



Enter and View Report  
Fairmount Residential Care Home

June 2014

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## About Healthwatch

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Bromley works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Bromley is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

## About Healthwatch Bromley

Healthwatch Bromley is the independent health and social care watchdog and the voice of local people in ensuring that health and social care services are safe, effective and designed to meet the needs of residents, social care users and carers.

Healthwatch Bromley gives children, young people and adults a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bromley provides a signposting service for people who are unsure where to go for help. Healthwatch can report concerns about the quality of health care and social care to Healthwatch England, or directly to the Care Quality Commission.

## Enter & View

In order to enable Healthwatch Bromley to gather the information it needs about services, there are times when it is appropriate for Healthwatch Volunteers to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Bromley to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View Report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The reports may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Bromley Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities

- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

## Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement - by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing ‘best practice’, e.g. activities that work well
- Keeping ‘quality of life’ matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a ‘critical friend’, outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about Healthwatch Bromley.

## Details of the Visit

Name and address of premises visited	Fairmount Residential Care Home Mottingham Lane, London, SE9 4RT
Name of service provider	
Purpose of the premises / service	Residential Care with expertise in dementia care
Registered Manager	Ms Riet Saward
Date and time of visit	19 <sup>th</sup> June 2014
Authorised representatives undertaking the visit	Paul Brown - Team Leader Sue Fielder Peter Moore

## Purpose of the visit

Healthwatch Bromley is carrying out a series of visits across premises throughout Bromley to ascertain the quality of life and choices offered to Bromley residents accessing Social Care funded accommodation.

## How the visit was conducted

This was an announced visit with the Manager being given 7 days' notice. We observed the condition of the premises, and interaction between the staff and residents. In addition we talked with residents, and talked with staff.

## Methodology

Two trained Healthwatch Bromley Authorised Enter and View Representatives (ARs) participated in this piece of work, gathering information through observation, talking to staff members and informal conversations with residents where this was possible. An observation tool was used in order to gather evidence of 'Staff Attitude and Behaviour', 'Food and Drink', Personal Care and 'Activities'.

## Findings

ARs visiting Fairmount found the staff respectful in all their dealings with residents, who were dressed appropriately and seemed well cared for. ARs noticed that everything was clean and free of bad odours including the toilets. From staff they found out that staff turnover is low, many having worked at Fairmount for 15 years or longer, and that there are regular training programmes to improve staff effectiveness and understanding. Staff mostly have NVQs or are working towards them.

Lunch was nicely presented. Those who could not eat solids were provided with blended food that was also nicely presented. Those who had difficulties eating were assisted privately in a separate room. Residents are not allowed to make hot drinks themselves for safety reasons, although visiting relatives are, but ARs said that staff were always available to make teas and coffees when requested. Rooms are personalised and residents can have one or two items of furniture from home.

On the day that the ARs visited there were several activities underway. The ARs noted a computer with internet access and Skype was available so that residents could speak with family and friends. The ARs were assured that a variety of well-planned and imaginative activities are provided and that the home has good links with other outside organisations including St Andrew's church and Eltham College. An OT attends three days a week.

Community health care appears to work well with a linked GP practice and direct access to district nurses. The local hospital is Queen Elizabeth's Woolwich and ARs were concerned to hear examples of poor care including late-night discharges and residents returned with pressure sores.

## Conclusion

From what we could observe, we consider this to be a well-run and caring establishment where residents are treated considerately as individuals and kept as active as practicable. The atmosphere is good. There is active and visible management and staff development. A relative we spoke to said that “if all homes were like Fairmount there would be no need for organisations like Healthwatch”. We would be happy for our relatives to live there.

