

Details of visit

Service address:

Beechville

653 Chorley New Road, Bolton BL6 4AG

Service Provider:

MHA (Methodist Homes)

Date and Time:

3rd August 2015 @ 2 pm

Authorised

Representatives:

Eileen Bennett (supported by Karen Wilson)

Contact details:

Healthwatch Bolton, St. Georges House, 2 St. Georges Road, Bolton BL1 2DD

Acknowledgements

Healthwatch Bolton would like to thank the Service Provider, residents and staff for their contribution to the Enter and View programme.

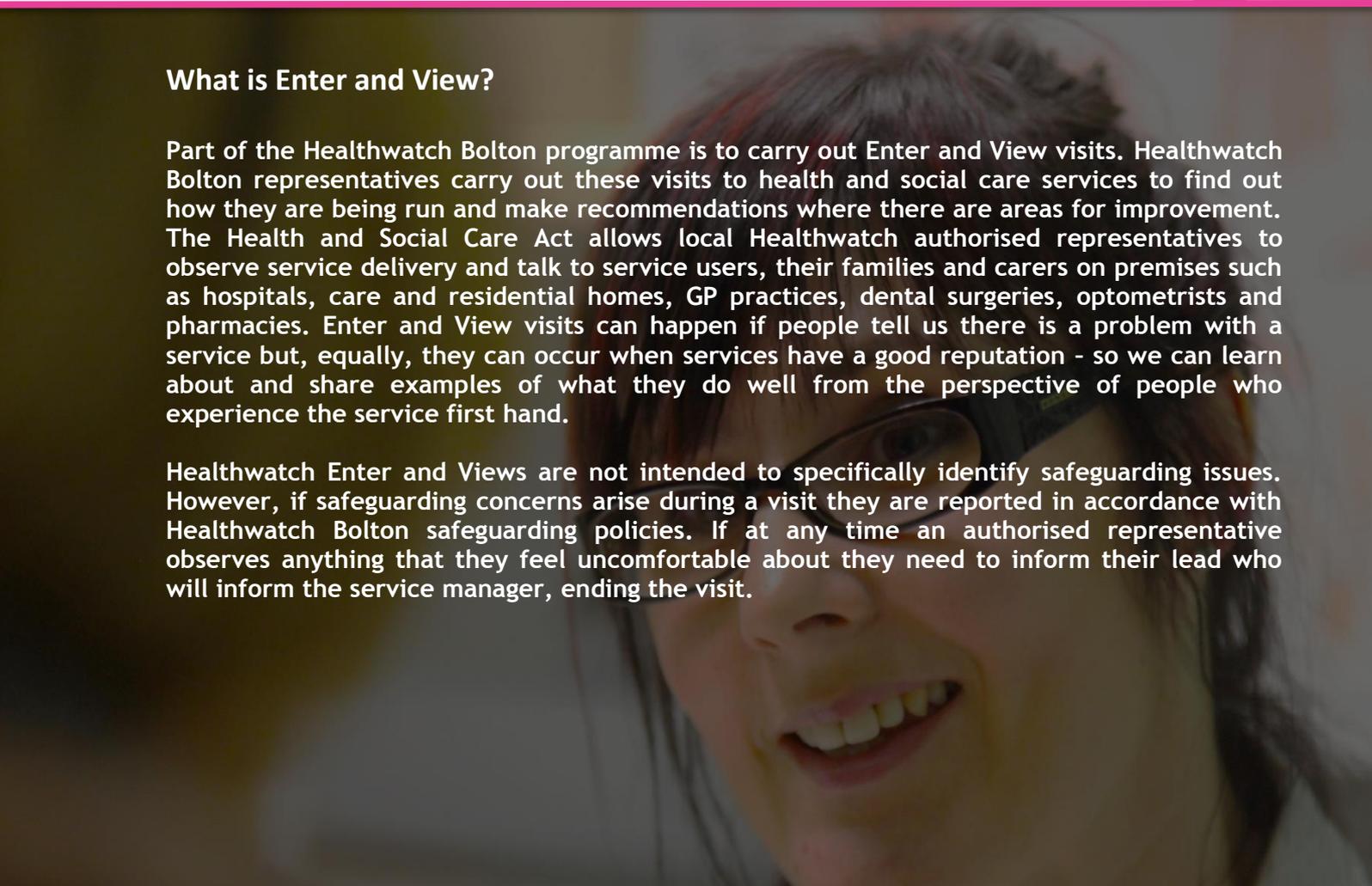
Disclaimer

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 residents and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the Healthwatch Bolton programme is to carry out Enter and View visits. Healthwatch Bolton 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, care and 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 Bolton 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.



