

# **healthwatch**

## **Enter and View Visit**

**Frome Care Village**

**Styles Hill**

**Frome**

**Somerset**

**BA11 5JR**

**Date of visit: 9 June 2015**

**Authorised representative(s) undertaking visit:  
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## Acknowledgements

Healthwatch Somerset would like to thank the staff and residents of Frome Care Village for making us feel welcome and offering assistance during the Enter and View visit.

## Purpose of the visit

- to seek the views of those who live in residential services on the health and social care services that they use, including the residential service in which they live.
- to find out how those in residential care access the health and social care services they need.
- to Identify and highlight areas of good practice to share with other providers.

## Methodology

The home was notified about the Enter & View visit two weeks prior to the visit. A letter was written to inform residents and visitors, which the home was asked to display.

On the day of the visit, the Enter & View team were keen to ensure that their presence did not get in the way of the care being given to residents. They had therefore requested to meet with the manager or senior member of staff on duty to discuss how the visit could be best managed and be informed of any issues that they needed to be aware of.

The Enter & View team were then given a tour of the home, before being free to wander the communal areas in the home and chat to residents and staff. The team split into two groups and then joined residents for lunch. It was found that this provided a social occasion in which to chat to residents in more depth.

The team then met in a quiet area of the home to collect their findings before giving a brief verbal feedback to the manager.

The report was then drafted and sent to the manager for their comments on any recommendations made which were recorded on the attached recommendations

sheet. The final report is then sent to service commissioners, The CQC and published on our website.

## Summary

Frome Care Village is one of a number of homes and care villages owned and managed by PSP Healthcare Ltd. Up to 60 residents can be accommodated in the facility which is split over two buildings. Parsonage is a period building which is designated for dementia care and Woodlands is a modern building which provides nursing care. When the E&V team visited the care village was at two-thirds occupancy.

The home has experienced significant problems of late and concerns were outlined in recent CQC reports. The Enter and View team spoke with the new acting manager who has only been in post for a very short time and also with one of the company's directors. Both very open to discussing the difficulties the home had experienced and their plans for improvement.

It was acknowledged that parts of the environment particularly at the Parsonage had the potential for improvement and evidence of some initial changes were seen - such as the garden room in the entry area. Staff were very welcoming and approachable. In Parsonage a uniform is not used. In Woodlands staff were wearing a practical uniform suited to the environment. As part of the planned changes staff training including in emotional care will be provided and staff will be matched appropriately to the needs of the residents.

The home welcomed the input from Healthwatch Somerset Enter & View team and the acting manager communicated many plans for improving the service. The Enter and View team have made recommendations in this report that we hope will aid the home in making improvements but also noted good practice examples.

## Proposed changes to be made by the manager

The Acting manager has been at the Frome Care Village for five weeks and was about to become the registered manager. She is new to the Somerset area and lives at the home for four days per week. The main changes discussed were focussed on The Parsonage which provides the dementia care provision. The proposed model of care is one which has a focus on emotional care.

The building itself is old and lends itself to being split into three areas known as 'houses' which will be designed to meet the needs of residents in different stages of dementia. The stages are repetitive, early stage and end stage. Each house will have a dining room, an outside area and a kitchenette to allow residents to be able to complete daily tasks. All staff will have training which includes an 'emotional care assessment' which draws on knowledge and life experiences. This will give the senior staff tools to be able to match staff according to their character and skills to the relevant houses.

Staff will spend all their time with the residents (including meals break) and will eat with them as opposed to separately. This will help to break down any 'us and them' barriers. Activities will also be designed and implemented by the care staff. The acting manager stressed how essential it is to know the resident and their background to ensure that appropriate environment and activities could be given and this comes from spending quality time with people. A specific cited example was that a resident with a farming background who now has access to farming magazines and a toy duck, milking equipment is being looked for currently as a familiar sensory prop to stimulate the resident. The acting manager informed us about a previous home where this idea had been implemented which led to an improvement in residents' well-being, weight gain and communication. It was acknowledged that not all staff were in favour of the changes and these were staff that had become accustomed to old methods of working. The majority of staff however had responded positively.

