healthwatch Hampshire

Enter and View report: Bickerley Green Care Home

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Details of visit:

- **Service address:** Kingsbury Lane, Ringwood BH24 1EL
- **Service Provider**: Hampshire County Council
- **Date and Time:** 14th March 2018, 10.00am till 14.00
- **Authorised Representative(s):** David Loveridge, John Hawkins
- **Contact details:** Healthwatch Hampshire, Westgate Chambers, Staple Gardens, Winchester SO23 8SR

Acknowledgements

Healthwatch Hampshire would like to thank care home staff, residents and visitors for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch trained 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 on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 concerns arise during a visit they are reported in accordance with Healthwatch safeguarding 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

What we hoped to get out of the visit is:

- Observe the physical environment to assess its dementia friendliness.
- Observe communal spaces, personal spaces, familiar objects, way-finding and signage, furniture, visual access, colour, lighting and outdoor spaces.
- Observe the social environment and understanding how person centred the care is.
- Observe staff communication skills, awareness of resident's needs, engagement with relatives and visitors, least restrictive interventions, food and drink, meaningful activity etc.

Strategic drivers

The aim of Healthwatch Hampshire's 2017/18 Enter & View programme is to visit care homes across Hampshire to hear the voice of residents regarding their experiences of health, and/or social care, and/or their experience of their care home. Attention will be paid to observing the quality of dementia care as it is recognised that 70 per cent of people in care homes have dementia or severe memory problems. It is Healthwatch Hampshire's intent with these visits to celebrate good dementia care; learn about and share examples of what care homes do well from the perspective of people who experience the service first hand and identify where improvements are needed so that people living with age related diseases such as dementia, their families and carers can be more confident about the care they receive.

Executive Summary

Healthwatch Observation Rating: **Good for Dementia Friendliness**

Healthwatch Hampshire would like to thank Bickerley Green Care Home staff, residents and visitors for their contribution to the Enter and View programme. This report relates to findings observed on the specific date set out above. The report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Overall representatives felt that the visit provided a good insight into residential care. The Home achieved an overall Healthwatch observation rating of **good** for dementia care. The physical environment at the care home (which includes the communal spaces, personal spaces, familiar objects, way-finding and signage, furniture, visual access, colour, lighting and outdoor spaces) is an environment that is friendly, inclusive and supportive for people with dementia. The social environment too at the Home (which includes person centred care; communication; restrictive interventions, food and drink, meaningful activity etc..) is also progressing to a high standard which indicates that staff do see people with dementia as equal partners in planning, developing and monitoring care to make sure it meets their needs.

The report is an attempt to highlight the environment and practice that was observed and reflects the opinions of observers, residents and staff about the care and support provided. It is hoped that as Bickerley Green Care Home continues to develop, the observational exercise and the recommendations included within the main findings will guide them to achieve even more, whilst reflecting on all the elements of their care which are currently good and should be rightly celebrated.

Healthwatch Hampshire is keen to find out how useful this Enter and View report has been to you, and your organisation, in further developing your service. What you need to do now is consider the main findings of this report and respond to the individual recommendations so that we can share them with the public and our partners at both Hampshire County Council and the Care Quality Commission (CQC). Additionally, the final draft of the Enter & View report (complete with your own comments to the recommendations) will be displayed on Healthwatch Hampshire's website for the public to read. As part of the Health and Social Care Act 2012, health providers and commissioners must respond to Healthwatch **within 20 working days**. We appreciate your involvement and we look forward to hearing from you.

General Overview and Environment

Bickerley Green Care Home with Nursing is registered to accommodate up to 60 people. The home provides personal care and nursing care for older people some of whom may have a form of dementia.

Located in a quiet cul-de-sac close to Ringwood Town centre, the home has been extended to provide an additional 30 beds for nursing care. 20 of these beds provide care for older persons with dementia who require nursing. The nursing wing comprises 3 units, each with their own lounge/ dining room. All bedrooms are single, with en suite facilities. The original part of the home has been extensively refurbished and now provides 30 beds for residents who are older person or people with dementia, over and under the age of 65. The residential part of the home has a dining room, and several communal lounges. All bedrooms are single. There are gardens to the rear of the home and ample parking space at the front.

Specialist Care Categories: Alzheimer's • Cancer Care • Hearing Impairment & Deafness • Parkinson's Disease • Speech Impairment • Stroke • Visual Impairment

Other facilities and services include: Palliative Care • Day Care • Respite Care • Convalescent Care • Independent Living Training • Own GP if required • Own Furniture if required • Smoking not permitted • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Methodology

There are some key features that can be applied to the environment to help the person with dementia to be able to live well, experiencing as little disability and as much independence in function and social opportunity as possible. These features require an understanding of the impact of dementia and the likely impairments that people living with dementia may experience. By acknowledging these impairments, links can be made to create optimum physical and social environments.

A Care Home for people living with dementia should provide features which enable the person to:

- Recognise their surroundings and make sense of their current situation
- Find their way
- Take part in ordinary every day activities both in the care setting and in the surrounding community
- Take part in therapeutic activities specifically designed to meet their unique needs
- Be safe and protected from harm;
- Be able to take reasonable risks
- Have their own personal space
- Take control of their own environment

An observation of the physical environment of the care home aimed to establish whether these features were present, whether all staff understood their purpose and how these were used to enable residents to live well. In practical terms, this involved the visiting team observing the following areas of the care home and judging whether each individual feature was present:

- Communal Spaces
- Personal Spaces
- Familiar Objects
- Way Finding
- Visual Access
- Furniture
- Colour
- Lighting
- Outside Spaces

The observation involved a 'walk around' of the Home by the Observer and a member of staff (Manager or Deputy or Dementia Champion or staff member having a lead role in the physical environment of the Home). As the Care Home is a place of residence, it was inappropriate for the Observer to explore the Home alone – especially the resident's bedrooms, bathrooms etc. A member of staff was present to protect the dignity and privacy of the residents and ensured that residents gave their permission for the Observer to enter their room and explore their living space.

Findings and Recommendations

Communal Spaces

The main entrance has level access and on entry into a reception area, there were several chairs and a desk as a welcoming focal point. Displayed on the wall above were several colourful montages of cards and photographs of staff plus the home's CQC rating and action plan. The area was bright and staffed complete with a visitor's signing in book. Located off reception down a corridor was the manager's office.

Most corridors at the home lead to meaningful places; dead ends were mostly avoided or made interesting (e.g. 'reading corner'). All of the corridors also have interesting features on the walls following a variety of themes which helping to provide focal points of interest and create memorable signposting.

