

Enter and View report

Hyperion House Care Home Fairford

30 May 2023



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About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

What is Enter and view?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Hyperion House Care Home, Fairford

Visit date: 30 May 2023

About the service

Hyperion House is a purpose-built care home which opened in 1985. It is owned by Diva Care and managed by the Registered Manager. The home provides residential and nursing care for frail older people; it can care for up to forty residents currently. Accommodation is provided on two floors, each with its own lounge. The dining room is on the ground floor and is accessible to all residents. Residents have their own room with ensuite bathroom.

Purpose of the visit

This visit was part of our ongoing quality monitoring programme across the county.

How the visit was conducted

Hyperion House was advised that the visit would take place during May 2023; the specific date was not confirmed.

Ahead of the visit the team considered the latest Care Quality Commission report from an inspection in April 2021 and other available information.

The visit was carried out by four authorised representatives. The team spoke to seven members of staff, all permanent (including members of the management team), seven residents and one relative.

Ahead of the visit the Manager had emailed all relatives and staff to advise them of our visit to invite them to provide feedback. As a result of this we also had written feedback from a further eight relatives and one member of staff.

Information was collected from observations of residents in their day-to-day situations, including lunch and a Mind Song activity, and conversations with staff, residents and relatives, against a series of agreed questions.

At the end of the visit there was a final team discussion to review and collate findings and initial feedback was provided to the Registered Manager.

Healthwatch Gloucestershire authorised representatives

- Helen Esfandiarinia (staff member and Lead Authorised Representative)
- Fred Ward (Volunteer)
- Jane Taylor (Volunteer)
- Jo Storey (Volunteer)

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all residents/staff, only those who contributed. The visit did not include accessing any records. This report is written by a Healthwatch member of staff who is an Authorised Representative and was part of the team that carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

Hyperion House was made aware that the visit would happen during May 2023. While they were not aware of the specific date, there were communications ahead of the visit (phone calls and emails) to enable them to understand the process and ask any questions.

Upon arrival the Registered Manager was advised of our arrival. We observed that the posters advising of our upcoming visit had been displayed at the entrance to the home. We were welcomed into the home by the Manager. We discussed our plans for the visit and no restrictions were placed on access or who we could speak to.

The Manager gave the team a tour of the home and we then split into pairs. The first pair spent time talking to the Manager, observing lunch on the first floor, speaking to staff and undertaking general observations. The second pair spent their time across the home speaking to residents, relatives and staff. They also undertook general observations and observed lunch in the dining room and a Mind Song activity in the lounge.

At the end of the visit the team met to share findings and agree the recommendations. These were then shared with the Manager.

At the time of our visit there were 40 residents; some were publicly funded. All residents receive the same care and access to other services regardless of how they are funded.

Key findings

The following are our key findings from the visit and should be considered alongside the further information provided later in the report.

- The visiting team was warmly welcomed by all into the home.
- The home is calm, homely and clearly well embedded in the local community. There was a strong community feel to the home and we heard it referred to as a 'home' and 'family' on a number of occasions by relatives, residents and staff.
- Staff recruitment, induction and training is a strength and there is a focus on continuous improvement. Training is delivered on a face-to-face basis where possible.
- The staff appear to know the residents well and, as a result of this, person-centred care is evident. We also heard this from the residents and that they feel listened to.
- Staff are visible across the home and teamwork was evident; we would encourage the home to continue to promote this.
- Some aspects of the physical environment are challenging, for example, the older wing, and we recognise that this may be difficult to address. However, there are a number of visual cues that could be improved upon, particularly for those residents with dementia:
 - Contrasting colours of handrails, floors, walls, doors, toilets etc.
 - Door signage – this is often not at an appropriate height, clear or missing completely, for example, signs missing on toilets in communal areas.
 - Noticeboards contain information that is not always relevant or easy to read.
 - Menu board in the reception area is hard to read.
 - There are no pictures up of staff in the reception area.
 - The day/date/season were all displayed in the ground floor lounge and there was only one clock in the communal areas.
- The only personalisation at the entrance of residents' rooms is a small plaque with the name and picture of the resident at the top of the door on the door frame.
- There appears to have been a lot of thought given to the way that residents are engaged and able to participate in activities across the home.
- Visiting arrangements are completely flexible.

