

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Name and Address of Service:

Beane River View Care Home

1, Beane View,

Port View, Hertford SG14 3UD

Name of Provider:

Quantum Care



Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Beane River View Residential Care Home

Date and Time of Visit: Tuesday 25th March 2014
11.00 -13.30

Visit Conducted By: Sally Gale (SG) and Virginia Kirri-Songhurst (VKS)

Acknowledgements:

Thank you to the manager for showing us around and answering all our questions so patiently, as well as to the residents, relatives and staff.

Purpose for the Visit:

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

QS50 states:

1. Older people in care homes have opportunities during their day to tManagere part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.



Methodology:

A rolling programme of care homes/nursing homes in groups of 12 in order to review results, methodology and outcomes at defined intervals.

We have consulted with Herts Valleys Clinical Commissioning Groups, Hertfordshire County Council, Hertfordshire Care Providers Association and our local Care Quality Commission Compliance managers as well as looked at feedback from the Community to choose our first 12 homes.

Announced visits using questionnaires for residents, staff and observation from 11am to 1pm.

Disclaimer

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

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1. INTRODUCTION

Beane River View is a care home that can provide accommodation for up to 40 older people who may also have dementia.

This visit was to assess the resident's quality of life in respect of environment, nutrition, plus activities and leisure services. For the first time we will also be looking at digital inclusion as part of leisure and communication.

We travelled to this facility by car. The home was set back from the main road in a quiet and pleasant location however there was no sign posting from the road which made it difficult to find.

2. FIRST IMPRESSIONS

2.1 On arrival there was plenty of parking for staff and visitors; the bays separated by shrubs and bushes made this a pleasant outlook for rooms overlooking this area. The terrain was mainly flat but on approach to the front of the home there is raised paving which could cause problems to a self-propelled wheelchair user.

There is an area of gravel on either side of the pathway to the door where plant pots are in place. Unfortunately many pots contained dead plants. There was a large empty flower pot situated in the middle of the pathway by the front of the entrance.

2.2 There is an entry phone system set up on the wall by the front door, this could cause a problem for wheelchair users due to the height. (One must bear in mind that wheelchair users may also have upper limb impairments.) There are two bells taped up lower down. There did not appear to be any CCTV and outside lighting could not be assessed as the visit was conducted during the day.

2.3 The answerphone was answered immediately and the door was opened by the deputy manager of the home. We were welcomed and asked to sign the visitor's book but our identification badge was not checked. The reception desk

did not have a drop down area for wheelchair users for ease of communication. No hearing loop in place.

2.4 The decoration was bright and there was no unpleasant odour as you entered. The reception is a busy area, there was some mobility equipment deposited by the lift. (Toilet surrounds)

There is an area set aside where visitors could sit comfortably and there are several photo albums on show containing photos of resident's outings and activities dating from 2012 to 2014. There were also additional photos on the wall of a recent party. There are two notice boards displaying various information, this includes the activities schedule and the resident's newsletter. The Healthwatch flyer was on display. A large table displaying raffle prizes for an Easter draw was present.

2.5 There is a visitor's toilet but no facilities for the disabled or for baby change. We asked where the nearest disabled toilet was and the facility shown was some distance away in the resident's area. We were initially shown to the manager's office so that we could ask questions and meet some of the other staff involved in the residents care.

Karen Pay a regional manager and Emma Crosby a former manager helped answer our questions along with the manager Alison King.

On the way to the manager's office we passed a large lounge with kitchenette facilities which is attractively furnished and decorated. There was also a hair dressers salon. The décor in the communal corridor was dull and the carpet was worn and in one area there were filing cabinets stored against the wall. There was also a book case with a few books on show.

The manager Alison King (Manager) agreed to show us around.

3. FINDINGS

3.1 Environment

3.1.1 The home comprises of two 16 bedded and one 8 bedded unit the latter for those residents with higher dependency needs, these residents were mainly bed bound at the time of the visit. To maintain privacy and dignity the manager did not disturb them during our visit so we were unable to assess their facilities and opinions.

The home is laid over two floors and different areas are separated by doors with keypad locks to maintain security. The doors and frames are badly damaged due to trolleys and wheel chairs. The corridors are all well-lit and the walls have hand rails to aid mobility.