There was evidence too of age and culturally appropriate objects in communal areas that acted as orientation cues and helped to stimulate every day familiar activity. A variety of contrasting focal points was also created in lounges and other communal areas. It is worth noting that navigation of a care setting and/or awareness of significant doorways and specific areas can be improved by employing the use of strong and distinctive colours and pictures and/or objects following clear themes, as was sometimes the case here at Bickerley Green (e.g. toilet doors were painted lilac to help some people with dementia recall that the lilac door is the toilet)

To help combat confusion and aid with orientation, more care homes now are being inexpensively re-configured and /or designed to facilitate 'wandering with a purpose' providing residents with a destination or somewhere to focus on and a distinct sense of where they are in the care home space through the use of colour, unambiguous signage and clearly themed picture and object placement. There was some good use of way-finding signage/signposts outside of key areas of the care home but not to other areas of the care setting.

The Call-bell systems at the care home were largely discreet. They alerted members of the care team but did not cause potential distress or upset to individuals with dementia. Loud call-bells systems can cause distress to some people. Often the call-bell alarm is situated near where people with dementia might hear them. The impact that noise has on people with dementia is rarely considered by care staff or managers on a day-to-day basis. And yet, noise that is acceptable to care staff may be particularly distressing and disorientating for a person with dementia, especially at busy times of day such as shift change-over and mealtimes. Of all the senses, hearing is the one that has the most significant impact on people with dementia in terms of quality of life. This is because dementia can worsen the effects of sensory changes by altering how the person perceives external stimuli, such as noise and light. As hearing is linked to balance this also leads to a greater risk of falls either through loss of balance or through an increase in disorientation as a result of people trying to orientate themselves in an environment that is overstimulating and noisy.

Finally in this section, Bickerley Green Care Home did not smell unpleasant as some care homes are often accused of being. This is very much a positive finding as there is no reason for a care home to have an unpleasant smell. Even if residents are incontinent, good quality care as is evident here, should be able to address any odour problems.

Recommendation

Communal Spaces

We would recommend that currently blank feature walls along some corridors and hallways be filled with pictures and paintings that follow distinctive themes. Bright colours and textures following a theme can give people with dementia something to look at and feel when they are in the home, they can also help with memory when trying to find somewhere in the home. Themed walls, doors, artwork, flooring etc. presented in differing colours and designs has been proven to assist as an orientation cue for some people with dementia: For e.g. "I live at the blue door". We would also suggest pictures be placed at eye level.

Personal Spaces

There were visible personal belongings, possessions and furniture in personal and private spaces. Most bedrooms were personalised with objects and pictures with frames of reference for the person with dementia. This is important as personal belongings should be welcomed into any care setting to help create a home-like environment. These should always be used appropriately by members of the care team to reinforce identity.

Personal Spaces (continued)




Good dementia practice also suggests that there should be a variety of 'sign-posting' images of familiar pictures/objects around the outside of the doorway. There should be memory boxes placed outside of each room which contain items that have specific meaning to the person whose room it is.

However, few of the bedroom doors (or even significant doorways) displayed any significant colour difference to one another. The uniformity of the doors could cause some confusion because often, every corridor and door can look the same within a care home setting, particularly to someone with dementia. Doors of different colours and personalised bedroom doors with signs of different colours can help people with dementia recognise where their bedroom is.

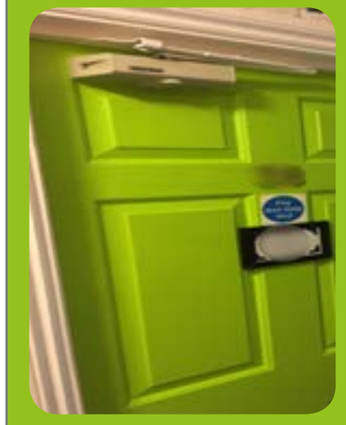

Also few of the bedrooms / en-suite bathrooms observed, contained mirrors that could be easily removed or could be covered by shutters'/covers / doors. The option to have a mirror and indeed to cover the mirrors is important for people living with dementia as there can be a range of triggers that cause anguish or agitation. For many, this can include mirrors. Mirrors can be upsetting because many people with dementia do not recognise the person in the reflection as themselves. Their response can range from anything from believing that a stranger is in the room with them or frustration that they don't respond to them or copy what they're doing. They can be scared that there is an intruder in their room or embarrassed that they have to undress in front of someone, in the case of a bathroom or bedroom.

Recommendation

Personal Spaces

The primary recommendation in this section would be to try to ensure that there is a personalised bedroom door for every individual living with dementia. Ideally no two bedroom doors should be the same, as each reflects the uniqueness of the person whose bedroom door it is (see images below).

Bedroom doors should ideally be painted in starkly different colours (involvement from the person with dementia on the choice of colour should have been sought). This may assist as an orientation cue for some: "I've got the blue door". There should also be door furniture e.g. doorbell, door-knocker, traditional front-door numbers, etc. which may also help with orientation. Design touches, such as specially built memory panels filled with personal items and framed photos on bedroom doors (see image below) are especially helpful for those living with dementia.

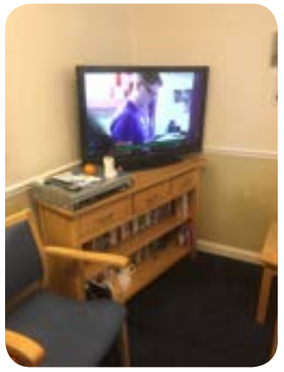


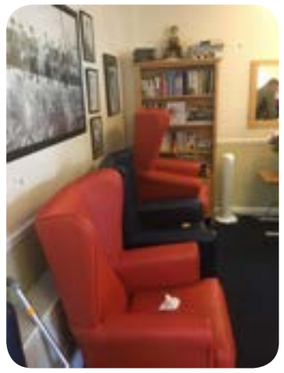
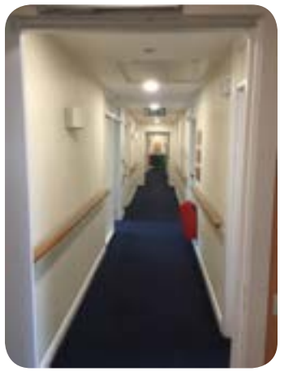
Also, reduce the potential for distress by having the option to remove and/or cover bedroom / en-suite mirrors. Taking away mirrors could be detrimental to those who like the reflection and isn't fair to those who have no unusual response. A solution, therefore, must be flexible and easily adaptable on a patient by patient basis. One recommendation could be to employ reversible mirrors. It is actually a very simple concept; on one side you have a standard mirrored surface and on the other, a pictorial image. It is easy to mount on the wall, take down, reverse and put back up again. Those who like to have a mirror can do so and those who find it distressing can have a nice picture in their bedroom/bathroom. It can be easily changed from room to room, patient to patient; very quickly and without any specialist skills. It can be done as part of the process of turning a room around for a new patient or as needed once monitoring of the patient's needs has been conducted.

Another recommendation would be an option to cover mirrors with a roller blind or curtain and close curtains in the evening, so they can't see their own reflection in the glass.

Familiar Objects

Overall the décor at the care home is age and culturally appropriate it does appear tired and dated in places. Decor that is age and culturally appropriate is important because the diversity of those living in the care setting should be reflected in the décor, the objects and imagery.