Other changes discussed were linked to décor, small improvements had been made such as to the entry area in Parsonage (Garden Room) which is brightly coloured and has interesting features to aid resident stimulation. The building has limitations but plans are in place to paint toilet doors red (research shows this is one of the colours that remains prominent for longest for people who have dementia.) There are also plans to reinstate memory boxes and to convert outside areas.

It is acknowledged that the programme of changes will take time to implement and it would be beneficial to re-visit the care village in a six to twelve month timeframe. This would give opportunities for Healthwatch Somerset to further share good practice and provide an independent body to seek the views of residents on how the changes made have been received and help the home prioritise any further changes planned.

During the visit some time was spent with a director from PSP Healthcare who was visiting the service at the time of our visit. The Enter and view team found that the commitment to positive changes from the director and new acting manager were very encouraging.

## Findings

### The Environment

#### **The Parsonage**

This is a large period building that has been adapted over the years which is reflected in the fact that some sections are not suited to wheel chair access due to narrow doorways. There are areas with neglected décor in parts but plans to improve this were discussed. There are plans to paint toilet doors red later this month as research shows this is one of the last colours to fade for those who have Alzheimer's.

Toilet facilities are plentiful and those seen were clean and appropriate for residents. Six of the bedrooms are en-suite. There is considerable outside space suitable for conversion for residents' use - some of which is undercover. A small number of memory boxes are available containing 'keep sake' items that can stimulate memory and enhance relationships with staff and others by providing a talking point and information about a resident's life. One care home that specialises in dementia care that the Enter & View team recently visited used 'Rem Pods' Which are pop-up scenes, designed to stimulate the memory and senses. In the interests of sharing good practice, it is recommended that the home looks into 'Rem Pods' and the benefits they could offer to residents. (<http://www.rempods.co.uk/>) (**See Recommendation 1**).

Within the communal areas there were staff interacting with the residents using condition appropriate tasks such as jigsaws. Toys, dolls and a toy quacking duck were available to all and music was playing in both communal areas seen. Activities are provided to those who choose to participate.

The area is controlled using a key pad to help ensure the safety of residents.

There were twenty-six residents on the day of the visit with the majority in the common areas. The director explained that no further admissions were planned until the problems highlighted by the CQC have been resolved.

#### **Woodlands**

This building is purpose built and much newer than the Parsonage. It appeared to be designed to accommodate those with disabilities with large doorways and corridors. Ramps and double doors were provided for ease of wheelchair access.

We saw that communal areas are bright, airy and well decorated. The dining room had music playing for the one resident using it. A large outside area with a pond is available and some rooms look out onto this directly.

The kitchen and laundry are accommodated in this building and food and laundry is distributed from here.

The main door to this area remained open so residents were able to easily leave if they chose to do so. One resident chooses to spend much of his time outside.

At lunch we observed that one resident was in the dining area and a carer was seen to check on them regularly, asking if the resident needed assistance. The resident was then offered the chance to help clean the area which she engaged with. This was seen to be good practice as engaging residents in meaningful activities can not only be stimulating but can also help people to feel valued. Throughout our visit the level of care and involvement of residents by staff was exemplary.

There were fourteen residents in Woodlands on the day of the visit, only two were in the common areas and the remainder chose to spend time in their rooms.

## General

In both buildings the areas seen were clean and tidy. Weekly menus were on the noticeboards and choices were available. Fruit was available on the table in Parsonage and a choice of drinks provided.

In both areas there is no internet but computer and internet access was being planned. The Enter & View team would recommend that the home look into the 'Get Connected' grant which exists to help those in social care access the Internet. The website contains details about how this may also help those with dementia.

