5 There are two day-time shifts for morning and afternoon, with five members of staff on each. For the night-shift, one nurse plus one other carer are on duty.
- 3.6 There is a recently-appointed activity co-ordinator, who is also a senior care assistant at the home. The activity co-ordinator will liaise with the residents on how they would like things run.
- 3.7 To cope with fluctuations in resident numbers, agency staff or staff from other homes within the Company can be brought in. The balance of staff and resident numbers is monitored by the Manager.
- 3.8 There are regular communication/staff meetings.
- 3.9 There is an external training co-ordinator for all staff.
- 3.10 All staff have to attend an induction programme, usually at St Martins Hospital training centre.
- 3.11 In-house training for “end-of-life” is provided by Dorothy House, and all staff are required to have this training
- 3.12 There is an ongoing training programme for all staff.
- 3.13 Each member of staff has a yearly Appraisal and approximately twelve Supervision sessions (CQC require 6 supervisions per year)

4. Visitors and Relatives

- 4.1 Visitors are offered refreshments during their visit and can stay for a meal although this is chargeable.
- 4.2 If visitors have travelled a distance then if a room is available they are able to stay overnight at no extra cost.
- 4.3 A relatives meeting is held every 3 months.
- 4.4 Relatives are actively involved in the care planning process which starts at the initial assessment. A care plan is subsequently drawn up and agreed by the relatives and the residents.

5. Observations of the LINK Visitors during visit

- 5.1 The rooms viewed were very nice light rooms, there was a separate dining room, a communal lounge and a “quiet” room.
- 5.2 There was a choice of menu and residents can have their meals in their own rooms if they so wished. Lunch is usually served from 12pm.
- 5.3 There were quite a lot of steps, however alternative routes were available.
- 5.4 The staff were friendly and approachable.
- 5.5 An activities board is displayed in the foyer.
- 5.6 A refreshment trolley is regularly brought round.
- 5.7 Visitors are welcomed.
- 5.8 Pets are allowed to visit.
- 5.9 There is a chiropodist and hairdresser who regularly visit.

6. Reflections of the LINK Visitors after the Visit

- 6.1 LINK visitors were made to feel very welcome and the staff spent time answering our questions.
- 6.2 We were able to wander freely, talk to the residents and have access to the kitchen area.
- 6.3 From the rooms viewed there didn't appear to be shower facilities (this was subsequently clarified by telephone that there are showers available).
- 6.4 The overall feeling was that the residents were safe and cared for and there was adequate staffing and they came across as passionate and caring.
- 6.5 It was felt that the garden needed a little attention.
- 6.6 Some of the internal steps were quite steep and could cause a problem for those less able.
- 6.7 It was a very positive informal visit.



Report
on
Bath & North East Somerset LINK's
Visit to the Smallcombe House Care Home,
Bathwick Hill, Bath.

20th March 2012

Smallcombe House Care Home Visit Report
20th March 2012 at 10.30 am

Address of Care Home:

Smallcombe House
Oakwood Gardens
Bathwick Hill
Bath BA2 6EJ

1. Background to Visit

- 1.1 The Bath & North Somerset Local Involvement Network (“LINK”) decided to conduct a series of visits to care homes in Bath & North East Somerset. Although the LINK has formal, statutory powers (given under Part 14 of the Local Government and Public Involvement in Health Act 2007) to “enter and view” any premises in which health or social care is provided, it decided to conduct these visits on an informal basis, rather than invoke these powers.
- 1.2 The purpose of the visit was to acquire an overview of the services that are provided by talking to the residents, their carers and the home’s staff. The areas of care that we decided to focus on were:
 - Independence, choice and flexibility for residents;
 - Facilities and activities available;
 - Dignity, respect and privacy of residents;
 - Management, staffing, medicines, GP care, etc;
 - Communication
 - Involvement of Carers;
 - Engagement with the local community.
- 1.3 The LINK’s Host (its support organisation) contacted the manager of the home prior to the visit, to inform her of the LINK’s wish to informally visit the home, to explain the purposes of the visit, and to advise her of the number and identity of visitors. We asked her to send us some information on the home in advance of the visit, and she sent us the brochure provided to prospective residents and their families, and also the *Statement of Purpose* for the Service Provider (The Salvation Army).
- 1.4 The LINK visitors were the B&NES LINK Deputy-Chair Jill Tompkins, LINK Committee Member Ann Harding, and Host Development Worker Carole Pullen. They carried out their announced and informal visit to Smallcombe House on Tuesday 20th March at 10.30am.
- 1.5 We met with Mrs Ena Caddy, Care Home Manager, Smallcombe House who was expecting us, and made us feel very welcome.
- 1.6 In the introductory discussion, the Home manager emphasised that Smallcombe House is the residents’ home, and that the focus of care is on facilitating the residents to make their own choices, on fostering the residents’ life skills and preferred life-styles, and on encouraging them and helping them to act in their own best interest. Choice was always mediated by risk assessment by staff. Smallcombe House aim to provide residential care for older people within a Christian environment. The home is a non profit organisation.
- 1.7 Ena explained that the Salvation Army have 17 care homes across England, Scotland and Northern Ireland and cater for various types of resident-funding. Smallcombe House has both self-funded and local authority funded residents.
- 1.8 Ena confirmed that all Care Quality Commission visits to the home had been unannounced visits. The Salvation Army also conduct their own yearly inspection, a copy of the most recent inspection report and inspection toolkit was given to the LINK visitors. The Salvation Army also carry out monthly monitoring visits, a copy of the latest report (14/3/2012) was given to the LINK visitors.

- 1.9 The LINK visitors requested a copy of the Care Plan Diary and were provided with a copy to take away. (Ena informed us that these are going to be computerised shortly).

2. Overview of Smallcombe House Care Home: information we were given

- 2.1 Smallcombe House is registered with the Care Quality Commission for provision of Residential care without nursing.
- 2.2 Smallcombe House is registered for a maximum of 32_residents. There are 32 single rooms; some have interconnecting doors which would be suitable for couples. When we visited there were 26 residents, of those, currently 17 are private and 9 local authority. Fees received from the LA are less than private, the Salvation Army subsidise the difference. If there are empty rooms, Smallcombe House will offer respite care as long as residents meet the criteria.
- 2.3 This is a General Care home for older people aged 65 and over, a service is provided for people with short term memory loss, and early stages of dementia.
- 2.4 All residents come to the home initially on a 4 week trial basis, and are assessed individually to ensure their needs are being met. This period can be extended if needed.
- 2.5 All residents are required to register with a GP. The home has good support from their House GP who holds a monthly surgery at the home if required.
- 2.6 Residents are not allowed to drink as the home is not covered on insurance for alcohol consumption. Residents can only smoke in the patio area outside.

3.0 Staffing of Smallcombe House

- 3.1 The Home Manager has worked at Smallcombe House since 1999 and lives on site.
- 3.2 The home is currently undergoing a staff restructure; LINK visitors were given an updated Statement of Purpose (dated 19/3/2012) which details the new streamlined structure to be implemented with effect from 1/4/2012. Ena advised there are currently staff vacancies; this is partly due to a change in the shift work patterns.
- 3.3 There is a part time (Monday-Friday) activity co-ordinator, at the home. The activity co-ordinator will liaise with the residents on how they would like things run.
- 3.4 To cope with fluctuations in resident numbers, agency staff can be brought in. The balance of staff and resident numbers is monitored by the Manager.
- 3.5 There are regular communication/staff meetings and a staff room is available.

- 3.6 All staff have to attend an induction programme; a copy of the Staff Induction Programme was given to the LINK visitors.
- 3.7 Ongoing staff training is done through the Age Care Chanel/ (part of Age UK) via DVD;s and workbooks.
- 3.8 Each member of staff has a yearly Appraisal, and Supervision sessions every 6-8 weeks (CQC require 6 supervisions per year). The Care Home manager has monthly supervision.

4. Visitors and Relatives

- 4.1 Visitors are offered refreshments during their visit and can stay for a meal although this is chargeable.
- 4.2 If visitors have travelled a distance then if a room/flat is available they are able to stay overnight at a small fee. If the resident is in an “end of life” position, then families are not charged.
- 4.3 Relatives are invited to the quarterly house meetings.
- 4.4. If a resident does not wish to see a visitor then the visitor is told the time is not convenient.