However it could be argued that some of the views from the windows throughout the care setting are slightly obscured by heavy curtains and pelmets and/or half pulled down curtain blinds. This is important to note as people with dementia should be enabled to see the outside world and feel connected with the community and their surrounding outside spaces. All vistas should be valid (depending on the individual). Some people with dementia may prefer views overlooking the gardens or rural scenes; others might want to see busy roads, cars and people coming and going – both options should be seized, where and when possible.




There are recognisable and easy to access bathroom facilities and visible bathroom accessories also at the care setting, however, they were thought to be quite clinical in appearance rather than domestic. Apart from a few bathrooms which featured some homely touches, the observers felt that there was a slight over abundance of clinical and other medical and cleaning equipment on show in most bathrooms which detracted somewhat from the domestic feel otherwise created throughout the rest of the care setting. This is worth noting as most bathrooms should ideally be furnished and decorated to provide a pleasant homely experience, avoiding a sterile hospital like appearance. Suitable shelving and domestic style storage systems should ideally be used to accommodate clinical accessories thus helping to ensure that these spaces do not become overly clinical in mood and impression.

Indeed it is recognised as 'good practice' for bathrooms and toilets to have more familiar and age appropriate objects within them to aid with place recognition rather than contain too much clinical equipment and hygiene diagrams. Bathrooms and toilets should ideally have appropriate bathroom ornaments and accessories, colourful shower curtains, toiletries and towels (only for orientation and not for use in communal bathrooms) 'safe' candles, music facilities, etc.

Recommendation

Familiar Objects

The toilets and bathrooms in the Home have a somewhat clinical appearance currently. It is suggested that the residents, their relatives and staff look together at ways to make the toilets and bathrooms look a little more 'homely'. The residents, their relatives and staff could work together to agree a theme for each bathroom perhaps. Themes of 'the sea', 'the countryside', 'holidays', 'flowers' etc. could be used to generate ideas as to the décor of each bathroom – wall colours, colour of bathroom accessories (towels, flannels, soap tray), shower curtains, culturally appropriate and age appropriate bathing products – shampoo, bubble bath etc.. NB/ It is not intended that these objects are actually used as residents will have their own towels, products etc. they prefer to use (and to adhere to infection control requirements). The bathing / shower experience could be made more enjoyable if the view from the bath was more interesting, relaxing or engaging. Pictures or objects should be in the direct line of sight from the bath.

It is also recommended that where practically possible clinical or hygiene focused items such as diagrams, paper hand-towel dispensers, sterile wipes, shelves with protective clothing (Rubber gloves, aprons) be placed out of sight or housed in a cupboard rather than in sight of residents and visitors, as this will also reduce the clinical appearance of these rooms and make them look homelier.

Way Finding

There were appropriate noticeboards for orientating messages around the entrance area. Noticeboards for people with dementia are displayed in appropriate places with information delivered in a way that meets a variety of different cognitive and sensory abilities. Noticeboards for staff and for visitors are in reception areas too but mostly in offices and staff rooms only.

However signage/information for staff is less decreet and so in the opinion of observers is not kept to an absoluite minimum and so does not really adopt principles of minimal display and discrete positioning. This is important as excessive and very public signage risks the environment seeming overly institutional and less homely; good care practice and safety guidance information should be kept to a minimum.

Way Finding (continued)

If needing to be displayed in communal areas, then it should be discretely displayed out of the direct line of sight of people with dementia (inside a cupboard door or on the side elevation instead of being displayed on the front). This signage for 'others' should adopt the opposite principles to those outlined above. Most signage was clear and prominent in a contrast colour to the walls. The signage used familiar pictures and words in lower case lettering. This is important to note as all notices should ideally be in a style that is accessible to people with dementia. Signs should have pictures and words in lower case lettering with an upper case initial. The lettering ideally should be black on a yellow background as this is believed to be the highest visible colour contrast for aging eyes.

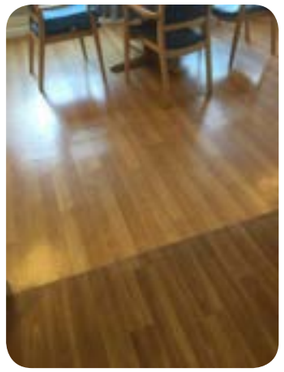
Recommendation

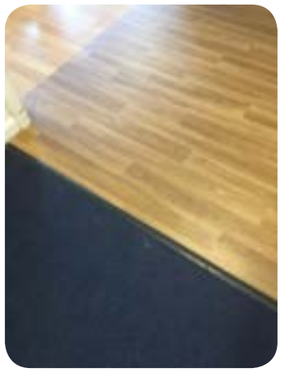
Way finding

To combat the risks of the environment being too institutional, good care practice and safety guidance information should be kept to a minimum. If needing to be displayed in bathroom areas for e.g. then it should be discretely displayed out of the direct line of sight of people with dementia (inside a cupboard door or on the side elevation instead of being displayed on the front). This signage for 'others' should adopt the opposite principles to those outlined above. More directional signage (particularly signage to the exit and other key areas of the care home) could also be employed and made more prominent and clear for a person with dementia. Greater frequency and placement at eye level would help in this instance. This is important for those with dementia as it offers them maximum opportunity to find their way around which has the obvious advantages of getting them to the right place but also minimises anxiety. Frequent, clear and prominent signage in a contrast colour to the walls that employs familiar pictures and words in lower case lettering can also help to reduce pressures on staff.

Visual Access

There are some visual barriers to crossing thresholds at the care home which could represent an issue for some people with dementia. Good dementia practice suggests that ideally there should be a uniform colour flooring throughout the care setting. Doorway thresholds should not have noticeable carpet strip/ grip joining different flooring treatments. Instead 'invisible' joins/same colour carpet grips should be used.





However there were many visible handrails throughout the interior of the care setting though which is a positive finding. This is paramount as handrails should be in all the corridors, especially in high risk areas, such as thresholds, areas where there is a noticeable change in environment (lighting, decoration, etc.) Handrails should ideally be of a colour that stands out from the wall treatments which unfortunately was not always the case here.

There is good visual access though to most relevant areas (toilets, dining rooms, lounges) apart from the public bathrooms at the care home. The observers saw few labelling of these doorways with dementia friendly signage, instead these doorways were often unlabled and/or in the same colour as every other door in the care setting. This is important to note as there should be no limited visual access to any significant doors from the dining rooms/kitchenettes/ lounges. In residents rooms though there is generally good visual access to the WC doors from the beds and there is also acceptable visual access to the outdoors; views from windows were not overly obscured by the heavy net curtains, blinds and pelmets. However, to reiterate: visual access to communal bathrooms was lacking as doors were made less visible for residents through a lack of dementia friendly signage / colour contrast.

Although there was some good visual access to food and drink on plates and tables, there were moments identified during the dinner service where some residents struggled to decipher what was being served to them because either the food clashed with the excessively patterned plates it was served on and/or the plate was the same colour as the tablecloth.

