



**Enter and View Report**  
*Silver Trees Care Home*  
*20<sup>th</sup> June 2017*



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# Visit Overview

**Service Name and Address:** Silver Trees Care Home, 10 Brockway, Nailsea, BS48 1BZ

**Registered Provider:** Handsale Ltd

**Type of Service:** Nursing or personal care

**Specialisms:** Caring for adults over 65 years

**Registered Manager:** Roxanne Girard

**Date and Time of Visit:** Tuesday June 20th 2017: 2pm-4pm

**Enter and View Team:** Vicky Marriott and Patricia Godfrey

## About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

### Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

### Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and 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 North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset 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 North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is 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 Healthwatch North Somerset Enter and View Authorised Representatives saw and to make any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

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

## Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Silver Trees Care Home, Nailsea was selected for an Enter and View visit by the Healthwatch North Somerset Prioritisation Panel.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

## How was the Visit Conducted?

The visit was an announced visit with the manager being given two weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and we talked with six residents, four family members or carers who were visiting at the time, and four staff who were on duty at the time of the visit. We also spoke with the Manager at the start of the visit and at the end to clarify any questions that had been raised.

Several phone calls were made, and a letter and a poster were sent before the visit to inform the Care Home and agree the details of the visit.

## Observations and Findings

The Healthwatch North Somerset Enter and View team (E&V team) noted that Silver Trees Care Home was a light airy, modern built facility in a quiet site with two floors. The building is surrounded by a garden and car park.

The E&V team found that the staff they came across during the visit were welcoming and smiling, and greeted the team in a friendly manner.

The E&V team's initial impression of Silver Trees was that it was clean and well furnished with a range of old style and some modern furniture. The E&V team saw there was plenty of room for wheelchairs and trolleys to move round the building. The E&V team noticed that there was a lift for food and another lift for staff and residents, there were also stairs to the upper floor. The E&V team noted that both the lift and stairs were protected with keypads for security and safety.

The E&V team observed, and were told by a resident and a relative, that residents could have their own pictures, ornaments and furniture in their rooms.

The manager advised that each room had an en-suite toilet and wash basin and a laundry bag for dirty laundry. There were several bathrooms and showers on each floor and several bath hoists were seen by the E&V team.

The complaints procedure and numerous other papers such as fire procedure, staff information, diet and activity schedules were observed on the notice boards in the entrance hall. Another notice board was seen to show the results of recent CQC

assessment/inspections in pie-chart format. The E&V team considered that as some of the information was high up on the wall and in very small text it was quite difficult to read.

The day of the Enter and View visit was exceptionally hot. Doors and windows were open but the E&V team considered it was still uncomfortably hot in some parts of the buildings and in some resident's rooms.

## Personal Care and Dignity of Residents

- All the residents that the E&V team met were well dressed, with good footwear on, hair was well-groomed and all appeared clean and tidy.
- At the time of the visit the E&V team noted that many of the nursing residents were in bed, but these residents could view the door and corridor or were placed to face windows and pictures.
- The E&V team met some other residents who were in the garden chatting and also a few residents who were sitting in their own rooms, and who were facing the door or within sight of the corridor.
- Staff told the E&V team that incontinence pads were delivered each week.
- The E&V team observed that most residents they saw were able to communicate their needs. The E&V team met one was resident who appeared profoundly deaf and did not appear to have a hearing aid; the E&V team found it impossible to talk or communicate with this resident.
- The E&V team were able to talk to residents and relatives in the privacy of the residents own room, the team were invited into four rooms by residents. Residents and relatives could talk to the team in one of the lounges which was not in use by others. The E&V team observed some residents being offered assistance with eating and drinking.

## Independence of Residents and Control over Daily Life

- The residents observed by the E&V team appeared to make their own choices about when care or support was given. The E&V team were told by staff that the residents being nursed in bed received care and support according to their needs.
- The E&V team saw the menu which showed a four-week rota with two choices at each meal-time. If none of the choices were liked by a resident, the manager advised that the chef would visit residents at least daily and might cook an alternative. Meal times are set but the manager explained that breakfast could be taken later if required and lunch could be kept back if a resident had an appointment or had to go out.
- The E&V team observed and were told by staff that usually residents buy their own toiletries with help of their relatives although specialist moisturisers and barrier creams were purchased by the home.

- It was noted by the E&V team that there was a wardrobe in all the residents rooms they saw; staff advised that residents are assisted to choose their own clothes and are helped to get dressed if needed.
- The staff told the E&V team that there were two activity co-coordinators who produced a weekly programme of activities. The E&V team noted the activity program was attached to the resident's wardrobes. A good-sized craft room was observed although no one was using it on the day the E&V team visited. The E&V team were told by the manager that there are quarterly resident's meeting where activities were planned. The Manager also advised that there are social chat mornings, shopping trips and music sessions. The E&V team observed a hair and nails session in progress.
- The E&V team observed some residents watching TV in their own rooms.
- The E&V team observed a notice on the notice board which discouraged visitors from visiting during mealtimes but staff told the E&V team that visitors can ask to be there if they give some notice. The E&V team met visitors both in the resident's rooms and in the garden. All the visitors the E&V team spoke to knew about the security measures of signing in and out when visiting residents.

