

Details of visit	Far End Residential Home
Service address:	Far End, Sandhurst Lodge, Wokingham Road, Crowthorne, Berkshire, RG45 7QD
Service Provider:	Mrs Patricia Trezise-Dundas & Mrs Dorinda Trezise-Dundas
Date and Time:	Wednesday 26th September (afternoon)
Authorised Representatives:	Andrea McCombie, Muriel Hanley and Susan Rolph
Contact details:	enquiries@healthwatchbracknellforest.co.uk

Acknowledgements

Healthwatch Bracknell Forest would like to thank the service providers and residents for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates only to findings observed and feedback from the residents on the specific date set out above.

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 in premises such as hospitals, residential homes, GP practices and dental surgeries. 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 or other serious concerns arise during a visit they are reported in accordance with Healthwatch escalation 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.

Purpose of the visit

- Observe residents engaging with the staff and the care environment.
- Capture the experience of residents and to record any ideas they may have for change to improve their experience.

Strategic drivers

Healthwatch Bracknell Forest collects and collates feedback and intelligence on local health and social care services. It shares anonymised intelligence with regulatory agencies such as the Care Quality Commission (CQC) and other strategic bodies involved in improving the quality of care. As a member of the Care Governance Board we were aware that the adult social care team had received negative feedback from the public concerning this residential home however the home has also recently (November 2017) received an unannounced CQC inspection visit that rated the service good. This Enter & View was planned to gather the direct feedback of the residents of the home and their views about the care and support they receive.

Collecting feedback on local social care provision is one of the identified areas in Healthwatch Bracknell Forest's work plan for 2017/2018 and different types of residential homes will be visited in the next 6-9 months in addition to independent surveys of the users of local domiciliary care providers.

Methodology

This was a short notice announced Enter and View visit.

A week prior to the visit the service providers were contacted by telephone and a date and time were arranged when the residents of the home would be available and not attending the local day centre.

On arrival the Enter and View authorised representatives were greeted and provided with refreshment by the service providers Patricia and Dorinda Trezise-Dundas and were given some background information on the residential home, the arrangements around attendance at the day centre and meals and they were also able to confirm all residents had capacity to answer our questions; Far End is a small home with only 3 residents. Any potential issues with communication were discussed (such as hearing impairments). Some follow up information requests were also sent by email after the visit and promptly responded to.

A questionnaire, developed by Healthwatch Bracknell Forest peer support group EBE², was used as the basis for semi-structured interviews with the residents. This questionnaire covers seven main areas: -

- Do you feel listened to and supported?
- Do you do the things you want?



- Do you see your family and friends when you want?
- Do you like where you live?
- Are you supported to stay healthy?
- Do you feel safe?
- Do you know what to do when things go wrong?

A proportion of the visit was also observational; allowing the authorised representatives to assess the care environment, how residents engaged with staff members and the facilities.

Alongside the visit, Healthwatch Bracknell Forest staff reviewed the homes CQC reports including the most recent report from the unannounced inspection visit in November 2017 - published in December 2017.

Enter and View representatives' observations

Far End forms part of a larger building complex Sandhurst Lodge (it is a privately owned property attached to Sandhurst Lodge). The entrance of the driveway is approximately half a mile from Crowthorne station and one and a half miles from Crowthorne High Street. The Lodge is set in extensive grounds and is reached by a very long drive/private road. The residential home accommodation is mainly on the first floor of the building known as Far End which also has a private garden.

There is some accommodation on the ground floor - the communal garden room space and there is a guest suite in the basement. The only way to access the bedrooms, kitchen and bathroom is by the stairs in the main reception room on the ground floor. The private accommodation of the service providers is also on the ground floor; The front door to the residential home is also the service providers' accommodation front door.

A ramp was observed alongside steps to the front door. On arrival Enter and View representatives were asked to sign in and were then invited into the service providers private living area to introduce themselves and talk further about the visit. All representatives were made to feel very welcome. The service providers have five dogs and also cats. The smell of the dogs is very strong as soon as you enter the hallway. All Enter and View representatives, some of whom are dog owners, felt the smell would put them off even visiting the home. There are stair gates downstairs to prevent the dogs from

accessing upstairs. The service providers had shut two of the larger dogs out and offered to remove the other dogs but the Enter and View representatives said that was not necessary.