Recommendations

We would like the management to consider the following recommendations for improvement. These are based on our findings from the visit.

1. Consider addressing the findings above in relation to visual cues across the home, particularly in relation to:
 - Introducing more contrasting across the home to meet the needs of residents with dementia or cognitive impairment.
 - Reviewing signage on doors.
 - Ensuring noticeboards contain relevant and up-to-date information that is easy to read.
 - Introducing more clocks to enable residents to orientate.
 - Introducing a photo board of staff members.
2. Consider further personalisation of residents' rooms, particularly at the entrance, for example, move the position of the name and photo plaque, make this larger and include some additional information where appropriate.
3. Continue to do what you are doing, particularly in relation to providing a 'home' and personalised care for residents and continuous staff development.

Observations and findings

Residents

We heard that a lot of the residents have lived in Fairford for a long time and that they continue to be a part of that community when living in the home. We also heard from residents that they feel connected to the local community.

We were advised that a high number of the residents are living with dementia or with some form of cognitive impairment.

During the visit residents were observed to be:

- Appropriately dressed.
- Moving around the home independently where able, with the support of staff if necessary.
- Engaging in activities, such as the Mind Song session.
- Interacting with staff on an ad-hoc basis and for planned activities such as eating lunch.

Residents wear a pendant so that they can call for help when they need it.

We heard that joint residents and relatives meetings were in place until the start of the pandemic. Residents and relatives were asked if the meetings should re-start but the consensus was that they were not needed as people felt able to raise issues as necessary.

We heard that while there are no residents' meetings there are individual reviews undertaken with each resident every six months. If anything crops up in the interim period, this can be raised with the staff or management by residents and/or their relatives.

Person-centred care

While we were not able to look at care plans, we talked about person-centred care and used observations during the visit.

We heard that as part of coming to live in the home an assessment is undertaken to get to know the residents and their needs; this discussion also involves relatives as necessary. This is captured on a care plan that all staff have access to via the Care Notes system. There are handovers between each shift which all staff attend and any changes to residents' needs are raised and discussed. We heard that staff are also kept up-to-date with any changes via the Care Notes system, via an email that the user must read in order to move onto the next screen. Staff told us that they feel that they know residents well, use the handovers to keep up-to-date and are always communicating with each other about the needs of the residents.

We observed pink circular stickers on some of the residents' doors. We were advised that this was a discreet way to let staff know that the resident only wanted female staff to support them with personal care.

It was noted that there were no details about the resident evident in the room, for example, on the wall as you enter the room, indicating likes/dislikes, family/personal information etc. We heard that this was a conscious decision as it would not be present in private homes and that the staff all know the residents. There was a discussion as to whether this would be beneficial to new or agency staff.

We heard that hospital admissions are kept to a minimum as most needs can be met within the home with the support of GPs, District Nurses etc. We heard that the main reason for hospital admissions is as a result of a resident experiencing a fall (an admission may be necessary to ensure there are no arising issues).

We heard that End of Life is managed at the home in a dignified and respectful way.

During the visit we observed:

- Residents being supported with their individual needs.
- Residents being spoken to/interacted with by staff who appeared to know them well.

Activities for residents

At the time of the visit there were changes happening in the home in relation to how activities will be managed moving forwards. There will be two Activity Coordinators (who would be starting in the week following the visit). They are both Dementia Link Workers. The activities programme will run over seven days a week; previously it was on a Monday to Friday basis due to the previous postholder not working weekends. There are plans to widen the scope of the activities programme. We heard that staff are expected to engage in activities with the residents, both to support the programme and on an ad-hoc basis. Staff told us that this did happen.

We heard that when a resident moves into the home, time is taken to understand what their interests are to ensure that they are able to engage in activities.

We heard that there are regular activities for the residents to join in with, such as Holy Communion, Mind Song and visits from a local nursery; these activities are supported by external people who come into the home. We observed a Mind Song session during our visit; it was well attended by the residents, relatives and staff and all were clearly enjoying a lively and fun session.

We heard from residents that they are given entertainment sheets weekly and are able to choose what they want to join in with. We heard that residents are supported with individual activities, such as a trip out to the shops, a football match etc.