## Acknowledgements

Healthwatch Bromley wishes to thank:

The Staff and Residents at Fairmount Residential Home

Paul Brown, Authorised Representative (Team Leader)

Sue Fielder and Peter Moore, Authorised Representatives

*It is acknowledged that if, at any time any patient, family member or carer wishes to talk to Healthwatch relating to compliments, concerns or complaints they can do so in confidence.*



## Appendix - Tools

### Observation Tool Kit

Name of Home: \_\_\_\_\_

Name of Enter and View

Provider Name: \_\_\_\_\_

Authorised Representative:

Type of Home: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Observation

#### Indicator and Question

Staff attitudes and behaviour	
<p>1a) Do staff behave in a way that is respectful of residents' dignity?</p> <p>Are toilet doors closed?</p> <p>Are residents clothed in a dignified way in communal spaces?</p> <p>1b) Is the privacy of residents respected?</p> <p>(e.g. curtains drawn, timing of conversations, timing of personal care, etc)</p>	

1c) Are there examples of residents being asked their views or preferences?

(e.g. where they sit, who they sit with)

1d) How do staff speak to residents?

(e.g. do they stand over/above them or go to their level? Is personal information kept private? Tone and volume of communication).

1e) Do staff take time to listen to patients and respond appropriately?

1f) Where residents have called/expressed a need, is it responded to in a timely manner?

<p>Are residents ever left distressed?</p> <p>1g) How are residents with higher dependency (e.g. frail, confused and/or with memory loss) supported?</p> <p>How do staff help patients who cannot walk independently to move around?</p> <p>Are appropriate mobility aids provided?</p> <p>Do staff go at the right pace for each resident?</p> <p>Are residents who need them wearing hearing aids? Do they have batteries? (needs further explanation)</p> <p>Are residents who need glasses wearing them? Have they been cleaned? (needs further explanation)</p>	
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Indicator and Question	Observation
Eating and drinking	Note whether <i>Lunchtime</i> or <i>Supper</i>
<p>2a) Are people offered the chance to clean their hands before and after eating? Are residents offered napkins or similar?</p> <p>2b) Is there a system in place to identify residents who are at risk of poor nutrition or dehydration?</p> <p>2c) Are residents who need it offered help eating <i>while food is still warm</i>? Is that help appropriate?</p> <p>Do staff demonstrate sensitivity when supporting residents?</p> <p>Do residents with greater independence have access to the tools/aids they need?</p>	

<p>2d) Is the food appetising? Do residents appear to be enjoying their meals?</p> <p>2e) Is the environment conducive to eating?</p> <p>(e.g. is it busy, hot, noisy, are residents sitting comfortably, is food and drink within reach?)</p> <p>2f) Do staff offer choices of food and drink to residents?</p> <p>Are second helpings offered?</p> <p>What happens when food is not eaten?</p> <p>2g) What happens if resident(s) becomes restless and leaves the table during mealtime?</p> <p>2h) Are food and drink available outside of mealtimes? (May need to ask about this).</p>	
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**Indicator and Question**

**Observation**

<b>Activities</b>	
<p>3a) What activities are available today?</p> <p>Are these age appropriate?</p> <p>3b) How many residents are in the area of the activities? - compared with possible number who could be?</p> <p>3c) Are residents given a say in what they would like to do?</p> <p>3d) Do the residents appear to be enjoying the activities?</p> <p>Do they appear to be engaged?</p>	

<p>Are staff encouraging engagement? If so, how?</p> <p>3e) Do staff appear to have knowledge of what residents like to do?</p> <p>3f) What provisions are made for residents who do not wish to take part?</p>	
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**Additional Information**

Number of people observed (roughly): \_\_\_\_\_

The observation period was from \_\_\_\_\_ to \_\_\_\_\_

**Questions for Residents for Enter and View Visits 2014**

Name of resident: \_\_\_\_\_

Date: \_\_\_\_\_

Name of E&V Authorised Representative: \_\_\_\_\_

Name of Home: \_\_\_\_\_

Our objective is to collect information about each resident’s experience of living in the home broadly under the headings of (1) Food, Drink and Mealtimes, (2) Personal Care, (3) Activities and Interests and (4) Staff Attitudes and Behaviour. Each part of the interview should start with an open-ended question: the specific questions in each area may serve as prompts. It is unlikely that there will be time to cover all of the questions in each interview - try to gain some information in each area.

Start each interview by introducing yourself, explaining a little bit about Healthwatch Bromley and what we do, and asking for the interviewee’s consent.