Purpose of the visit

- To engage with residents of care homes and understand how dignity and choice is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.
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Strategic drivers

- CQC dignity and wellbeing strategy
- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care

Methodology

This was an announced Enter and View visit.

We approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Following a discussion with Rachel Watson, the Manager, Authorised Representatives conducted short interviews with 5 members of staff and volunteers at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes, activities and staff training were explored.

Authorised representatives also approached 6 residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home were also explored, to help with our wider engagement work. Two visitors/family members were also spoken to as they were with a friend/relative at the time. They explained to everyone they spoke to why they were there and took minimal notes.

A large proportion of the visit was also observational, involving the authorised representative walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

When they had finished speaking to staff and residents they left them with an information leaflet and explained that a draft report would be sent to the home to check factual accuracy and to allow the home to comment on any findings or recommendations.



Summary of findings

At the time of our visit, the evidence is that the home was operating to a very good standard of care with regard to Dignity and Respect

- Residents looked tidy and clean, we saw no evidence of dignity not being respected.
- We saw evidence of staff interacting with patients positively and regularly, including just checking they were okay if they had been sat for a while.
- Residents had a key worker to look after their personal care and deal with their concerns
- Residents told us that they were very happy with the food.
- We were informed about a variety of recreational and social activities offered to residents. With the appointment of the new Activity Co-ordinator there is also the potential for some exciting and fresh ideas
- Staff told us that they received ongoing training in providing a service centred around dignity and respect
- Staff, residents and the visitor we spoke to felt that staffing levels at peak times could sometimes cause a delay in personal care

Results of Visit

Environment

The home was really clean and free from any unpleasant or artificial smell and our observations suggest that a high standard of hygiene is being maintained. The overall impression of the building was a calm and homely feel with lots of pictures mounted on the walls along the corridors.

The entrance opens out to a coffee shop area which runs 3 days per week and offers a café type environment and was very busy on the day of our visit. We were told that this is well used and popular with residents and families.

The building is arranged in to four suites. Each suite houses 15 single en-suite bedrooms. There is a fully equipped bathroom per suite, a lounge and dining room with small kitchen area.

Each suite has a conservatory leading to a communal garden with well stocked flower beds at various heights and lots of outdoor seating.

All suites appeared fit for purpose. All corridors were free from obstructions but offered small quiet nooks where people could sit to chat or watch tv.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. The residents we spoke with were happy with their personal care, although a visitor did state that additional staff at peak times, would be welcome. When asked if the homes caters for individual needs, the overall response was positive and one relative stated that the home is very strict about offering individual choice and that there are lots of provisions for this.



“I don’t remember ever asking and not getting although sometimes there is a delay in peak periods for help from staff”

Each resident has a key worker assigned to them who manages a resident’s personal care and works with the family to resolve any issues.

Staff told us that they feel that they get to know the residents through chatting and interaction and that the coffee shop is a great opportunity for everyone. Families get to know each other, residents mix with each other and staff and volunteers have the opportunity to chat with everyone.

All bedroom doors have the residents name on with their photograph and a sign with their favourite things, e.g. chocolate, flowers, time with family.

Promotion of Independence

The Manager informed us that the residents do not use day centres but some like to go out to luncheon clubs using ring and ride, trips out to places such as Middlebrook for shopping or lunch are arranged.

A new Activity Co-ordinator has been appointed who is also a qualified art therapist and she is keen to create some activities promoting the use of the 5 senses.

Big groups activities are rarely arranged as they do not really get the uptake, people prefer small groups or individual activities.

Some people have their own mobiles and there is an opportunity to skype using the home’s wifi. Some residents have their own landline installed to their bedrooms which the family arranges and receive the bills.

Each dining room has a small kitchen area which can be used by staff and visitors to make drinks and snacks, and also by those residents who are able.

Everyone said that they are able to make choices about their daily routines.

“I get up when I want to and can make my own bed. I like my independence. It’s spotless clean here and this is important to me. The food is good and I enjoy it!”

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and positive way. Residents were spoken to regularly to check that they were comfortable or whether they wanted anything.

Residents

The Authorised Representative spoke with 6 residents individually in various parts of the home who have lived at the home between one day and a few years. We did not enter any bedrooms.

Of the 6 residents spoken to 5 felt 'at home'. The lady who had only been at the home for a day felt that she had been snatched away from family and friends and that she had been pushed into something she didn't want.

Residents felt that their individual needs are catered for and that they felt safe and cared for.

"I feel very safe, I never even think about locking my door "

"There are so many people it would be difficult to cater for every individual need but you can be flexible and fit in and the staff listen if I have a problem"

Food

Menus are displayed in the dining room of each suite although alternatives can be offered and with the kitchen facility available in each dining room sandwiches, cereal, toast and additional snacks can be prepared any time.