During the visit we observed:

- One resident doing some needlecraft in the communal lounge.
- Ad-hoc activities available in communal areas, such as, puzzles, pens, books, games etc.
- The communal lounge on the ground floor had memorabilia displayed in relation to the King's Coronation in May; indicating that activities in the home reflect key events happening outside of the home.

Meals and food

All food is cooked on site by chefs who are employed by the home. A daily menu, which includes choices, is written onto a blackboard and displayed in the communal area on the ground floor. We heard that staff speak to residents the day before to give them the opportunity to choose what they would like to eat; if a resident does not fancy any of the options, they will be offered something else.

There is a main dining room on the ground floor, and the first floor lounge also offers a table for residents to sit together during mealtimes. Food is served from a heated trolley in both the dining room and first floor lounge. Residents are able to use either room or have their meals in their own room. There are two sittings for dinner to ensure that staff are able to support residents appropriately.

We observed lunch being served on both floors and the following points were noted:

- Residents were able to sit at tables in the dining room or first floor lounge, in chairs in the communal areas or in their own room.
- Residents were supported by staff on an individual basis and in a sensitive and respectful way, for example, help with feeding, cutting up of food, gentle encouragement etc.
- There were interactions between residents and staff.
- Staff were observed working as a team and asking residents what they wanted, getting down to the same level as the resident rather than leaning over them, engaging in conversations, starting a little sing-along, refilling drinks and removing plates and utensils at appropriate points etc.
- The food appeared to be hot, was presented nicely on plates, looked appetising and the portion size appeared appropriate.
- Some residents had a glass of wine or beer with their lunch.
- Some residents were supported by their relatives.

Staff (including recruitment and training)

On the day of our visit there were three nurses, eight carers, a team leader and a care coordinator on duty. The Registered Manager and Deputy Manager were also present. Overall, there are approximately fifty staff employed at the home. We heard there are no set staffing levels and these are determined based on need. Others present during the visit were housekeeping, kitchen and facilities staff.

The following was observed during our visit:

- Interactions between staff and residents were all appropriate and extended beyond those needed to provide functional elements of care. Staff were cheerful and spoke to residents in a calm and kind way and adjusted their style to meet the individual needs of residents.
- Staff were visible across all areas of the home.
- All staff wore a uniform and a name badge.

Recruitment

The home is signed up for the sponsorship scheme to recruit overseas care workers. They receive a large number of applications and scrutinise these carefully, followed up by interviews as necessary. The home will try to support new staff with accommodation for a short period where possible.

New starters undergo a robust induction process including at least a week of shadowing.

Training

We heard that training is delivered inhouse where possible and compliance is monitored carefully. There is a matrix of modules that care staff need to complete and this also includes demonstrating their learning. Some training is accessed via e-learning. During our visit we heard staff say that they feel well equipped to do the job, training is delivered inhouse and that this is often delivered by the nurses.

Support

We heard that staff are supported in a number of different ways:

- Annual appraisal and two supervision sessions per year.
- Additional one-to-one sessions as necessary.
- Handovers at the start and end of shifts to ensure staff are kept up to date.
- Manager has an 'open door' for staff to speak to her and staff told us that they felt able to raise any concerns that they may have.
- Manager will update staff as appropriate and that when a new resident arrives all staff are informed.
- Staff work as a team.

Agency staff

There were no agency staff on duty when we visited. We heard that while it is necessary, sometimes the home works with two agencies who will try and provide the same people for consistency. The home is assured that all necessary checks have been undertaken by the agency and offers a trial shift and shortened induction to new agency staff. Agency staff can also access inhouse training as deemed necessary.

Physical environment

The home is located in the centre of Fairford and provides good access to the town and the services and shops that are available there. While it is on the main road, once inside the home there was no external noise.

The communal area at the entrance to the home is pleasant and there are a number of things displayed, for example, the day/date/weather/season, residents' birthdays, noticeboards (although some information wasn't up-to-date or easy to read), menu for the day written on a blackboard (this could be hard to read for some) and photos of residents engaging in activities. There were no photographs of staff on display or any information confirming who was on duty that day.