<http://www.scie.org.uk/workforce/getconnected/> **(See Recommendation 2)**

It is also recommended that the home look at the Healthwatch Somerset Publication 'Residential care environment – good practice examples' with staff and at resident and family meetings to see if it generates further ideas for the enhancement and improvement to the environment. **(See Recommendation 3 & Appendix 1)**

No hearing loop – either wired or portable - was installed or available at the home. Action on Hearing Loss (formerly RNID) state that on average 80% of those living in residential homes will have significant hearing loss. The absence of hearing loop systems is likely to disable many residents and could lead to residents experiencing a number of difficulties around communication, depression and isolation. The Enter & View team would therefore recommend that the home consult with Action on

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Hearing Loss and take advice on the installation of hearing loop systems. Tel: 03332 405659 **(See Recommendation 4)**.

The overall outside grounds looked unkempt giving a poor initial impression; this was mentioned by the acting manager in the plans for improvement work.

## The Staff

At the time of our visit there appeared to be a good staff to resident ratio and all staff observed during our visit were seen to be caring, respectful and supportive. Staff made efforts to ensure residents were treated with dignity. Residents were referred to by name and staff appeared to know the residents and their likes and dislikes.

The acting manager informed us that there are changes being implemented which are referred to in the 'proposed changes' section of this report. One member of staff was observed to notice that a resident was squinting at the sunshine which was dazzling them and a member of staff pulled the curtains to shade the resident. Another member of staff was observed to respectfully calm a resident who was upset and confused.

A small number of agency staff are used. These tend to be booked in a block to try and ensure that low staff turnover is maintained. There are a number of volunteers who assist with activities throughout the week.

Posters showing the designated 'Infection Champion' (photo and name) were seen in Parsonage.

It is recommended that the management look at Appendix 2 'Staffing good practice examples' and note any examples the home wish to try and adopt on the recommendations return sheet. **(See Appendix 2 & Recommendation 5)**.

## Involvement

The manager discussed that regular family meetings are scheduled to keep them informed during the improvement period. The manager mentioned that these are only attended by a small number of family members but that they felt that it was beneficial on the whole to continue. A suggestion box was not seen during the visit and it isn't clear how feedback is acted upon. (It is recommended that the home look at Appendix 3 the Healthwatch Somerset publication 'Resident and family meetings – good practice examples' and discuss this with staff and at resident and family meetings to aid further improvements in this area. **(See Recommendation 6 and Appendix 3)**).

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There is a clear link with the local community and a number of volunteers assist at the home. One resident attends a local stroke club and is assisted by a staff member to do this.

## Activities

The activities co-ordinator has worked in the home for a number of years in various roles and knows the residents well. The co-ordinator accompanies residents to go out and about to places such as a local stroke club and supermarket. There is a wide ranging list of activities offered but male residents spoken to said that they didn't find many of the activities were suited to them. Activities were tailored to ability and the co-ordinator stressed that participation is encouraged but optional. A list of activities gathered from other residential homes is attached as Appendix 3 and includes many activities that may be of interest to activities staff and residents, particularly male residents.

It is recommended that this list be shared with activities and care staff and be discussed at resident and family meetings as well as on a one to one basis with residents (**See Recommendation 7 and Appendix 4**).

## How do residents access health and social care services?

### Faith and Religion

Rev. Michael Waite was observed visiting the Parsonage on our visit. Rev. Waite carries out non-denomination services for residents.

### Dental Services

Frome Care Village does not have Oxygen cylinders on site which means that dental treatment cannot be provided at the home. Residents need to access their own dental providers.

### Hospital Appointments

Residents are accompanied on hospital visits as appropriate. One discharge example was given where a patient with complex mental health needs and an IV lead had been inappropriately referred back to the village. The home would like to be able to conduct a health needs assessment before discharge to ensure that the patients' needs can be met. It was mentioned that the hospital discharge team do not



seem to liaise with the staff nurses on the ward and there is a lack of communication both between hospital departments and the home.