The drinks trolley also does its round regularly with drinks and snacks offered to suit each individual resident. And again the kitchen areas are always open for visitors and residents to help themselves.

Residents appear to be content with the care they receive and the meals. All the residents we spoke to were very happy with the food.

Recreational activities/Social Inclusion/Pastoral needs

Activity timetables are displayed in the lounge of each suite and with the appointment of the new Activity Co-ordinator new ideas are being developed with a keen interest on promoting and using the 5 senses.

Many activities are arranged by individual choice as not everybody enjoys large group activities, although particular favourites mentioned were the regular visit to the hairdressing salon, Zumba classes and reflexology.

Some residents explained that they enjoy walking and during our visit one lady went into the gardens to tend the flower beds as she is a keen gardener.

The visitor/relatives we met explained that residents are encourage to get involved.

A highlight for residents during our visit was the regular visit to the home by the Pet Therapy Service who bring in the petting dog. We were told, and it was very obvious by the welcome that the residents really enjoy this visit.

Involvement in Key Decisions

We were assured by visitors that they do feel involved in care and decisions about their relative and that they have got to know the staff caring for their family member very well.

Concerns/Complaint Procedure

The home confirmed that they have a complaints procedure, although no resident mentioned having used it to us.

Staff

All the staff we saw were smartly and are known by their first name. They were all friendly to us and to the residents that we saw them interact with. The staff we spoke with had worked at the home between one week and over 50 years as she had started when she was young woman as a volunteer then gone on to work at the home both old and new ever since.

We also spoke with volunteers and everyone said that they are happy and felt that there is a good atmosphere which they enjoy. At least 3 staff have brought their mum or other relatives to live at Beechville.

All new staff start on a 6 month probation period working 3 months on an induction programme with a 'buddy'. There is an intense mandatory training programme and staff explained that they are offered opportunities for further training and felt that training requirements are well satisfied.

All said that they would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work and felt that there is a good team spirit and good relations between staff and residents.

The staff we met were very positive about the service in the home and happy with their workloads.

Staff hold regular meetings to discuss ways of further improving their service.

"I brought my mum to be a resident here about 6 months ago"

Visitor and Relatives

We spoke with a lady who was visiting her relative. She said that she believes her relatives feels safe and that the home caters for her.

Another visitor explained that the personal care is very good and that there are plenty of continence products available but the original assessment by the Continence Service can be a long wait.

Both visitors were very happy with the care their relatives received from the home.

"I believe this is 5*. There are no smells and the laundry is exceptionally good. The home is the best in the area in my opinion"

Additional findings

The Manager explained that GP access is good, the District Nurse is a regular visitor along with the Podiatry Service. However, residents who have problems with their ears have a long wait if they need their ears syringing. Although the District Nurse visits the home she cannot syringe and the GP will not send anyone out to syringe ears so there is a long wait for clinic appointments.

Beechville is not having the problems some other homes are with dental services as they are the first home to take part in a pilot scheme with funding from a dental charity. A team have been to the home to talk to staff about oral hygiene and then with consent from families residents will be signed up suite by suite to the dental service.

Many residents already have their own dentist but the scheme will be offered to everyone.

The Manager told us of a serious problem they had with a hospital discharge when she had raised serious safeguarding concerns. The Manager reported her concerns to the CQC and the family raised a complaint with the PALS service at the Royal Bolton Hospitals.



Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

- One resident suggested that if workmen are on the premises, such as recently when some painting and decorating was taking place, it would assure residents if they could be introduced with an explanation of what they were doing
- A lady informed us that she was uncomfortable in her wheelchair. The Manager was informed who explained that she would speak to her and check if a wheelchair assessment is required.
- Raise concerns with the GP practice about the length of wait for ear syringing
- Monitor and maintain staffing levels during peak periods

Service Provider response

MY COMMENTS

The visit by health watch was a positive experience by residents, staff and visitors. They made everyone feel comfortable.

The feedback from the resident regarding workmen is a really good idea. We will introduce workmen to the residents in the future; they can explain what they are doing and how long they are expected to be in the home.

The lady that was uncomfortable in the wheelchair. I have asked staff to take a look at all residents that spend time in them to make sure they have the correct protection in place, e.g. cushions can be purchased for the back.

The ear syringing is available at G.P.'s clinics; our residents would be escorted to attend if they requested to go.

I am working alongside my volunteer co-ordinator to recruit volunteers that can meet and greet families at the door. We regularly review our staffing ratios; we will look at our rota to make sure our busiest are covered.