There are two distinct parts to the home, the older and original part of the building, and the newer wing. There are some challenges with elements of the older part of the building and we heard that careful risk management is undertaken. The corridors are narrow, the flooring is uneven in places, there are a number of doors to navigate and it is a darker environment (in the corridors). There are also steps at the entrance of some of the rooms. We heard that careful consideration is given as to the suitability of these rooms for residents and that relatives are involved in this discussion; not all of the rooms are occupied in this part of the home. Those that are occupied are often by residents who choose to not leave their room without the support of staff or are able to do so safely on their own. We did speak to one of these residents who was very happy with her room which was observed to be nicely decorated, light and airy.

The newer wing of the home is better equipped to meet the needs of all residents. It is light and airy and the corridors are wide enough to accommodate walking aids, wheelchairs and other necessary equipment. There is a lift that enables residents to move around the home and the communal toilets are accessible to all. We observed residents, including wheelchair users, moving around freely without needing the support of staff.

There is a communal lounge and dining room on the ground floor. They are pleasantly decorated, and we heard that there are plans to improve this area by knocking out some walls and making the space bigger and more open.

There is a communal lounge on the first floor which also served as a dining room at mealtimes. This was a particularly pleasant room with a lot of natural light, south facing and overlooking the garden.

The residents' rooms that were seen during the visit were well presented with plenty of storage and a wet room. They were clean and tidy, and housekeepers were seen in the home throughout the visit. Residents are able to personalise their rooms with personal items and this was observed. Additionally, the entrance to the rooms was not personalised; there is a name plaque with a photo but this is standardised, small and located on the top of the doorframe.

There is some outdoor space for residents; a courtyard and a larger grassed area. This was not accessed during the visit, but observed from inside. The following points are noted:

- Some residents have doors from their rooms directly out to the garden area, however they do have to navigate a step to do this.
- For other residents, access is gained via doors that have keypads to open them.
- Some of the paving in the courtyard area was uneven.
- There is seating available for residents.
- Due to the way the garden is laid out it is likely that most residents would need some support to access the space.

Other general observations during the visit:

- While the home is pleasantly decorated – it is neutral in tone and offers little contrast – this may not meet the needs of residents with dementia.
- Some of the door signage is not clear, present or at an appropriate height, for example, on communal toilets.
- There is a lack of clocks throughout the communal areas of the home.
- All corridors were kept clear of obstacles.
- In addition to the communal lounges and dining room, there are some additional, smaller seating areas that can be used by residents and relatives.
- There were no unpleasant odours noted during the visit.

It is clear from observations and the conversations that took place during the visit that there is a strong emphasis on making it feel like 'home' for the residents.

Access to other services

Residents have access to a number of different services. Some of these are provided inhouse otherwise residents are supported to access them outside of the home.

- There is a dental surgery over the road from the home that residents can access or they can use any other dentist of their choosing. No dental services are provided in the home.
- Pharmacy service is provided by Boots.
- One GP provides support to all the residents in the home and undertakes regular rounds in addition to providing ad-hoc support. Residents can choose an alternative GP if they wish to.
- A hairdresser visits the home once a week or residents can access a different hairdresser.
- A Podiatrist/Chiropodist visits the home every six weeks.

Relatives

We heard that visiting arrangements are flexible; no time restraints. All residents do receive visitors, some of whom are community befrienders, and they are able to come and go out with visitors unless there is a reason why this should not happen. We observed visitors coming and going and saw three dogs coming in with visitors to see residents.

The home facilitates phone calls etc. so relatives who live away can speak to residents.

The home does not hold regular relatives' meetings. These did take place prior to the pandemic however relatives have advised that they do not wish to restart these. Relatives are able to approach management and other staff about any issues and are part of the six-monthly review meetings of residents.

In the entrance to the home there is a box where relatives can submit comments and suggestions, however we heard that this is rarely used.

Relatives also informed of any updates by the Manager via email. We heard how one relative was sent photos when they were unable to visit which they found reassuring.

What people told us

This is based on what we heard on the day of the visit and written feedback we have received ahead of the visit.