5. Observations of the LINK Visitors during visit

- 5.1 The residents en suite rooms viewed were basic furnished rooms (residents can bring their own furniture if they want to as long as it is fire compliant, they are also encouraged to decorate their room to their individual taste).

There is a separate kitchen on each floor which families are able to use and two bathrooms on each floor with hoist facilities (this may change to “wet rooms” in the future). Baths can be taken every day but staff assistance would be needed.

The home has a separate dining room, a communal lounge and a “quiet” room, a medical room, and a room which is used by the Hairdresser who visits once a week.

There is a laundry room (all personal laundry, towels, etc is done on the premises as long as the item is named).

There is a small outside patio area.

Residents can have a telephone point in their room at their expense and will have to

cover any installation charges. Mobile phones are permitted.

- 5.2 Ena advised after consultation with the residents their families, staff and other Salvation Army care homes that the homes now use external contract caterers “Apetito” who provide frozen food for care homes. LINK visitors were given an “Apetito” brochure and a copy of the menu choices chart for the next two weeks.

Meals can be taken in the residents own room if they so wish.

- 5.3 An activities board and newsboard is displayed in the foyer. There is also a kitchen club where residents can cook.
- 5.4 A refreshment trolley is regularly brought round.
- 5.5 Visitors are welcomed although preferably not around lunchtime.
- 5.6 LINK visitors were advised that staff sometimes bring their dogs in but it is not encouraged for residents to bring in their own cat or dog as it may cause a risk to other residents.
- 5.7 The dining room is painted a bright yellow which we were informed is in line with dementia guidelines and encourages stimulation.
- 5.8 There is a shop trolley with a plan to turn an unused space into a proper shop.
- 5.9 Ena advised that the home pride themselves in “end-of-life” care and dignity in care. They work closely with the GP’s and have an end-of-life pathway policy.

6. Reflections of the LINK Visitors after the Visit

- 6.1 We “the LINK” were made to feel very welcome and the Home Manager spent time answering our questions.
- 6.2 The home was difficult to locate, and the main entrance to the home was difficult to access from the main road (Bathwick Hill). There was limited parking outside.
- 6.3 Unfortunately, due to time, there wasn’t an opportunity to talk with residents and staff.



Report
on
Bath & North East Somerset LINK's
visit to the Charlton House Care Home,
Keynsham Community Resource Centre,
Hawthorns Lane, Keynsham, Bristol.

9 May 2012

Charlton House Care Home Visit Report
9th May 2012 at 10.30 am

Address of Care Home:

Charlton House Care Home
Keynsham Community Resource Centre
Hawthorns Lane
Keynsham
Bristol BS31 1BE

1. Background to Visit

- 1.1 The Bath & North Somerset Local Involvement Network (“LINK”) decided to conduct a series of visits to care homes in Bath & North East Somerset. Although the LINK has formal, statutory powers (given under Part 14 of the Local Government and Public Involvement in Health Act 2007) to “enter and view” any premises in which health or social care is provided, it decided to conduct these visits on an informal basis, rather than invoke these powers.
- 1.2 The purpose of the visit was to acquire an overview of the services that are provided by talking to the residents, their carers and the home’s staff. The areas of care that we decided to focus on were:
 - Independence, choice and flexibility for residents;
 - Facilities and activities available;
 - Dignity, respect and privacy of residents;
 - Management, staffing, medicines, GP care, etc;
 - Communication
 - Involvement of Carers;
 - Engagement with the local community.
- 1.3 The LINK’s Host (its support organisation) contacted the manager of the home prior to the visit, to inform her of the LINK’s wish to informally visit the home, to explain the purposes of the visit, and to advise her of the number and identity of visitors. We asked her to send us some information on the home in advance of the visit, and she sent us the *Sirona* prospectus provided to prospective residents and their families
- 1.4 The LINK visitors were the B&NES LINK Deputy-Chair Jill Tompkins, LINK Committee Member Veronica Parker, and Host Development Worker Carole Pullen. They carried out their announced and informal visit to Charlton House Care Home on Wednesday 9th May at 10.30am.
- 1.5 We met with Sue Breakah, The Registered Manager, Charlton House who was expecting us, and made us feel very welcome.
- 1.6 In the introductory discussion and tour of the Centre, the Registered Manager emphasised that Charlton House is the residents’ home, and that the focus of care is on facilitating the residents to make their own choices, on fostering the residents’ life skills and preferred life-styles, and on encouraging them and helping them to act in their own best interest.
- 1.7 The LINK visitors asked to see a Care Plan and arrangements were made to view a plan for a Dementia Resident and a General Nursing Resident.