3.1.2 There is a wealth of varied and attractive eye catching art work to stimulate the mind. The corridors are split into different themes i.e.; “The beach” this has art work and ornaments to depict being by the sea, “Haberdashery” an area with ornamental sewing machines and sewing equipment, “Pet area” with stuffed soft animals and a comfy chair, “Transport” and other themes. One resident likes horse racing so equine and sporting memorabilia is displayed by his room.

3.1.3 There is comfortable seating present in some corner areas. On the upper floor there is a kitchenette now solely available for visitors to use as it is no longer appropriate for the neighbouring residents.

3.1.4 The home smelt fresh with the occasional unpleasant odour in the higher dependency unit but no unpleasant lingering odours. The only other odour was that of cooking as the visit commenced at 11.am. Some of the carpets are a little worn especially around the doorways.

3.1.5 The communal toilets and bathrooms/wet room, were clean. VKS made a comment that the red emergency pull cords were too short for them to be reached from the floor or inaccessible and that there should be two plastic rings at the longest and midway level to make it easier to grab if needed. The pull down rail around the toilets were not secured when in the upright position (lift and lock). This is important if someone tries to support themselves in the standing position by grabbing the rail as there were no other support rails on the wall. This was noted as an immediate safety issue by VKS. There were no seat raisers in the communal toilet areas.

3.1.6 There is a chart in the bathroom to record the water temperature which has to be checked by two people, their names, the date and time, and the name of the resident to be bathed. This had just been introduced on the day of our visit and had not been filled in even though the bath had appeared to have been recently used. We were told that the residents had a bath once a week but more if requested or needed.

All of the rooms have en suite facilities for the residents to strip wash we were told and some rooms have en suite showers which were not witnessed during this visit.

3.1.7 There was cleaning activity present throughout the visit, and a visitor commented on how good and helpful the cleaning staff were.

3.1.8 We saw five lounge/ activity areas, some with dining facilities and kitchenette. All of these areas were bright and clean, furniture was arranged nicely around tables or in groups to promote socialising.

3.1.9 Not all of these areas had large easy read clocks or the date and day displayed. None of these areas had the name of the home displayed to remind residents where they are living. The chairs were noted to be mostly of the same height.

3.1.10 Each of the residents rooms were decorated differently. Decoration is decided on consultation with residents or with the description of their likes and interests from relatives/carers/friends prior to admission.

Residents are allowed to bring in their own pictures, ornaments and furniture, they can bring in valuables and have a lockable cash box and a lockable fixed box to put this in in their room and they keep their own keys. The home tries to dissuade residents from bringing valuables in if avoidable due to security reasons.

If a resident wished to have a small fridge in their room to keep their own food then this would be facilitated by the home according to the manager. All of the rooms seen on this visit had a television.

There was a pleasant ambient temperature throughout the home.

We asked why some rooms had laminate flooring and were told that this was due to residents soiling the carpet and were laid after discussion and agreement with resident and/or relative.

3.1.11 It was noted that child stair gates were in place in some doorways of the residents rooms. We were told by the manager that these were placed there by the wishes of the residents concerned, to try to prevent confused residents from wondering into their rooms. The manager pointed out a resident who was comfortably sitting in another resident's room. However there was one resident who we were told, had labile blood pressure and the gate was to prevent anyone from moving her about. This lady was in bed. (VKS and SG will make a special note in appendix.)

3.1.12 Not all of the rooms are the same size, some overlook the car park and some the garden. Natural light is good.

3.1.13 The residents can use their own room for private conversations, an empty lounge or by prior arrangement the Manager's office. There is no bereavement room for relatives and friends. The manager told us that recently a family stayed overnight when their relative was poorly. Relatives would not be turned away if they wanted to stay, but there is no family room to put them up. If there was an empty room they could use it or a mattress could be put down in the resident's room.

3.2 Leisure and Services

3.2.1 There is a busy activity timetable that varies from week to week. No notice boards were seen in the lounge areas or corridors with information about activities.

3.2.2 We witnessed a group of residents doing some indoor gardening activities; potting plants to put in the garden and they said they enjoyed this. We also witnessed a group of residents playing various different games with staff. There seems to be a good rapport between residents and staff.

3.2.3 One member of staff said that she didn't get as much time as she would like, to be able to help in activities or socialise with the residents due to staffing shortages. One resident complained of "long time with nothing to do".

3.2.4 The hairdresser was doing several ladies hair including one who was in bed, and another lady was giving a resident a moisturising hand treatment.

3.2.5 We saw games, CD's, jigsaws in some of the lounges and there is a well-equipped games cupboard by the Manager's office.