	Questions	Responses
<b>General introduction</b>	<b>How do you feel living here?</b>	



	Are you happy here?	Not at all	Not very	Quite	Very	Couldn't say
<b>Food, Drink and Mealtimes</b>	<p><b>What do you think of the food?</b></p> <p>Are you able to choose the food like?</p> <p>Are your dietary needs catered for?</p> <p>Are the portions large enough?</p> <p>Is food always served at the right temperature?</p>					

	<p>At meal times can you choose where you sit/who you sit with?</p> <p>Are you given help with eating and drinking (if needed)?</p> <p>What happens if you miss a meal for any reason?</p> <p>Can you get food and drink outside of meal times if you want?</p>	
<p><b>Personal Care</b></p>	<p><b>What do you think of the help you receive with washing, dressing and other personal matters?</b></p>	

	Can you choose whether a man or woman helps with your personal hygiene (if required)?					
	Is practical help readily available?	Not at all	Not very	Quite	Very	Couldn't say
	Do you feel that your privacy is respected?	Not at all	Not very	Quite	Very	Couldn't say
	Do staff help people to be as independent as possible?	Not at all	Not very	Quite	Very	Couldn't say

	Do staff explain what they're doing and ask if it is alright before they help you?	Not at all	Not very	Quite	Very	Couldn't say
	Have staff ever left you feeling embarrassed or uncomfortable?	Not at all	Not very	Quite	Very	Couldn't say
	Can you get hairdressing and any similar services (manicures, new clothes, etc.)?					
	Do you receive the healthcare that you need and want? (e.g. appropriate medication, outpatient appointments, physiotherapy, sight & hearing tests)					

<p><b>Activities and Interests</b></p>	<p><b>What do you do during the day?</b></p> <p>Are there activities on offer here?</p> <p>(If yes) What do you think of them?</p> <p>If you do not wish to participate in certain activities, are your wishes respected?</p> <p>Can you follow you own interests here?</p> <p>Are you given help in doing so?</p>	
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	Are you able to spend your time the way you want to (e.g. getting up, going to bed, organising your day)?	Not at all	Not very	Quite	Very	Couldn't say
	Do you feel the staff are interested in you as a person?	Not at all	Not very	Quite	Very	Couldn't say
<b>Staff Attitudes and Behaviour</b>	<b>What do think of the staff here?</b>					

	How would you describe the way staff speak to you?					
	Do staff address you by your preferred name?					
	Are you treated with respect and dignity?	Not at all	Not very	Quite	Very	Couldn't say

	Have you ever felt lonely during your time here?	Not at all	Not very	Quite	Very	Couldn't say
	Do staff respond quickly enough to your needs and requests?	Never	Sometimes	Usually	Always	Couldn't say
	How often are you asked how you are?	Never	Sometimes	Usually	Always	Couldn't say
	Do you have a carer or keyworker with whom you can discuss your care?					



General	<p>What do you like about living here?</p> <p>What <i>don't</i> you like about living here?</p> <p>Have you voiced any concerns or made any formal complaints about the home during your time here?</p> <p>(If yes) Do you feel you were listened to?</p>	
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	<p>Did you understand the information you were given when you came here?</p> <p>If not, were you able to discuss things with a member of staff?</p>	
<p>Relatives, Carers and Visitors</p>	<p>Is there anyone who visits you regularly?</p> <p>Would we have permission to talk with them about the home and your life here?</p>	

Summary and Feedback	At the end of the conversation, the interviewer should feedback the main points that the interviewee has made to check that he/she has listened and understood. The adjacent space could be used for a summary of the conversation.	

## Fairmount's Response

Dear Ms. Segun,

Thank you for our healthwatch report. We are very pleased to read that Fairmount is reported to be a well-run and caring home, and it is our intention to continue to maintain these very high standards we have set ourselves.

Kind regards

Riet Saward  
Home Manager

## Control Sheet

Date Submitted	28/06/14
Date Response due	16/09/14
Date Response Received	02/09/14
Follow up actions	



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