The stairs have a twist in them and have a small landing mid-point. There is a stair lift for access to the upstairs area. There was a cat sleeping on the stairs. The stairs, without the use of the stair lift, are quite difficult to negotiate for people with mobility impairments. The bedrooms also had stair gates. One of the residents said that it was to stop the cats from getting in but a cat was seen jumping over the gate. This left the Enter and View representatives to wonder if perhaps it is to stop dogs if they do manage to escape from downstairs.

Each of the residents has their own private bedroom and the interviews with residents were conducted in these after each resident was asked for their permission; initially by the Registered Manager, and then again by the Enter and View representatives. There is also a kitchen and shared bathroom and toilet facilities. The Enter and View representatives did not look at these.

The bedrooms were of a good size enabling a bed, chairs and other furniture as well as a sink. The bedrooms appeared clean and were decorated in plain, light colours helping to produce a bright and airy atmosphere. All residents had personal possessions such as photographs and ornaments.

At the start of the interviews each Enter and View representative introduced themselves, explained about local Healthwatch and the purpose of the visit. Residents were told that they did not have to answer any questions and could stop the interview at any time. Enter and View representatives were mindful that, as was highlighted by the service providers, the visit should not cause anxiety or fear that this was part of a process to make people move against their will. All interviews were conducted in a relaxed, informal manner.

During the visit a member of staff came on duty. All Enter and View representatives observed this member of staff interacting with residents in a friendly way and the residents appeared pleased to see her. The member of staff also introduced herself to the representatives and told residents the plans for the afternoon. One resident had already mentioned during the interview that this staff member painted her nails for her and she enjoyed this.

Other relevant information (from CQC report or from Service Providers)

The service is registered as a residential home offering accommodation for persons who require nursing or personal care, dementia, care for adults over 65 years.

It is registered for a maximum of three residents. One of the residents has been living at Far End for over nine years. Currently all residents are female. On speaking to the service providers this is likely to continue; they have had a male resident before but it proved disruptive and challenging. The service providers were asked if potential residents are given the opportunity to visit the home and meet existing residents. They confirmed this was the case.

The service providers have a good relationship with their GP practice located in Finchampstead (this is part of a neighbouring clinical commissioning group rather than East Berkshire which covers Bracknell Forest). They report that they have no difficulties getting home visits.

The service providers have a good relationship with Sandhurst Day Centre which residents attend up to three times per week. They provide transport and also access to other services such as hairdressing. The service providers told Enter and View representatives they liaise with the centre to ensure that the meals they offer residents are different to those provided at the centre; to ensure variety and balance.

Following the visit, Enter and View representatives were able to ask the service providers for clarification on a number of points:

The service providers have confirmed that all storage, preparation and cooking of food for the residents takes place in the kitchen on the first floor.

The vehicle used to take residents to medical appointments is the service providers' car and it has no adaptations for accessibility.

The CQC report mentioned a communal area where people could eat/socialise/meet with visitors. We asked the service providers if the conservatory/garden room leading off of their living area was this space. They confirmed that it was and that it was available for use although at the present time no one wants to make use of it although it is often offered. The service providers also stated that in the past residents have spent time together in each other's rooms but all, at present, are happy in their own rooms watching television, reading and doing puzzles.

The service providers were also able to confirm that access to the garden is either via a door in the garden room or via the front door along a path. There is seating outside in both front and back areas.

Summary and Recommendations

- **Do residents feel listened to and supported?**
All of the residents feel listened to, supported and respected. Although, due to the size of the staff team, there is not choice about who provides their support, there

is good continuity of care and all residents appear to, on the whole, get on with all the members of the staff team and Registered Manager. Good, positive interaction between staff and residents was observed.

Although residents did not choose the decoration of their rooms they are able to have their own possessions and furniture in their rooms to personalise them and make them feel at home.