Recommendation

Visual Access

It has been widely argued that designing an environment for people with dementia will result in well-designed environments for all. Whilst it is not obligatory for care homes to be "dementia friendly" in their design, many organisations are trying to adopt designs that increase well-being for the resident, reduce work load for the carer, and to meet (and often beat) the standards of competing care-homes. In this respect we would recommend improved visual access to all key areas of the care home which would allow residents with dementia to enjoy their home whilst retaining their independence with freedom of choice to do or go where they want within reason.

We would specifically recommended that doorway thresholds are clear and unobstructed to ensure that visual barriers (such as noticeable colour contrasts on the floor and noticeable carpet / grip joining different flooring treatment together) are minimised to avoid any unnecessary distress.

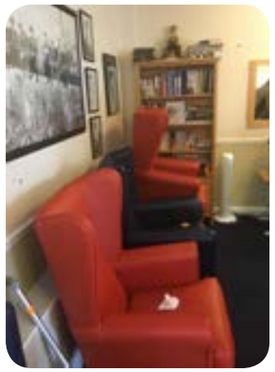
Similarly to bring the 'outside into the home' we would recommend the reducing of blinds, curtains and/or pelmets that obscure outside views. This would also immediately increase the amount of light coming into the home. Again, this is important as accessible, outdoor space for service users should be visible and mandatory. Indeed it is worth highlighting that daylight is important and is equally effective as sunlight in regulating our body clock and helping us sleep at night. And for those who are less active – just watching and enjoying the activity of others and the daily changes of light, shade, sun and clouds, growth of plants, wildlife and so on is just as beneficial.

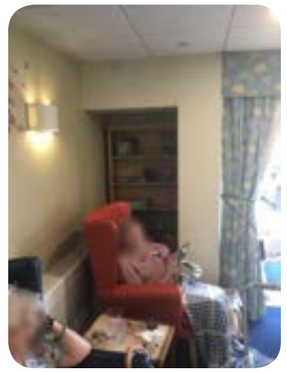
Finally in this section, we would recommend that plates / bowls issued to residents at meal times ideally need to be of a plain colour, preferably with a single band of colour around the perimeter of the plate to help notify the edge of the plate and be of a contrasting colour to the food being served and also the table cloth it is served on.

Furniture

There is a domestic appearance to most furniture throughout the care home. All furniture appeared to be age appropriate and culturally specific in nature. This is important as the care setting should have a domestic feel, with larger lounges being broken down into smaller 'activity zones' by the arrangement of furniture, room dividers, plants, etc.

The arrangement and provision of furniture also enabled social and occupational opportunities to occur. There were coffee tables and sideboards filled with objects that helped facilitate exploration and use. Drawers filled with objects (napkins and blankets for folding; magazines; sensory objects) – drawers were left a little open but there were some chairs placed up against the drawers which meant that residents could struggle to access them. Some objects that are designed to be used by people with dementia were not therefore entirely visually accessible.





Although there was furniture of different heights the observers could see few chairs with blades/runners instead of feet to enable people to rise safely from sitting to standing (and vice versa). Nonetheless, like the chair placement mentioned above, it appeared to the observers that perhaps more thought could have gone into items scattered around the various lounge areas and how, through better 'staging' and placement, they could have helped to facilitate greater exploration and use thus stimulating residents. It is worth reiterating that every room / zone within the care home should communicate to residents using non-verbal messages that take advantage of all their remaining senses at the same time. If people with dementia are going to feel confident in any communal space within a care home , it has to tell them (with more emphasis perhaps) what is expected of them. There was space however in communal areas for safely storing foot rests and mobility aids which is essential in a care setting. These items often need to be within visual reach of the individual living with dementia but not a trip hazard.

Recommendation

Furniture

We would recommend that the arrangement and provision of furniture be altered somewhat so that it enables more social and occupational opportunities to occur for residents. A variety of different styles of seating, including sofas and chairs with blades / runners should also be present in the care setting. Equally, there should be coffee tables and sideboards filled with objects that may facilitate exploration and use.

Colour

Although there has been a good attempt to introduce colours into certain corridors, there are few strong and distinctive colour differences on residents doors to really help raise awareness. Indeed, the observers noted that there was a slight preponderance for violet (and variations of violet) bedroom doors throughout the care setting which could make navigation difficult for someone with dementia.

With older age, there is a greater likelihood of additional eyesight conditions, being on medication for other conditions, having a form of dementia, and perhaps some or all of these things. What the eye sees, the brain must interpret, and this can vary given different circumstances, type and progression of dementia, and abilities. Contrast is the key to vision. If there is no contrast, objects cannot easily be seen and differentiated. Contrast is vital in being able to comprehend the environment and understand the features and elements of a building that we need to use in our ordinary daily lives. As we age we lose the ability to differentiate colours clearly, our perception of depth diminishes, there is a loss of visual acuity, we have less spatial awareness and our sensitivity to contrast, lessens. Without good contrasts, the world becomes more hazy, we struggle more and more to make sense of it and we function in life with less confidence. Navigation of a care setting and/or awareness of significant doorways and specific areas can be improved however by employing the use of strong and distinctive colours (e.g. If a bedroom door is painted green, then an occupant of that room who has dementia may recall that the green door is their door) See examples left.

The opposite effect can be achieved by lowering the contrast as is the case here where certain doors and 'no go' areas have been all too successfully disguised by choosing colours which match the background wall e.g. a white door on a white wall.

Most skirting boards and door frames are not really contrasted to floor and walls either which is slightly concerning from a dementia perspective - ideally more contrast is really needed to become truly dementia friendly. Good dementia practice dictates that to support greater awareness of floor, wall and doorway definition, skirting boards and door frames should be in a contrast colour to the walls and flooring.

But, apart from many of the curtains which featured distinctive pattering, no pattern/low pattern is used on most other surfaces at the care home which is good. Textbook dementia practice suggests that walls and floor treatments and all soft furnishings (including curtains) should ideally be free of bold patterns. Some people with dementia may have difficulties with processing the visual information received and what is two dimensional may appear three dimensional or may fluctuate between the two.

The colour of most toilet seats also contrasted with both the toilet bowl and floor/wall. Again this is an excellent finding as it helps to aid with orientation: it is good practice to have toilet seats in a strong contrast colour to the pan and the wall. Ideally this should be of a colour that will not cause further confusion to some people with dementia.

Recommendation

Colour

It is suggested that some doorways such as bedrooms are made more distinctive in appearance and colour to help raise awareness. Navigation of a care setting and/or awareness of significant doorways and specific areas like bathrooms and bedrooms can be improved by employing the use of strong and distinctive colours. Use of colour contrasting and personalising bedroom door signs in particular can really help people with Alzheimer's or dementia recognise where their bedroom is. (See example of memory box packed with reminiscence objects)

Also, there is use of bold patterning on many curtains which could inadvertently cause a person with dementia to have great difficulty processing the visual information received.