## Staff Behaviour and Attitudes and Relationship between Residents and Staff

- All the staff the E&V team met including managers, nurses, care assistants, catering assistants and handyman were cheerful, welcoming, and helpful i.e. assisting the E&V team with the lift, showing them round and introducing them to residents.
- One staff member, in a caring role, had limited English and was unable to understand the E&V teams request for directions.
- The E&V team noted that staff spoke well to residents and were polite and kind. One resident told us "they listen to what you say".
- The E&V team noted that family and visitors were greeted and helped.
- The E&V team noted staff were polite and welcoming to visitors.
- As far as the E&V team could see everyone were treated as individuals.
- The E&V team did not experience anyone being 'told' to do anything, they saw people being asked and choices being offered with drinks and ice cream.
- The body language of staff that the E&V team saw, appeared to match what the E&V team were told by the manager about how staff interacted with residents and relatives.
- The E&V team observed staff were caring and thoughtful for example all visitors as well as residents were offered cold refreshments due to the heat.

## Activities for Residents

- The E&V team observed and were told by staff that every resident had a timetable of activities in their room and several residents discussed the activities with the E&V team.
- The E&V team saw that there was a daily group activity, at 11am on three days, and at 2.30pm on two days; plus extras such as hair and nails sessions.
- The E&V team were told by staff that though they stick to the activities programmed, they will assist residents with other hobbies and interests, for example going into the garden, and assist relatives taking family members out into town for lunch or a walk. The E&V team were also told that religious services and exercises sessions are held, but that evenings were quieter with mainly TV on offer.
- The manager told the E&V team that there are quarterly residents meetings used to discuss issues and ideas and to plan activities.
- The E&V team were advised by staff that the newspapers, books and radios they saw in the communal areas were provided by the home or the residents could bring in their own.

## Food and Drink and Meal Times

- The E&V team were advised that meal times are set but can be adapted to suit the resident's needs and wishes.
- The E&V team were told and had seen that there is a choice of two options plus negotiation with the chef if the meals on the menu were not to the residents liking.
- The E&V team considered that nutritional needs appeared to be met but understood that each resident would have this in their care plan.
- The E&V team saw a menu displayed that showed the menu was varied with a 4-week rotation.
- The manger assured the E&V team that residents were offered assistance with eating and drinking if they needed this, but advised that most of the non-nursing residents could feed themselves. The E&V team observed some residents being supported to eat.
- Staff told the E&V team that most residents eat lunch together in the dining room but at 5pm they tended to eat tea in their rooms. The staff advised that the people in bed were not left to eat alone.

## Relationship between the Home and Relatives/Carers

- The E&V team found staff to be friendly and professional.
- The E&V team spoke to a relative about discussing their relatives care. The relative told the E&V team that they knew they could go and talk to staff about their

relatives care and who they needed to go and speak to. The E&V team saw one relative ask if a resident was well and was then directed upstairs to speak to the appropriate person who could help them.

- The E&V team saw visitors use the signing in book when coming in and going out.
- The E&V team observed there were pictures of a named nurse/carer on some resident's pin boards.
- One relative singled out a carer as 'excellent', advising the E&V team that the carer 'keeps an eye on things and did the things they say they would'.

## Staff Satisfaction

- The staff the E&V team saw were smiling, welcoming and chatty but not obtrusively so.
- The E&V team considered that the staff appeared to be mostly very confident. One staff member who said they were still quite new in post as a care assistant, directed the E&V team to another staff member to answer a question about staff uniforms.
- The E&V team felt that the staff were acting as a team especially when observed helping in the garden and clearing lunch tables.

## Other Observations and Comments from Resident, Staff and Relatives

- One visitor told E&V team that they found the car park difficult to get out of as backing up was difficult to do.
- A visitor told the E&V team they found laundry return was sometimes delayed as the stick-on name labels had come off. An elderly relative said they found it very difficult to sew on labels and didn't know any other effective way to label the clothes. However they said that mostly clothes returned from the laundry on the same day.
- One relative told the E&V team they were not sure how often their family member bathed and they sometimes had the same clothes on two or three or more days running.
- A relative said they purchased incontinence pants for the resident. Staff had told E&V team that these were provided by Silver Trees Care Home.
- The E&V team observed that the grandfather clock had stopped and was near a small clock which showed a different time, the team considered this might be confusing to residents with dementia

## Examples of Good Practice Noted

- Hand sanitiser gel dispensers in the corridor.
- On arrival, the E&V team were asked to sign in and the photos on their badges were checked.
- On arrival, the E&V team were told about fire alarms and toilets.
- The residents in the garden all wore sun hats as insisted on by the manager. Everyone (including the E&V team) were offered iced water, ice lollies or choc ices.
- Named nurse photos were in some of rooms observed.
- Staff looked clean, smart and well dressed.
- Safety of residents was ensured with PIN key pads on stair and lift doors.
- The process of signing in and out of residents and visitors was adhered to.

## Recommendations

Based on the observations during the Enter and View visit the Healthwatch North Somerset Enter and View team recommend the following:

- Information on notice boards provided in a clearly visible sized text and available at eye level.
- The provision of window blinds and fans in some lounges and rooms to reduce the sunlight and heat.
- Record of personal care, including bathing and change of clothes, made available for relatives.
- Assistance with ensuring hearing aids were in situ for the profoundly deaf resident as could not communicate without these.
- Support with labelling clothing for relatives and carers who are unable to sew.
- Ensure clocks are wound to show correct time.

## Acknowledgements

Healthwatch North Somerset would like to thank Ms Girard and all the residents and staff of Silver Trees Care Home for their assistance in planning the Enter and View visit and the provision of opinion and feedback.



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