2. Overview of Charlton House Care Home: information we were given

- 2.1 Charlton House is a Care Home situated within the Keynsham Community Resource Centre in Keynsham which opened in 2008. It is spread over three floors - a Day Centre, assisted bathroom, main kitchen and laundry is on the ground floor. Floor one cares for people with dementia and floor two cares for older, frail people. The home is predominately social services funded

- 2.2 Charlton House, like the overall Resource Centre, is provided and run by *Sirona*, a new Community Interest Company, under contract to Bath & North East Somerset Council. The company was formed in October 2011 as an independent non-profit distributing organisation providing publicly-funded health and social care services. *Sirona* is responsible for the delivery of the community healthcare and adult social care services previously provided by Bath & North East Somerset PCT and Council respectively.
- 2.3 The home is registered for 30 residents over 50 years of age. The first floor provides 15 places for people diagnosed with dementia, and the second floor has 15 places for people who are frail and require general care. (We were advised that there are 14 permanent beds on each floor and a further bed on each floor is for respite). Both floors have an assisted bathroom. All rooms have *en suite* toilet and washing facilities/wet room, and resident-couples can be accommodated in adjacent, connected rooms which they can use as a separate living room and bedroom. All rooms are full at present; the home always has a waiting-list of would-be residents.
- 2.4 We asked about the independence and self-determination of residents, and we were told that they are encouraged to make their room homely and bring their own furniture and belongings to furnish their rooms, and to spend as much time in their rooms as they wish. Residents are not allowed to smoke in their rooms, or anywhere else inside the home. There is a small open-air smoking area directly accessible from inside the home. Small pets such as birds are allowed and dogs can visit. The home is very person centred and flexible towards the residents needs.
- 2.5 The Resource Centre emphasises its community provision and sharing of facilities, it is well utilised.
- Age UK come in regularly and offer a free toe nail clipping service. There is a large assisted bathroom available to the community and their carers at a current cost of £5.00.
- Hairdressing is provided at the home in a dedicated salon: this service is chargeable to residents and members of the Community, Chiropody is available on the same basis.
- The home works with "Project Search" (The project helps disabled people secure and keep permanent jobs. It is particularly suited to people with moderate and severe learning disabilities or autism, and others who can benefit from partnership working to help them into work). The visitors met one young lady on this project who was working in the laundry room alongside a permanent member of staff.

3.0 Staffing of Charlton House House

Overall staffing consists of:

- Manager
- 7 Senior Support Workers
- 20 Support Workers
- 9 Night Support Workers
- 5 Housekeeping Assistants
- 5 Catering Assistants

3 Cooks
Centre Administrator
Handy Man

- 3.1 The level of staffing is assessed on a monthly basis, agency staff are used if needed although they have a good team of casual staff that would be contacted first. We were told that staff-retention is very good.
- 3.2 The staff room was viewed and there was a staff suggestion board which was clearly being used with positive ideas on how services can be improved. Sue pointed out that it was really important to encourage staff to come up with ideas which the Care Manager can, if appropriate, take forward. It is about staff involvement and staff ownership and encouraging staff to take responsibility.
- 3.3 Small scale staff meetings are held every 6-8 weeks (the Seniors on each floor have a meeting then this is disseminated to their staff in a separate meeting). All staff-members have a joint meeting every quarter. Staff have individual one-to-ones every 4-6 weeks and an annual appraisal. The Manager is keen on staff development and support workers "act up" if appropriate. There is a staff training matrix and all staff information is stored on a computer "Excel" spreadsheet.
- 3.4 Staff are around 24/7 and staff handovers are done via e-mail, Seniors on both floors have access to the information, this can also be picked up at anytime via the Home Manager's Blackberry.
- 3.5 All staff receive an induction programme, this includes mandatory training such as Health and Safety and forms part of the diploma criteria.
- 3.6 Some of the staff take part in the Health Initiative funded by BANES Council, the main objective being to keep the health force healthy, and many staff have been very successful at losing weight through the Slimming World Diet Plan.
- 3.7 Sue informed us that the home has close links with the local Wellsway School. A level Health and Social Care students come in every Wednesday as part of their course, thus gaining valuable real life experience.