It is also suggested that corridors, hand rails and doors are of contrasting colour to the floor / wall and therefore more distinctive in appearance and colour to help raise awareness. Contrast can be used to help define objects more clearly. (see examples below)

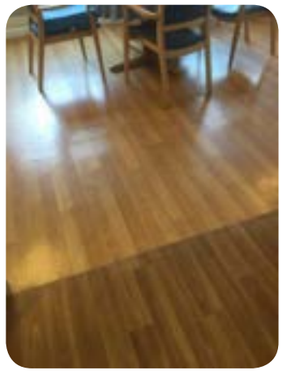
Lighting

There is a somewhat limited range of different types of 'domestic-style' lighting to create different 'moods' and promote recognition of place at the care home. These included standard wall lights and overhead pendant lights. These light fittings were often of a functional appearance and would be classed as age and culturally appropriate. It is worth mentioning that employing a variety of lighting effects can be used to aid with directional signposting (e.g. light over the en-suite toilet and lamp by the bedside). This is important because lighting that enhances/spot-lights an area can draw in and/or prompt some people with dementia to carry out daily duties, routines or activities. E.g. a reading lamp spot-lighting a book or knitting basket may draw some to engage with the activity.

Lighting (continued)

Also the doors to potentially hazardous areas were made less 'visible' than other doorways. The lighting levels at the care home could also be increased to support visibility in work areas and there was facility to lower lighting to 'darkness' at night in the bedrooms visited.

Most floors and surfaces do have non-reflective / low – sheen treatments. This is a positive finding as non-reflective/low-sheen treatments should be used around the care setting as reflections and glare off high gloss/ reflective surfaces can increase a state of anxiety/confusion for some people with dementia. (They may perceive the sheen as 'water' and/or 'ice').



Recommendation

Lighting

We recommend that attention be paid to areas throughout the care setting where there is a potential for strong sun light entering through windows to cause glare on walls, woodwork, floors and surfaces. Glare off reflective surfaces can increase a state of anxiety and confusion for some people with dementia as they may perceive the sheen as 'water' or 'ice'.

We would also recommend increasing the range of different types of 'domestic-style' lighting to create different 'moods' and promote recognition of place at the care home.

It is worth reiterating that good lighting in buildings can help people to see what is around them, use landmarks to navigate, identify signs and spaces, see others' faces and participate in activities.

Poor lighting can increase anxiety and may lead to trip and fall accidents if people cannot make sense of what is ahead of them.

Outside Spaces

Outside at Bickerley Green there are traditional and familiar outdoor objects to enable every day familiar activity. These objects were often familiar and relevant to the outdoor setting. E.g. garden tables and chairs, benches, parasols, bird tables, safe water features, etc.

The landscaping and design at the care home also enabled orientation to the season/time of year and enabled every day familiar activity. Seasonal planting and seasonal garden objects were present (e.g.: Winter: holly bushes, fir, pine or spruce trees with lights, bird-feeders) all mostly within visual range from indoor seating areas. The planting and ornamentation does facilitate opportunities for a variety of sensory experiences.




The garden at the care home is also a sensory experience as there were features that can help stimulate touch, smell, sight, taste and, hearing (chimes, the rustling of grasses and/or bamboo, light and/or wind catching ornaments, water features, soft textured/tactile/highly scented plants, edible plants and brightly coloured flowers have been developed to enable this to occur. All garden paths were accessible, safe and well defined but although they led away from the building, they were perhaps made less stimulating for garden users because they did not enable a full circuit of the garden to occur. The path was not circuitous and in fact led to several 'dead ends'.

This is particularly important from a dementia perspective as dementia patients sometimes feel the urge to wander about, and more often than not forget where they are going or how to get back. This is an issue facing many care homes and to help combat this, more of their internal and external spaces now are being somewhat re-configured to facilitate 'wandering with a purpose' providing dementia residents with a route / destination or somewhere to focus on.

There were some handrails around pathways which helped to make these outdoor areas more accessible and safer for people with dementia. This is important as any outdoor area which can be used by residents needs to be accessible and safe. However pathways that do not have clear routes and end destinations can be confusing and dangerous to a person with dementia. There should be areas of interest along the journey (as there was in parts here) but the pathway should ideally lead the person back to a place of safety (back to the main building) which unfortunately they didn't here.

Enter and View

Recommendation

Outside spaces

It is recommended that the employment of more paths and handrails be explored to provide support and help people with dementia feel more secure when exploring the very pleasant and thoughtful outdoor areas of Bickerley Green.

As the outside spaces at the care home have great potential to stimulate residents, we would also suggest that all pathways around the gardens be designed with 'wandering with purpose 'in mind. Create a layout that ensures the paths are circuitous and also continuous so that they lead the resident and /or their carer back to the building and incorporate distinctive landmarks at critical junctions along the way,

The presence of a garden is important not only for residents, but also for families and staff. Families visit gardens to sit, walk, and connect with nature, which may help to relieve the stress of having an ailing family member. Gardens have a positive impact on staff morale too and the pleasantness of the work environment. Other benefits for staff include using nature spaces for walking or other exercise. (See examples below)




Findings and Recommendations (continued)

The Social Environment

It is often an empathy with social care values that steer people into this area of work in the first instance. Staff need to be able to translate their understanding of those values into the way they relate to residents. Attitude and ways of working, trying to understand things from the residents` point of view, is fundamentally important to the quality of care experienced by residents. Having the confidence, abilities and skills to practice creatively and intuitively as well as operating with professional competence enable staff to deliver good care.

The feeling of being `cared for` is a key issue for residents, and it goes far beyond being kept safe or being on the receiving end of care tasks, however competently those things are delivered. Training, supervision, leadership and management and good practice must all keep core values at the heart of what they do, and help to create not only a learning culture, but a culture concerned that promotes positive outcomes.

The Person-centred approach in dementia care was described by Tom Kitwood in the late 1980's/early 1990's. Kitwood argued that viewing people with dementia only in medical terms led them to be seen as 'objects' and as having no subjectivity or personhood. Kitwood argued that people's experience of dementia not only arises from bio-medical phenomena such as their degree of neurological impairment and their physical health but also from social and psychological factors such as their personal biography and day to day interaction with other people.
Kitwood suggested that staff who support residents with dementia should be in possession of the following person centred qualities:

- **Respect**
- **Non-judgemental acceptance**
- **Emphasis on feelings**
- **Holistic**
- **Accent on relationships**
- **Positive**
- **Non-directive approach**

The observation of the social environment aimed to establish whether these qualities were present at this care home, whether all staff understood their purpose and how these were applied to enable residents to live well.

The observation of the social environment involved observing staff interactions with residents, colleagues and visitors. The Observer noted how they personally were responded to throughout their 'Enter & View' experience in the Care Home. Discussions with the Home Manager, staff, residents and their families and visitors were drawn upon. Participation in the dining experience also contributed to the completion of observation.