It is recommended that the home look at the Healthwatch Somerset Publication 'improving hospital admissions and discharges – good practice examples' (Appendix 5) and consider implementing the suggested actions to help improve future liaison between the hospital and the home. **(See Recommendation 8 & Appendix 5).**

### **GPs**

Residents typically will be registered locally unless they choose to remain with their own GP. GPs visit the home as requested.

### **Transport**

Recourses are limited and the care village is a distance from the town centre. One resident attends a local stroke club and is taken by a staff member. The provision of a mini bus was discussed. It is recommended that the home researches other organisations such as Rethink, local schools or the Scouts with regard to minibus hire. The home could also consider giving support to smaller groups of residents to organise a taxi share into town if they wish and therefore reduce the cost. **(See Recommendation 9).**

### **Physiotherapy**

None is specifically provided in-house. Treatment is defined on an individual basis and residents are accompanied to visits.

### **Other services**

Podiatry is available, both at the home and externally, and is provided according to need.

## **What do the residents think about Frome Care Village?**

### **Staff**

One resident was very complementary about how the staff tried to help, stating that staff are keen to try and assist at all times - but that the lack of interaction with other residents meant that he remained quite lonely at times.

## Food and Dining

Residents we spoke to said that generally food was of a high standard and that staff also ate their meals at the home. The meal provided at the time of our visit was nutritionally balanced and well cooked. The weekly menu gave a wide variety of options with fruit and drinks offered between meals. A male resident stated that the food is better than his wife's cooking and was very pleased at the options given.

Food was cut where appropriate and residents were observed to be gently encouraged to eat when necessary. Dining rooms were provided in both areas. In Woodlands only one resident was in the dining room and she was left with music but the care assistant checked on her a number of times. Most Woodlands residents choose to eat in their rooms.

## Activities

One resident told us that there were not many activities suited to male residents but when asked they were not sure about types of activities that they would like to participate in. (see Appendix 3 for ideas).

## Specific Areas of Good practice to note

- Kind, caring and approachable staff in all positions, with a very high staff ratio.
- Notice boards were clear and contained a lot of information.
- Staff photos are evident.
- Volunteers and external visitors were present.
- Comprehensive activities programme.
- Food of good quality and well presented, appropriate format for resident.
- Bells were observed to be answered promptly at the time of our visit.

## Conclusions

The home appeared welcoming and residents were observed to be comfortable and cared for at the time of the visit.

The environment could be much improved by the implementation of plans as discussed with Healthwatch during this visit.

Staff were observed to be respectful and the quality of care seen was of a high standard. There are planned changes to procedures, and staff interaction and training designed to maintain and assure high quality of care.

The manager and director were very open about the problems the home had experienced and complaints that had been made and appeared keen to implement plans for improvement and involve Healthwatch Somerset in this. It is recommended that the home invite Healthwatch Somerset to make a further visit in a few months' time, so that Healthwatch Somerset can provide residents, staff and visitors with an independent body to discuss what difference the implemented changes have made and give further opportunity for the sharing of good practice during this improvement period. **(See Recommendation 10).**

Overall the Enter & View team found the acting manager and director to be open and keen to discuss past problems and enthusiastic about making positive changes that are much needed to enhance and improve the care provided to residents. It is hoped that this report and further involvement from Healthwatch Somerset will go some way to furthering the quality of service offered by Frome Care Village. We look forward to hearing from the service about this report and the recommendations made.

### **Disclaimer**

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available)

## **Appendix 1**

### **Good Practice Examples in Residential Care**

#### **Environment – Good Practice Example**

- Where possible, ensure there is a range of comfortable seating areas that provide a choice of where and whom to sit with or a choice of where to receive visitors.
- Make regular checks to help ensure there is easy access around the home including seats long in corridors for resting.
- Consider offering residents an in-house post box and option to purchase items such as toiletries, snacks, and newspapers.
- Where possible it is good practice to ensure hand rails continue across doors where areas such as staff office and broom cupboards are located. This help to

ensure that residents are able to wonder around the home while minimising the risk to themselves and the chances of wondering into unfamiliar areas.