Care home residents

During the visit residents told us that they are very happy at Hyperion House and feel very safe and well looked after: "I'm very happy here"; "They [staff] chat to me"; "The staff and residents are brilliant"; "It's wonderful living here"; "Brilliant"; "No problems at all"; "The people are so helpful and the service they give me is brilliant"; "I think we're very lucky to be here."

Residents couldn't give any areas that could be improved upon.

One resident described how he had moved to another care home during the pandemic and hated it; when he was told he would be returning to Hyperion House he cried as he knew he was coming 'home'. He sits in the same spot every day as he can see people passing by and those who know him often wave.

One resident told us she can choose to eat in her room or be taken to the dining room. She said that the food is good but the only issue is that there is sometimes too much to eat! She told us she is able to choose from the menu what she wants to eat the following day; if she doesn't fancy anything on the menu something else will be offered.

A resident told us that they had had a short stay in hospital following a fall and was happy to come back to Hyperion House afterwards as it is 'home'.

Residents told us that they are able to choose activities from a sheet and "they get me organised". They enjoy the inhouse library and being taken to a local café occasionally.

Family and relatives

Without exception all relatives that we spoke to, or provided written feedback, have been positive about their experiences of Hyperion House.

Staff

"Nothing has been too much trouble"; "The staff are so loving and caring towards my mother, and all the residents"; "I am glad she is in good hands and that they have her best interests at heart"; "We had such a warm welcome from the Manager who showed us round and asked lots of caring questions to get a good flavour of who mum was and what she liked"; "The staff are so thoughtful, are very caring and have a kind sense of humour"; "Mum tells them (the staff) they are bright and beautiful"; "He (my brother) and I were so touched as ALL the staff came out to sing happy birthday and he had a wonderful cake."

Care provided

"My mother receives amazing care and is happy even though her medical issues have been ongoing and tricky"; "Her spiritual, physical and mental needs are well managed. Despite her limited capacity, she is able to smile, she looks happy and enjoys interaction with others."

One relative told us how much her father's behaviour had improved since he moved into the home and how much happier he is: "The care dad receives from all of the staff is outstanding, they are all very patient with him especially on a more difficult day when he is uncooperative and at times rude, they go above and beyond"; "Mum has settled in well and we are very happy with the care she is receiving. I look forward to visiting her as it feels like going from one home to another."

General

"Communication is great from all levels. I really couldn't ask for anything more"; "There is very good communication from the home, with regular update emails and invitations to activities etc"; "I would recommend Hyperion to potential users"; "I have nothing but positive points to make. The atmosphere is relaxed, warm and welcoming. The residents are well cared for and our mum loves it there"; "Management team and staff are very helpful and responsive if I have any queries or concerns and easy to contact and quick to respond. I am made to feel welcome whatever time of day I turn up."

Care home staff

All of the staff who spoke to us during the visit said that they enjoy working at Hyperion House. They love coming to work particularly because of the residents, but sometimes it feels that there isn't enough time to chat to all of the residents: "It's a balancing act"; "It feels like somebody's home here – both for staff and residents"; "I like the residents, they are so sweet"; "The friendliness between staff and residents has really changed since 12 years ago when I last worked here"; "I've got parents who are older and I think of them when I meet with residents"; "I enjoy working here"; "As with all jobs and places of work, you have good days and bad days but, I can safely say, I have more good than bad."

Support

Staff feel supported: "I know who to talk to if I have a concern and I know it will be dealt with"; "The management team are really good, supportive within the home and to the team."

A number of staff told us about the good teamwork at Hyperion House.

Training

Staff told us that they feel fully trained to do the job: "Training and guidance is high on the agenda, promoting good care, good practice and best practice within the home." One member of staff said the training had 'armed him well' for all eventualities.

Provision of care

“The care I see residents receiving is second to none.”; “The work ethic, work environment and team at Hyperion House offer and show great compassion, empathy and care towards all of their residents.”

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the management and all staff and residents for a friendly welcome and unlimited access to the premises and activities.

Provider response

From the Registered Manager of Hyperion House:

“We were very happy to welcome the Healthwatch team to the home. We found them to be open and approachable throughout, as well as being sensitive and respectful.

“As a Manager I am really happy that they were able to see what we do here, and appreciate it. We are a fairly small, local, home and the emphasis is very much on ‘home’.