All residents are supported with medication and money management however there are unsure of how much money they have available to spend on a weekly basis.

All residents felt their privacy was respected and they are treated with dignity.

Continued attendance of the day centre is very important to the majority of the residents.

- **Do residents do the things they want?**

The majority of the residents really enjoyed attending the day centre and all the activities and services it provides. It also provides valuable opportunities to socialise - with other residents of Far End as well other people who attend the day centre.

Other than attending the day centre and medical appointments, residents do not appear to access the community regularly. Transport (other than to the day centre) is provided in the service providers' own vehicle which does not have any adaptations for mobility impairments.

Being able to keep a pet and the garden are seen as very positive attributes by the majority of the residents.

Two of the residents really seemed to enjoy spending time by themselves in their rooms pursuing interests such as watching television, reading and doing puzzles. Residents did not report that different activities were offered to them, particularly those that might take place outside the home.

Although the majority of residents like their own company and are happy to participate in solitary activities as described above, there is concern that this would not be beneficial when a person has a condition such as dementia where apathy and depression can occur, particularly in the early stages.

The information provided by the service providers, that residents were offered opportunities to access the communal area to eat and socialise, was not supported by the interviews with the residents.

Recommendations

- *Develop links with other community groups and service providers to provide choice in activities and reduce over reliance on the day centre and its availability/price etc.*
- *To consider the investment of an accessible vehicle for the service.*
- *To ensure that different activities in varied locations and opportunities to socialise or access the communal area are offered regularly and evidenced.*

- **Do residents see their family and friends when they want?**

All residents report they are able to see and contact family and friends whenever they wish.

There is a guest suite available for visitors (this has not been taken up recently).

Even though the home is located only 1.5 miles from Crowthorne High Street, the long drive and grounds and distance from public transport links means it is quite isolated and not easily accessible to those who do not drive or have access to a car.

Recommendations

- *To help and support residents to meet with friends in community locations*

- **Do residents like where they live?**

Two of the residents recalled being involved in choosing Far End although the limited options available were mentioned.

One of the residents has been at Far End for nearly a decade and very much considers it their home.

None of the residents wishes to move, although one did wish it was located elsewhere and suggested the home could be improved by provision of a bus stop.

Due to the location of the majority of the accommodation within the property and other issues such as the suitability of the vehicle available to the service, the Enter and View representatives were unsure how, if the current residents' mobility decreases, the service will accommodate them and, given the length of time some people have lived at the home and the fact they do not wish to move, this could prove very distressing and have a negative impact on people's health and wellbeing if they had to move into more accessible and suitable accommodation.

Being able to keep a pet and the garden are seen as very positive attributes by the majority of the residents; The garden and wider grounds provide a beautiful environment.

Not all of the residents get on with each other but as residents do not spend hardly any time together at the home this did not appear to cause any problems.

Being able to have a pet, along with the service providers' pets, was reported as a positive by one resident, but the Enter and View representatives did observe and pick up on some possible issues with this policy; Although the upper floor, where the majority of the residential home accommodation is found, is clean and tidy, the shared entrance hall smells strongly of dogs and the communal garden room appears cluttered and also smells of dogs. It also requires access through the service providers' accommodation which, as it does not formally form part of the residential home, does not need to meet the same standards of cleanliness and accessibility.

Recommendations

- Far End provides long-term placements and its current residents all have some mobility impairment. The service providers should consider how they will address the accessibility requirements of residents if their impairment increases; from the interviews it is apparent that if, in the future, residents had to move if the home could not meet their accessibility needs, it would be very distressing for the majority of them.*
 - Although the upstairs area of the home is clean and odour free, because of the shared hallway to access upstairs, the smell of the dogs has an impact and can create a negative impression particularly for visitors. The service providers should take steps to prevent this which may include additional cleaning, ventilation and air fresheners. They should also minimise the impact of odour in the communal garden room and any of their private accommodation that has to be used for access to the communal areas and/or the garden.*
- **Are residents supported to stay healthy?**
The good relationship with the GP ensures residents have timely access to primary care services.