4. Visitors and Relatives

- 4.1 Visiting is allowed at any time acceptable to residents. Visitors are welcome to eat with their relatives if they are there during mealtimes (a small charge is made for this).
- 4.2 There is a relatives group and relatives meeting are held every quarter. Sue confirmed that it was important that the relatives were "on board", for there to be transparency, to see it as a home, to feel at home and be part of the resident's present and future care.
Sue advised that a special residents' families meeting was set up after the Panorama documentary to discuss and raise any issues/concerns.

- 4.3 If relatives have travelled some distance there is a 2 bedroom guest room available at Hawthorns Court which is chargeable, if it is an “end of life” situation and there is spare room there is no charge.

5. Observations of the LINK Visitors during visit

- 5.1 The dementia floor has an outside garden which won a silver award at the “Keynsham in Bloom “event. Residents and relatives participate in the gardening. There is access to several outside terraces and balconies, meals can be taken outside if wished.

There is an activities board where there are usually two activities available every day, the staff are actively involved and provide a considerably amount of one-to-one support.

A pianist comes in to play most evenings. A memory box is at the side of residents’ bedrooms, and a photo of themselves if they want displayed on the door.

There is a large communal lounge and a quiet room.

A reminiscence corner has been created, where photographs and memorabilia are displayed.

The Home subscribes to the “*Daily Sparkle*”, this is a daily reminiscence and activities newspaper produced by an outside agency. The *Daily Sparkle* is full of articles, quizzes, old news stories, gossip, puzzles and entertainment geared towards stimulating the mind and improving memory.

- 5.2 There is a Church service “All Churches Together” every Sunday. Surrounding bungalows, family, staff and residents at Hawthorns are invited to the weekly Church service.

- 5.3 The LINKs visitors were able to view the kitchen where all meals are prepared and cooked fresh on the premises. Meals are also provided for Hawthorn Court (part of the Resource Centre). Members of the local community are also able to have a meal which is chargeable.

Meals can be taken in the residents’ own rooms if they so wish.

- 5.4 As there is no budget for “nice homely” furniture, the staff are very much involved in fundraising for the Home and are currently using the money raised to decorate and make the Home more “homely”. They have previously purchased a large TV and now have DVD/Movie nights.

The next fundraising event will be to purchase an IPAD so each resident can have their own personal file and store photographs etc.

- 5.5 Telephone points are in all rooms, if a telephone is required it is chargeable to the resident.

- 5.6 We were advised that residents can keep their own GP if local or choose, there are three GP surgeries in Keynsham.

- 5.7 Any administration of medicine in house can only be done by Seniors and strict procedures have to be followed.

6. Reflections of the LINK Visitors after the Visit

- 6.1 We, “the LINK”, were made to feel very welcome and the Home Manager spent time answering our questions. We were very impressed that there were posters up in many areas including the lifts/notice boards confirming that the LINK were coming to visit and why.
- 6.2 It is apparent how much the staff take pride in their jobs and into making the Home a home. The Home has a lovely warm atmosphere. There is good interaction and respect between the staff themselves and the residents and staff.
- 6.3 Unfortunately, due to time, there wasn't an opportunity to talk with residents and staff in any detail.

7. Response to this Report from Care Home

“Thank you for the report I was really pleased that you had a positive experience of our service. There was just one item regarding the Church services every Sunday. These services are not organised by Churches together they come in once a month on a Wed. The Sunday Services are organised by one of our support workers. Everything else was factually fine”.