Overall there were 32 features in the social environment measure which were observed and in practical terms, this involved the visiting team observing the following:

- **Person Centred Approaches**
- **Least Restrictive Approaches**
- **Meaningful Activity**
- **The Dining Experience**

There was specific guidance beneath each individual feature, detailing what the Observer was looking for. The Observer judged whether each individual feature was present in the Home or not.

Person Centred Approaches

On arrival at the care home it was evident to see, hear and feel that staff are 'emotionally bright'. The care setting was calm throughout and staff were engaging with people with dementia, and sharing their 'lived' experience and there was genuine warmth, affection and recognition. Support and delight was taken in the skills and achievements of individuals living with dementia and staff responded appropriately to their own and others emotional needs.

Love, comfort and other signs of affection were also apparent, when and where appropriate. Staff really did show genuine warmth and affection for the person with dementia (clearly following the care plan guidance and the preferred communication modalities of the person with dementia).

There were times when members of staff were to be seen sitting, chatting and just 'being with' people who live there. Staff provided a sense of genuine calm and supportive acceptance regardless of abilities and/or disabilities of the person with dementia.

Staff also demonstrated that they could connect with the experiences, and step into the 'reality,' of the person with dementia. Staff at Bickerley Green demonstrated sensitive understanding of references made by people with dementia to specific individuals/places/experiences. The staff understood and responded appropriately to the emotional experiences of the person with dementia in the moment. Overall there was much visible and audible evidence that staff were engaging and connecting in a sensitive and person centred way.

Least Restrictive Approaches

Staff at Bickerley Green Care Home were not overly focused solely on risk prevention and Health & Safety which is a positive. Indeed, staff appeared to fully understand their duties within legal and policy and procedure frameworks. The approach of staff was in the context of promoting the rights and choices, minimising risk and maintaining the independence of the person with dementia. There was a continuity in care practice and all staff communicated effectively, remained calm and displayed evidence of their understanding of supportive person centred care practice.

Staff also appeared to recognise the importance of emotional memory of people with dementia and demonstrated this in their contact with them. The activity coordinator and care staff working were observed using 1:1 and group interactions to stimulate memories. Overall the staff at the home displayed a depth of knowledge of the treasured emotional possessions of the person with dementia and supported them with sensitivity and genuine kindness. Specialist skills when supporting people with dementia who have significant communication difficulties and/or who may display 'behaviours viewed as challenging' was also evident. There was a continuity in care practice and all staff communicated as best they could, remained calm and displayed evidence of their understanding of supportive person centred care practice.

Nevertheless, the observer noted that memory boxes which are commonplace now in many care homes - and are easy to put together and can be used to help someone with dementia communicate and reminisce - were under utilised. Specialist skills when supporting people with dementia who have significant communication difficulties and/or who may display 'behaviours viewed as challenging' was evident though. There was a continuity in care practice and all staff appeared to communicate effectively, remained calm and displayed evidence of their understanding of supportive person centred care practice.

It was evident to see also that regular use of the outdoors is mostly ensured although that is dependent on staffing levels and the weather. Indeed, it was less evident that people with dementia were freely able to go outside into these safe, enclosed, private areas, without first being escorted by staff. Nevertheless, there was a real sense that the outdoors and indoors merged together as one area within which to engage people with dementia (e.g. Beautiful varied gardens including summer houses, allotments, potting shed.) ,

Recommendation

Least Restrictive Approaches

It is recommended that access to 'safe' outdoor spaces are made safe and uncomplicated so that if the person with dementia is wanting to walk outside alone, the risk of getting lost or getting into danger is minimised. This can achieved by either arranging consistent outside walks; and/or designing a well-defined route that ideally does not entail danger and employs consistent railing support throughout. This is very important to note as outside views, together with access to sunshine or direct daylight, have been shown to benefit residents with dementia. Indeed, research suggests that easy access to outside spaces reduces aggressive behaviour (Alzheimer's Society, 2010).

Recommendation (continued)

Least Restrictive Approaches

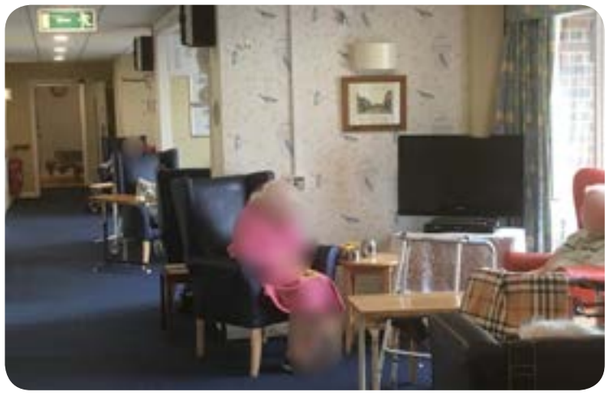
Alternatively, consider employing 'Safer walking technology' such as alarm systems to alert carers to the fact that an individual has moved outside a set boundary and / or employ electronic tracking devices used to locate a person. Tracking technologies can be said to give people with dementia greater freedom and independence, enabling them to walk more freely; carers may feel greater peace of mind knowing that the person can be tracked should he or she wander from home. This type of technology could be said to be less restrictive than, for example, a constantly locked door however, there are issues of loss of privacy and the negative associations with the word tagging to consider.

Meaningful Activity

On the day of the visit, people with a dementia were not observed undertaking regular domestic activities throughout the day and observers saw no Activity Organisers. However, anecdotally staff do occasionally facilitate opportunities for residents to undertake regular domestic duties (some residents are encouraged to undertake a variety of gardening acitivites . Staff on the whole recognise that the feeling of being 'at home' is to do with activities which reinforce the sense of being at home.

Sensory calming and sensory stimulating items and approaches were evident at the care home. Soft toys, comfort objects were all available and visible within the care setting and staff appeared to understand the therapeutic value of these objects and supported residents to engage with them in a person-centred manner. The care setting also was calm throughout and staff were often seen to be frequently engaging with people with dementia, and sharing their 'lived' experience. When interactions did occur they were respectful and there appeared a genuine warmth, affection and recognition.

On the day of the visit people with a dementia were also not observed being helped to 'do' a part of a work-like job they did in the past. There was no real evidence on the actual day of the visit that staff used their knowledge of the residents' life history to provide activities which reinforced their work-like roles: e.g. a teacher may be given exercise books to mark, a secretary/PA may be given a typewriter/ computer and notebook to engage with. An ex-mechanic may be given a piece of an engine and some tools. However, anecdotally observers were told that staff do occasionally facilitate opportunities for residents to undertake duties / activities related to their past. Overall though there was visible and audible evidence that staff were attempting at least to engage and connect in a sensitive and person centred way.



Enter and View

Recommendation

Meaningful activity

The benefits of and need to engage residents in domestic activity - where possible - must be acknowledged. Members of staff need to recognise that the feeling of being 'at home' is largely reinforced by the doing of activities which reinforce the sense of being at home. A sense of comfort, self-esteem, 'family' and maintaining roles can be achieved through residents being supported to undertake domestic activities.