- For homes registered to provide care for those who have dementia, use yellow and red paint in communal areas where residents can safely wonder. (Research shows these are the most recognised colours for people suffering with Alzheimer's disease.)
- Personalise doors and walls outside of people's rooms.
- It is recommended that Dementia Care Homes provides tactile wall hangings and boxes containing tactile objects in corridors which can reduce anxiety and stimulate the senses.
- Ensure provision for double rooms or adjacent single rooms where possible so that couples can stay together.
- Make broadband Wi-Fi available for residents to use in the home. The Enter and view team have spoken to several computer literate residents and this is certain to increase in the future.
- Encourage residents to bring their own furniture or personal items to the home, space permitting. One home visited was able to accommodate a resident's piano in a communal area.
- Display a board showing information such as activities for the day, staff on duty and other information such as the date and weather forecast.
- Apply for 'Get Connected' grant to install specially adapted and simplified computers. For those in care.  
<http://www.scie.org.uk/workforce/getconnected/faq.asp>
- Ensure designated male and female toilets are available.
- Ensure there is a private area where residents can make and receive phone calls and include an option for residents to have their own phone line in their room.
- Ensure residents have the option to lock their room and have a place to lock away valuables unless it is assessed as unsafe to do so.
- Ensure that commodes are given where needed to residents' who do not have en suite rooms.
- Hearing loops should be installed in communal areas and a portable hearing loop should be available for residents' visitors and staff as needed. All staff should know how to use these. Advice can be sought from Action for Hearing Loss.

## Appendix 2

# Good Practice Examples in Residential Care

## Staffing – Good Practice Examples

**'The staff are so committed, nothing is too much trouble'**

Healthwatch Somerset supports the notion that care work should be seen as a skilled profession. Healthwatch Somerset has identified a number of good practice examples related to staffing throughout the visits made.

- Distribute regular staff surveys that ask staff how well supported they feel and invite their feedback on training and supervision, Staff should be able to respond anonymously.
- Keep a staff presence in or near communal areas at all times when residents are present in these areas.
- Encourage staff to use their talents and skills in creative ways to help meet the needs of residents, enhance their environment.
- Ensure all staff working at Christmas, are equipped with a laundry marker and marker pen to label residents gifts to ensure new gifts and clothes do not go missing.
- Consider welcoming social care student who are on college work placements. They can provide a fresh pair of eyes and up to date knowledge in exchange for experience.
- Ensure that regular staff supervision is given to all staff.
- Seek to recruit volunteers who may be able to provide extra activities or to lend a hand at meal times.
- Smaller residential homes should consider having care staff who are involved in all roles and do not 'key-work' or take any particular responsibility for any one resident. This can enable all staff and residents to get to know each other better and for staff to be more flexible with their skills and knowledge (*NB: Not noted as a good approach for larger homes of twenty or more residents.*)
- Where possible use bank staff as opposed to agency staff to help ensure consistency for residents.
- Ensure that staff shifts are planned to overlap so that staff are available to residents during handover times.