“For us, we feel it is important to be ourselves – independent and non-corporate – a rarity in a climate of corporate providers.

“The residents are our absolute focus, and kindness, gentleness, and fellowship are what we value above all else. It is great that this shone through on the visit.

“Residents and relatives have made some beautiful comments and the fact that without exception, all have been complementary, says a lot about the reality, and more than any advertising could ever say. We feel that you could ask anyone at any time, and visit at any time, and have no concerns. Nothing is hidden, and that is how it should be. We are not interested in ‘Mission Statements’ or social media self-promotion. All we care about is whether people feel safe and are well cared for and well loved. Anything else is just window-dressing to us.

“Having said that, having Healthwatch visit was lovely in that they look through fresh eyes and see things we have grown accustomed to and don’t see.

“Some aspects of signage were picked up and we have reviewed this. We now have signage for the toilet doors – a fair comment we felt, which not only affects residents but potentially visitors and contractors as well. How did these get missed until now?! Thank you Healthwatch for pointing this out!

“We have decided not to have photographs of the staff. Although many places do this, and in some ways it is nice, we took this decision for several reasons. Firstly, we felt it to be a bit corporate – you don’t have photo’s of workers in private homes, and secondly these can change so upkeep may be onerous – effort that takes away from care. We do feel that being small and having close relationships with residents and families, everyone tends to get to know new staff and we don’t generally have issues.

“At the time of the visit we had a clock in the main lounge and the dining room, but we have ordered some for the corridors as well. You can never have too many clocks!

“We take on board the point about personalisation on doors. Many nursing homes have name plaques decorated with pictures or significant memorabilia, and this is promoted as ‘dementia friendly’. This is something we may look at for those who need it. At the moment we have no one struggling to locate their rooms, but the ones I have seen in other care provider contexts can look a little infantile, or can be a bit of a tick-box response, whereby everyone has them regardless of need. We are the sort of home that really thinks about people as

individuals, and still as adults, dignified and respected, so its not something we would want to put in place as any kind of tick-box exercise. Perhaps when the need arises.

“We have removed the notice board from the rear entrance, because this was not being kept up-to-date easily. During the pandemic, it was, at time, the main entrance, because it lent itself to processing covid testing. However the front door is back in use as the main entrance now, and the back entrance has fallen out of general use again. Thank you again to Healthwatch for noticing the board wasn't really serving any useful purpose!

“We completely take on board the point about the handrails – white on white – whoever thought that was a good idea!?! Now it has been pointed out it is very obvious that this may be a problem for someone with dementia, or visual impairment. It is these kind of things that really make a difference – we don't see these things, but Healthwatch coming in and pointing it out, it is suddenly very obvious. We will change these to a contrasting tone.

“The garden access, should get easier with plans for redevelopment at the rear. The current new rooms were built with steps which is not ideal and is one of several issues we have unfortunately identified post-build! That said, most care homes don't have bedroom doors directly leading out to the garden anyway so its not essential. In an ideal world they would have had ramp access. Residents have been very much enjoying the large garden space at the time of writing, so let's hope plenty more good weather is lined up to enjoy it!

“We are so proud and really quite protective of our home and family here, and it is really lovely that this obviously came across to the Healthwatch team. By 'family' we mean not only the residents themselves, but the relatives too – we really do feel we welcome people into a family. Being consciously non-corporate sometimes involves doing things differently, and having the vision and courage to do so. It involves giving that bit more of ourselves – an example would be meetings – families and residents when asked after the pandemic, decided they would rather continue to raise any issues directly with us as they arise, rather than formal meetings. This is far more personal and homely we feel, but does mean we need to be always available, always accessible. We have chosen to give this of ourselves, and it feels good. It never feels like a burden.

“We would like to thank the Healthwatch team, for coming and seeing what we do, giving us fresh insights, and above all giving their time to listen to the people here.”

Contact us

Healthwatch Gloucestershire

13 Wheatstone Court,
Waterwells Business Park,
Quedgeley, Gloucester, GL2 2AQ

info@healthwatchgloucestershire.co.uk

0800 652 5193

healthwatchgloucestershire.co.uk