The Registered Manager supports and transports people to attend other health appointments in the community.

Some residents mentioned the support and motivation they receive from staff to maintain their mobility.

No resident was able to say if they had a personalised health and wellbeing plan.

Although there is liaison with the day centre to ensure similar meals are not offered and the residents report they have choice there was no evidence of formal menu choices and pre-planning.

The service providers have confirmed that all storage, preparation and cooking is undertaken in the first floor kitchen rather than in their own kitchen.

Although the service providers have stated that the communal space is offered as a place to eat, the interviews with residents did not confirm this and all meals are eaten in the residents' own rooms.

Recommendations

- *The service providers should consider providing menu options in advance*
- *The service providers should ensure the communal area is an attractive, safe area for residents and continue to offer this area as an option for residents to take their meals.*

- **Do residents feel safe?**

All residents reported they felt safe and would talk to staff and/or the Registered Manager if they felt worried or anxious. All residents were aware what to do in an emergency.

Although primarily the purpose of Enter and View is to collect the experiences of people using health and social care services, if Enter and View representatives have concerns about safeguarding or safety they have a responsibility to raise these issues. The recent CQC report confirms the home has a Fire Risk Assessment and personal evacuation plans. The representatives have not had sight of this (this is not within their remit) but they observed the following that they believe may have an impact on these and may, potentially, put residents at risk:

- If the bedroom doors are fire doors or, within the Fire Risk Assessment and personal evacuation plans, are designed to be closed to provide protection in a fire, at least one resident has confirmed that they have their door open at all times, even during the night.
- The stair gates, which do not seem to be fulfilling their stated purpose of preventing cats from entering bedrooms, are an unnecessary hazard particularly in the event of an evacuation.

Recommendations

- *The Fire Risk Assessment and residents' personal evacuation plans should be reviewed urgently to ensure that it takes into account the open bedroom doors and the stair gates should be removed unless totally necessary (and if not, the risk clearly identified in the assessment)*

- **Do residents know what to do when things go wrong?**

All residents reported they would talk to family members if a member of staff upsets and helps them with only one resident mentioning an external agency/person such as a social worker.

Recommendations

- *Residents should be provided with information, compliant with the Accessible Information Standard, that informs them of how to make a complaint and relevant contact numbers e.g. adult social care, advocacy services, local Healthwatch etc.*

Service Provider response



This report has not been agreed with the service providers; some small factual inaccuracies have been amended at their request (the titles of the Service Providers, the changing of wording about the description of the property's relationship with Sandhurst Lodge and how many residents the Service Provider's vehicle can accommodate) but Healthwatch Bracknell Forest cannot change the information and experiences shared by residents.

Healthwatch Bracknell Forest is aware that resident's experiences are subjective and the report is based on the experiences gathered and observations during the visit only - a "snap shot" - which is why Service Providers are given the right to respond before publication.

The following (collated) response to the report and recommendations was received on the 7th November 2018.

Far End is a very small Home with only 3 Residents, which is not the norm; this enables us to provide person centred care at a very high level. Each Resident has daily choices and input into every aspect of their care and our staff are in the unique position of being able to get to know and understand each Resident and their needs. Each Resident and their family / representatives are welcomed to input into the Care Plans and the 'This is Me' information contained as an addendum to the Care Plan, which is considered a living document subject to change in needs or preferences of the Resident. Due to our size our Residents tend to look at Far End as their home, rather than a Home.

- **Do you feel listened to and supported?**

One Resident chose the colour for the room from a paint chart, she and a previous Resident also agreed on the colour for the landing area. Should re-decoration be needed the present Residents would have a choice in schemes.

As stated only 1 Resident has their money 'handled' by us, with permission of both the Resident and her son who is her financial representative. The others spend money provided by their relatives, which is not restricted in any way.

- **Do you do the things you want?**

We chose this vehicle specifically so that it could transport all Residents at once should it be necessary; it has been used on several occasions for all Residents at once, without any major problems. Should it become apparent in the future that there is a need to adapt the vehicle, should a Resident's needs change we would of course look into available adaptations or indeed acquire a vehicle that would cater for any mobility issues.