From their admission, residents should be encouraged and supported with drink and meal preparation, tidying, dusting, polishing, baking, vacuuming/sweeping, pegging laundry, washing clothes, ironing, garden maintenance, home maintenance – putting up pictures, painting walls, sewing/darning, etc.

It is essential that the resident's family and friends are involved in this as they can be a resource for information and guidance, they may like to engage in the activity with the resident and it will help them to understand the role of the Home and what person-centred care is.

People can quickly become 'institutionalised' (the process whereby a person entering the 'institution' is 'reprogrammed' to accept and conform to controls that enables the institution to 'manage' a large number of people with set practices and approaches). Once a person accepts the new 'norm' it can be very difficult to reverse the process.

Members of staff should be encouraged to use their knowledge of the resident's life history to provide more activities which reinforce their work-like roles: e.g. a teacher may be given exercise books to mark, a secretary/PA may be given a typewriter/computer/notebook to engage with. A mechanic given a piece of an engine and some tools. By involving the resident, their family and all staff (where appropriate) in the collection and use of life history information, these skills and roles can be maintained and valued to increase the self-esteem of the resident.

For some residents, the experience of being a parent may be the most significant and fulfilling aspect of their life. By providing more dolls, soft toys, prams, 'baby care' equipment, residents may be able to achieve a sense of love, fulfilment and meaning in their lives. These items should be provided in an unobtrusive way – residents should be invited to 'come upon them' rather than be given them. Staff should be enabled to observe how each resident responds to the items. Staff should then be guided to understand how to support the resident to engage with them.

Members of staff should be trained to recognise when residents are attempting to undertake these occupational aspects of their identity and provide the time, environment and equipment for them to do so.

Recommendation (continued)

Meaningful activity

We would also recommend better placement of sensory calming (especially dolls) and sensory stimulating measures (fabrics, large size brightly coloured equipment, local and/or daily newspapers and magazines, natural sounds e.g. bird song etc.) at the care home as sensory stimulation is a key component for improving the quality of life of residents in long term care. These should be in easy reach of residents, not tucked away under and/or besides chairs on the floors.

People are usually bombarded with sensory stimulation all day long to one extent or another; at home, on the street, when cooking or dancing and in many other aspects of daily living. This however is not always the case for elderly people living in long term care facilities, especially for those living with dementia. Often their overwhelming sense of fear, isolation and confusion will prevent them from experiencing sensory stimulation in their everyday lives.

There are a multitude of ways care staff can assist to stimulate the senses, soothe, entertain and elicit positive emotions and we would highly recommend Tegfield House adopting some if not all of the following approaches. For example the sense of smell is one of the most meaningful in terms of connecting people to their past and bringing back memories. Regardless of age, ability or disability, smells have a powerful effect. They can be pleasant, strong, relaxing, or comforting, and can elicit many emotions.

Baking, or using other distinct smells, such as coffee, lavender, ginger, baby powder even, can help a person with dementia bring a memory to mind and therefore is very conducive for reminiscence. The aroma diffuser is growing in popularity in this regard and it allows users to select from an array of scented oils which can be used to elicit many emotions and memories.

Sight is another way of stimulating the senses of someone with dementia. Using bright and fun or soft colours with a person with dementia has been found to be very engaging and pleasant.

Listening to sounds is also a very important aspect of helping people with dementia get in touch with their senses and is highly effective for mood enhancement, relaxation, and cognition; just as it is for everyone else. Music Therapy is actually proving to be an effective Alternative Therapy for people with Alzheimer's disease. Creating an effective dementia care environment involves taking noise and other auditory stimuli into account.

Taste is yet another way of stimulating the senses of someone with dementia. Again we would highly recommend the sharing in meals or foods from residents own childhoods and even helping them to prepare these together. Sweets and even special drinks can be a nice treat and going out to find these either at a local store or an old eatery can be even better and a nice diversion for residents.

The Dining Experience

The mealtime experience at Bickerley Green was a fairly flexible social occasion but it lacked a little bit of atmosphere through a lack of staff interaction with residents throughout the meal. Although many spontaneous connections between staff and residents were observed throughout the visit, staff were not seen to be too 'hands on' when it came to keeping mealtime conversations going with residents using objects, things in their pockets and a range of table top items providing opportunities to talk.

Nevertheless, the atmosphere throughout the dining experience was calm, people were supported to walk or move if they wish to. Verbal communication was constantly at an appropriate volume and tone. Staff did not speak/shout to each other across the room. There was no evidence of people with dementia or staff being rushed.

Protective clothing was mostly the exception & not the rule & was only being used when following a clear plan of care. This was non-invasive, age and culturally appropriate. (Plastic aprons should not be used as a 'rule.' Paper or linen napkins and serviettes should be used) A person centred approach to the provision of napkins and serviettes was clearly observed. Residents were empowered to place their own napkins or serviettes on their person. Staff sought the permission of residents to place napkin or serviette on them before doing so.

Both the meal and the dinner table were inviting: the dining room had tables laid for lunch with table cloths, cutlery and napkins. Additional features such as flowers, salt and pepper helped to turn the act of eating into a more social experience of dining. Food was arranged on the plate in an appealing manner with colour contrast between food items, however there was felt to be an lack of colour contrast between food items and the actual plate.

Although there was a very useful menu listing the days food options for residents, (this was located away from the dining room near the entrance area) serving staff chose not to plate and present the various meal options to residents which could have better stimulated their memory of the menu choices and their wider senses, appetites and imagination.

Nevertheless there was an appropriate number of residents eating together in the dining room at any one time without it feeling cramped; this is important because if there are more people within any dining area it is likely that noise levels will be greatly increased, and there will be more distractions for residents. This will increase the possibility of over stimulation and compromise resident's ability to concentrate during the dining experience. Staff showed awareness of this and adapted the situation accordingly with respect, sensitivity and discretion.

An alternative space to eat was clearly identified and utilised (the second lounge area) to enhance the dining experience, however, there were no visible 24 hour finger foods / 'grazing stations' evident at key points across the home which is seen as good dementia practice nowadays. Finger foods and/or grazing stations are particularly useful for people who are not following their usual eating pattern of three regular meals or for those who like to leave the table and walk about at mealtimes.

It is evident too that staff are meeting residents needs to sit in the most comfortable and orientating environment for them at mealtimes. This is linked to knowledge the staff have of the residents biography. The décor, furniture, pictures and object placement replicated a 'homely' dining environment. Staff and others reinforced the sense of welcome and family atmosphere by being approachable, friendly, appropriately humorous, interested in others, responsive and spontaneous.

Any noise from the kitchen was not distracting to residents. However noise within the dining room was not kept to a minimum whilst residents were dining (other than that which supported an engaging atmosphere). Some staff were opening and then slamming shut utensil draws which was quite loud. These staff were not evidently mindful of this and did not apologise and/or attempt to reduce the noise.