## Staff Training

**'Staff training is everything! Nothing makes more of a positive impact to the residents'**

- Support all nursing and care staff to achieve a National Vocational Qualification (NVQ) in care, or the new Quality Credit Framework (QCF) qualification.
- Subscribe to a training television channel called 'Aged Care Channel'. This provides training for all staff on a variety of related topics.
- Ensure staff have opportunities to participate in ongoing training, As well as broadening the skills set of staff it can also assist to staff maintain good skills and motivation.
- Staff training should start as soon as a new staff member is employed.
- Staff induction should include modules on health and safety, dignity and respect and key policies and guidance.
- New staff should shadow more experienced staff during induction.
- Support at least one member of staff to become a 'Dignity Champion'.
- Residential and nursing homes should encourage a member of staff to attend 'End of Life Care training' and take a lead role in advising about end of life care. It is good practice to have a staff member who can link with a local hospice to share and pass on training and information
- A scheme called 'Red Crier Training' should be considered by residential homes and nursing homes. This scheme provides materials for in house training which is then externally validated. It is thought to be a good system as once purchased there are no additional charges for undertaking new training and training updates thus giving more of an incentive to offer staff comprehensive training opportunities.
- Below is a list of staff training that has been identified as specifically relating to dignity in care;
  - Best Interests Guidance (helping to ensure those who lack capacity have their opinions sought and their wishes acted on.)
  - Dementia awareness (all support staff)
  - Palliative care.

- Care code of conduct
- Confidentiality
- The Rights of Residents
- Health and Safety
- Food Hygiene and Safety
- Personal Care Tasks
- Care Assistants Responsibilities
- Infection Control
- Manual Handling
- Abuse Awareness.
- All care staff either have a National Vocational Qualification (NVQ) in care, or were working towards the new Quality Credit Framework (QCF)
- MUST (Malnutrition Universal Screening Tool)
- Equal opportunities
- Life Story Books training.
- Mental Capacity Act (2005)
- Communication tools (RNID and Somerset Total Communication)

### Appendix 3

## Good Practice Examples in Residential Care

### Resident and Family Meetings – Good Practice Examples

- Holding regular meetings at least quarterly if not more frequently.
- Making the meeting part of larger events such as a cheese and wine evening.
- Ensuring that residents have the opportunity to add to the agenda and receive the agenda well in advance
- Inviting guest speakers to talk about a topic of interest such as finance/ care home fees, hobbies and crafts, reminiscence or perhaps even a comedian. This would help to ensure that residents who may not otherwise attend might be motivated to give their input for different reasons.
- Ensuring that residents are able to feed into the agenda in advance and received minutes of meetings, noting in particularly ‘You said we did’ type comments.
- Giving residents who do not wish to attend the opportunity to contribute to the meeting in other ways. E.g. via a key worker or suggestion box.



Appendix 4

**Good Practice Examples in Residential Care.**

**Consolidated Activities List.**

A broad range of activities in residential services is important as it can provide residents with choices about meaningful ways in which to spend their time. It is especially so, when residents are no longer able to gain access to outside activities. Some homes have noted that engaging residents in activities is difficult and have struggled to find meaningful activities to offer. We have compiled this activities list from the Healthwatch Somerset Enter and View visits.

**Activities:**

Quizzes.

Visits from local falconry/ bird sanctuary.

Musical Entertainers

Visitors and staff bringing in pets.

Monthly in-house church service.

Visits from the owl sanctuary.

Visits from the Donkey Sanctuary

Art class.

One to one manicure.

Knitting circle.

Drumming for the brain.

Reminiscence. (Group & 1 to 1)

'Old Fashioned Sweet Shop' visit home.

Bingo.

Comedian visits.

Arts and crafts.

Carol service.

Hand bell ringing.

Nintendo Exercise.

Garden walks.

Film club

Flexercise.

Singing.

Songs of praise.

Chiropody.

Clothes Direct visit to the home.

**Indian Head massage.**

**DIY club**

**Flower arranging.**

**Barbeques.**

**1:1 time to chat with key worker.**

**Crochet. (outdoors + Indoors).**

**Garden Games.**

**Dough modelling.**

**Armchair exercise.**

**Pets at home service.**

**Swimming.**

**Reading of local paper.**

**Wine tasting.**

**Trips out to:**

**Garden centre.**

**Theatre.**

**Just for a drive.**

**Shopping and Christmas shopping.**

**Library.**

**National trust historic building.**

**Cinema.**

**Consultation Event.**

**Cooking.**

**Assisted gardening.**

**Model making.**

**Guide Dogs.**

**Life Story books.**

**Gardening (indoor + outdoors.)**

**Mobile bar. (trolley with drinks and pub games.)**

**Music and movement.**

**Dancing.**

**News & current affairs discussion group.**

**Crossword.**

**Xbox bowling**

**Talent Show.**

**Local school nativity.**

**Pub lunch.**

**Fish and chips out.**

**Christmas lights.**

**Sea side.**

**Coffee shop.**

**Taunton Flower show.**

**Stroke Club.**

Active Living Group.