We have found over the years that the Residents are not keen on going out on their 'days off' (from the day centre), unless it is with family, we regularly survey Residents with a nil return ref additional activities / trips out. We do however regularly take one of our Residents out who currently, due to her health, only attends the Day centre one day a week. This is to ensure she does have outside stimulation in addition to family visits.

We always ensure that Residents are catered for with occupations (chats, nail painting, help with newspapers etc.) when they do not have family visits or arranged outings. Staff are given

time to spend quality time with each Resident on one-to-one basis to chat and interact. As stated one Resident who only goes to the Day Centre once a week is taken out for lunch, shopping, or even long drives in the countryside, which she has stated, she enjoys. This would also come into effect for any other Resident who was unable to attend the Day Centre or did not wish to attend. We are aware of the importance of stimulation for all Residents, in particular those that have dementia, and, due to our small staff base, any signs of change in demeanour will be immediately recognised and a structured plan would be put in place, with the input of the Resident, staff, family and practitioners.

One resident in particular is frequently asked if she want to come down stairs and be away from her room - this is always (so far) refused.

We have links with the Church who invite our Residents to any function they are having, our Residents have been asked if there is anything that they want to do outside of the Day Centre and they always say no. In the past we have arranged a course of painting for one of our Residents and provided transport to and from. Should any of our Residents show interest in any activities we would of course facilitate this.

This is already done, although not at present evidenced. *(this was in response to the recommendation different activities are offered and evidenced)*

- **Do you see your family and friends when you want?**

As stated the railway station is only a 10 min walk away and we offer transport to and from the station the local train station is a 7-minute walk away or a 2-minute drive. The Home is located on the main A331 Wokingham Road which at this locale is residential. Although there is not a bus stop outside all Residents are aware that we would pick up any visitors from the train station if required. One visitor has been made aware of this but has not been to the Home since.

- **Do you like where you live?**

We have visitors who have mobility issues that are quite capable of negotiating our stairs; they also have to opportunity to use the stair lift, which, as the report states, is in place.

Our dogs never attempt to go upstairs and show no interest in doing so, the gates are purely for the cats.

We have and will in the future cater for Residents who loose mobility; there is no question of any Resident being asked to move should they lose mobility. Specialist equipment and training will be accessed, we are aware of the traumatic effect of moving and would never suggest a Resident moving. We also have excellent support from our Surgery and District Nurses.

We have many visitors, both private and professional (CQC, Social Workers, District Nurses, Doctors) none of whom have made any comment regarding this, we take great care to ensure the Home does not have a dog odour; automatic air fresheners and flowers, sadly on this occasion it seems our efforts regarding this were not sufficient. This has now been addressed.

- **Are you supported to stay healthy?**

Our aim is to ensure all aspects of care is person centred and all Residents have choice and input into their care, at every meal there are choices given in accordance with the Residents preferences, for example one Resident hates any spicy food, whereas another enjoys curries and chilli. We feel that providing a set menu with options narrows the choice of Residents at the time of choosing and all Residents enjoy requesting what food they would like at the time.

The communal area is always an option for the Residents but at present all prefer to eat in their rooms. It is often asked if they would prefer to eat in the garden room, with a negative response.

- **Do you feel safe?**

This is already in place on both PEP's and Fire Risk Assessment (*this is in respect of the recommendations regarding stair gates*), all staff are aware of the need to open /remove gates should there be a need. One Resident is very anxious that her cat will escape and can get very upset should she not be apparent in her room; it was with her, and her relatives, agreement that the gate should be in place. In the main the additional door was put in place at the request of another Resident, who, in the main has her door closed, which is her preference.

- **Do you know what to do when things go wrong?**

This is already in their Care Plan Folders and their attention has been drawn to it, additionally on the annual questionnaires all have stated that they are aware of these services, this is also the case with families, as per Annual Quality Assurance Questionnaires.