The impact that noise has on people with dementia is rarely considered by care staff or managers on a day-to-day basis. And yet, noise that is acceptable to care staff may be particularly distressing and disorientating for a person with dementia, especially at busy times of day such as mealtimes.

Crockery, cutlery and all tableware was of a traditional and culturally appropriate design. Adaptive cutlery (easy grip handles, plate guards, spill-proof cups, etc) was also available. Residents were empowered where possible to choose this themselves within the dining area if they wished. Residents requiring adapted cutlery and crockery were provided with this with care and sensitivity. Food and drink was clearly placed within the resident's visual field and located toward their dominant hand.

Nevertheless, at the time of the observation residents were not observed being involved in the serving of meals at lunchtime however they are encouraged to help wash up after the meal has finished. The importance of involving people with dementia in the whole dining experience can help to meet orientation, self-esteem, comfort and identity needs. Observers would recommend that people with dementia are more involved in pre-and / or post dining activities as routine and continuity are important in activities.

Although staff were not observed eating and drinking with residents, relatives were observed having a meal with the residents - space around the table and seats were made available for this to happen. This is good dementia practice and also important as eating in company can enhance eating as the person with dementia copies others. Indeed, family members and paid staff can play an important role in both encouraging eating and identifying eating-related problems that could be resolved.

Enter and View

Recommendation

The Dining Experience

Observers would recommend that people with dementia are more involved in pre-and / or post dining activities as routine and continuity are important in activities. It is especially useful to encourage daily activities such as buttering bread; washing up etc. - even if they are done over and over again. Though it is important that the person with dementia is happy to do the tasks and activities. Being allowed to carry on with everyday activities for as long as possible will not only help the person with dementia hold on to these skills and encourage independence, but will allow him or her to feel able to contribute and know that the help is valued. This sense of purpose and wellbeing should also help to ensure the person with dementia is less agitated and anxious.

Observers would also recommend the employment of soft close drawers as they absorb the impact of slamming doors, drawers and allows them to close gently and softly. This is important because hearing is linked to balance which also leads to a greater risk of falls either through loss of balance or through an increase in disorientation as a result of people trying to orientate themselves in an environment that is overstimulating and noisy.

Another recommendation would be for staff to show residents with dementia the meal choices at the time of the meal. This is because it is often unlikely that people with dementia are able to recall what they have requested for their meal or what menu choices are. Some people with dementia may not be able to indicate their choice of meal. As dementia progresses a person may have difficulty choosing and deciding on the food they want to eat. Simply calling out a list of options can be confusing and difficult for the person to understand as they may no longer recognise what the food is from hearing the words alone and may struggle to remember all the options given to them.

If the person can see the food this will help them recognise it and make a choice. Showing packets or boxes of the food can also help the person connect the words with their memory. For example, showing the person a box of breakfast cereal can help that person make sense of what they have been offered. Always describe and talk about the food or meal that is being served.

Where practically possible, staff, should also be encouraged and enabled to interact more with residents during the dining service by eating/drinking with people with dementia. Space around the table and seats could be made more available for this to happen. This is important as eating in company can enhance eating as the person with dementia copies others; also, family members and paid staff can play an important role in both encouraging eating and identifying eating-related problems that could be resolved.

Notwithstanding lunch snacks, afternoon tea and dinner, the employment of more 24 hour visible finger foods/'grazing stations' out in public areas and corridors – changed hourly to meet Food Hygiene Regulations – could be employed with the aim of encouraging individuals living with dementia to eat when they feel like it. Finger foods are particularly useful for people who are not following their usual eating pattern of three regular meals or for those who like to leave the table and walk about at mealtimes.

Conclusion

Healthwatch Hampshire would like to thank Bickerley Green staff, residents and visitors for their contribution to the Enter and View programme. This report relates to findings observed on the specific date set out above. The report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Overall representatives felt that the visit provided a good insight into nursing care. Bickerley Green achieved an overall Healthwatch observation rating of **good** for dementia friendliness. The physical environment at the care home (which includes the communal spaces, personal spaces, familiar objects, way-finding and signage, furniture, visual access, colour, lighting and outdoor spaces) is an environment that is friendly, inclusive and supportive for people with dementia.

The social environment too at Bickerley Green (which includes person centred care; communication; restrictive interventions, food and drink, meaningful activity etc..) is also progressing to a high standard which indicates that staff do see people with dementia as equal partners in planning, developing and monitoring care to make sure it meets their needs.

The report is an attempt to highlight the environment and practice that was observed and reflects the opinions of observers, residents and staff about the care and support provided. It is hoped that as Bickerley Green continues to develop, the observational exercise and the recommendations included within the main findings will guide them to achieve even more, whilst reflecting on all the elements of their care which are currently good and should be rightly celebrated.

Healthwatch Hampshire is keen to find out how useful this Enter and View report has been to you, and your organisation, in further developing your service. What you need to do now is consider the main findings of this report and respond to the individual recommendations so that we can share them with the public and our partners at both Hampshire County Council and the Care Quality Commission (CQC). Additionally, the final draft of the Enter & View report (complete with your own comments to the recommendations) will be displayed on Healthwatch Hampshire's website for the public to read. As part of the Health and Social Care Act 2012, health providers and commissioners must respond to Healthwatch **within 20 working days**. We appreciate your involvement and we look forward to hearing from you.

Thank you.

Enter and View

Service Provider response

Recommendation (Communal spaces)

We would agree there are opportunities to use latest evidence in the design choices and will consider this when the communal areas are due to redecs.

Recommendation (Personal spaces)

Door decals are in the process of being fitted to all residential bedroom doors, whilst reminiscence boxes are in the process of being sourced. Whilst mirrors can cause distress for some people, were we have covered mirrors.

Recommendation (Familiar Objects)

Plans for toilets and bathroom to be personalized within the home. Concerning the homeliness of toilets we must strike a balance to ensure the service responds to individual needs whilst also providing ensuring safe practice for staff.

Recommendation (Way finding)

The home has started to remove some clinical posters into staff areas rather than communal areas.

Recommendation (Visual Access)

These recommendations are noted and feasibility will be considered. .

Recommendation (Colour)

The home is programmed to have communal areas redecorated so will take recommendations into consideration.

Recommendation (Lighting)

This recommendation is noted and will consider this at our next routine maintenance

Recommendation (Outside spaces)

This recommendation is noted and aim to re-design outside space working with our Landlords.

Recommendation (Least restrictive approaches)

This recommendation is noted and best practice evidence will continue to be balanced by the need to protect the safety and well being of people.

Service Provider response (continued)

Recommendation (Meaningful activity)

This recommendation is noted and many of these suggestions are included in the operations of the unit. Best practice evidence will continue to be used in staff development.

Recommendation (The dining experience)

Work has already started in improving the dining room experience. Grazing area is in process of being implemented. Meals are now provided just outside the dining room to avoid excessive noise.