Steam Fair.

### General good practice identified – Activities:

- Display an activities timetable on the notice-board and provide a copy to each resident.
- Include an activities list on the home's web site.
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, writing a life story book or just time to chat or reminisce.
- Encourage and support residents to organise their own activities.
- Invite nearby homes to partake in events and activities such as garden parties, quizzes, visiting entertainers and tea dances.
- Discuss activities at resident meetings.
- Offer a mixture of individual and group activities.
- Give gentle encouragement to participate in activities while ensuring no-one feels guilty for choosing to opt out.
- Employ an activities co-ordinator or give staff a specific role and time to plan activities with residents.
- Arrange fund-raising activities such as car boot sales which contribute to the 'Residents Fund' which can then be used to pay for trips out and additional activities or equipment.
- Allocate time for staff to arrange individual activities for residents or spend one to one time with a resident.
- Space permitting, invite local clubs such as WI and local film club to meet at the home ensuring residents can join in if they wish.
- Encourage residents to use their skills such as putting up a shelf, dusting, mending, knitting, poetry, painting, gardening admin etc.
- Make enquiries to the local Rotary Club, Stroke Club, Scouts Association etc. to see if they can support with arranging transport to community events or rent their minibus.
- Seek volunteers to help run activities.
- Contact 'Somerset You Can Do' on 01278 664 180 (or email: [enquiries@somersetyoucando.org](mailto:enquiries@somersetyoucando.org)) or find out more online at <http://www.somersetactiveliving.org.uk/>

### Appendix 5

## Good Practice Examples in Residential Care

### Improving Hospital Admissions and Discharge – Good Practice Examples

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Many of the nursing and residential homes visited by the Healthwatch Somerset have experienced difficulties when residents are discharged from Hospital. Healthwatch Somerset has identified a number of good practice examples that homes have taken to lessen these issues.

- Ensure that an information sheet about residents is sent with them to hospital. For residents who may be confused or have dementia we recommend that homes use a form called 'This Is Me' available from the Alzheimer's Association. This form contains details of the person such as, their likes and dislikes, their wishes and their preferences. Staff at Yeovil District Hospital and Musgrove Park hospital has received training by the Alzheimer's association and should be familiar with this form.
- Set up of a formal agreement with local community hospitals relating to residents discharge from hospital and the home, This may include involving a tick list of actions that the hospital need to take prior to discharge. Ensure the Patient Engagement manager and director of nursing are involved.
- Ensure the hospital is informed that the care home require a discharge letter and the correct medication before discharge can be made.
- Always send an '*Improving Discharge Form*' for when difficulties are encountered. This is a form to notify hospitals of difficulties relating to discharge and can be obtained from the hospital's 'discharge liaison nurse'. Ensure any problems experienced with admissions and discharge are reported to...
  - The Patient Engagement Manager
  - The Hospital Discharge Liaison Team
  - PALS (Patient Liaison Service)
  - Healthwatch Somerset
- Always try to assess a client's needs prior to hospital discharge and where appropriate advocate transferring a patient to a community hospital before returning to the home. Ensure hospital staff are aware that you wish to attend any discharge planning meeting and that this is recorded.
- As appropriate, living wills and DNR (Do Not Resuscitate) instructions accompany residents to hospital.
- A copy of MARS (Medication Administration Record Sheets) should be sent with residents to hospital.