3.2.6 The manager had not heard of Herts Sport partnership grants to help with keep fit activities but Age UK come in to do Movement and Motivation. There are photos showing exercise activities.

3.2.7 There are monthly residents meetings where the residents have a say about which activities they would like. There is an activities organiser who visits the home and activity staff are employed.

3.2.8 There is a garden with a large patio area with raised beds and seating. Due to the time of year and the wet weather it looked neglected except for a small aviary built by the home to house a pair of finches following a new resident's request to have a pet to look after.

3.2.9 Residents can also be involved with everyday tasks such as ironing, folding linen, washing up, preparing vegetables etc.

3.2.10 One of the relatives has set up a support group that meets to talk about their concerns and difficulties having put a loved one into care.

3.2.11 The manager said that the mobile library visits but is not well used, we were told that the talking book/newspaper service is used and that Braille could be available if needed. We did not see evidence of this at time of visit.

3.2.12 There are visits from local school children, drama and arts groups, and animal petting organisations i.e. Zoo Lab, who bring snakes, spiders and small lizards. This is very popular with some clients and there are photos of this activity. If the residents owned pets they could be brought to visit. There are church/religious services monthly for those unable to attend the local place of worship.

The local Mayor invites residents for tea on occasions and the residents can go to the supermarket to buy personal requisites and to other shops. Some residents can go to the local pub and the fish and chip shop!

3.2.13 The manager told us that if a resident wants to stay in bed for the day then as long as it is not contrary to health, they are not forced to get up. Residents can stay in their room if they so wish during the day, staff will always try to encourage socialising and taking part in activities, but at the end of the day it is the resident's choice.

3.2.14 There is a Dementia champion at the home.

3.3 Digital Inclusion

3.3.1 Although there were no computers set up for residents use, we were told by the manager that there is Wi-Fi in most of the home. Some residents have mobile phones and an occasional iPad and the staff have helped one resident use Skype, but at the moment there is generally little interest amongst residents (this may be due to mental capacity). Any requests are met where possible.

3.4 Food and Drink

3.4.1 Residents are involved in choosing menus at the residents meeting. There is a choice of food on the menu and there is a picture menu for those who cannot manage the written version. There is an alternative menu choice if they don't like the day's menu which is on constant display.

3.4.2 The food is prepared freshly in the home kitchen, we met the chef who is a nutrition champion. Residents can order food any time of the night or day and we observed dishes of popcorn to snack on in the lounge/diner areas.

3.4.3 There are meetings with the dietician, and the resident's weight is taken once a month unless there is reason to check more often. Any resident who gains or loses 2kg in a month is reviewed and the diet adjusted accordingly. The manager said a lot of the food has supplements added to enhance nutrition. Some fluids will have thickening powders added to help swallowing for those who need it.

3.4.4 Drinks were available any time and some residents could make their own. We saw water and juice jugs in the resident's rooms and dining areas.

3.4.5 Residents can eat in their own room if they wish. Breakfast is served on demand, lunch is at 1pm but again can be taken on demand there is an evening meal which again can be arranged on demand. Food can be brought in by relatives but storing and reheating is governed by food hygiene rules. One resident who is Asian has bought the chef an Asian cook book, and chef has made her individual meals from this.

3.4.6 Unfortunately due to conversation with the manager, Emma Crosby and Karen Pay in the Manager's office we did not see the first course served but the food we did see the residents eating looked appetising and well prepared, there was very little waste. The pudding was served separately after the first course and everyone seemed to enjoy this. We asked those who had finished eating about the food, if it was hot and if they had enough. One resident said it was not always hot



and she personally thought there was a bit too much especially if she had spent a long time sitting around doing nothing, other residents were happy about temperature and portion size. One lady had a glass of wine with her meal.

3.4.7 There is no particular process to identify those residents who need help with eating and we did not observe anyone helping with feeding. The manager told us that the care workers know the needs of their charges very well and can identify those who can and can't manage rather than use a different colour tray as in hospitals because it may confuse or distress the person concerned.

4. MONITORS CONCLUSIONS

The home seems to be well maintained and well cared for, although some of the high traffic areas are marked and worn. The general ambience seems very homely as described by one relative.

There is a genuinely friendly and welcoming atmosphere and the resident's generally seem well settled, happy and well cared for.

There was only one resident's relative present during our visit and she was very happy with the home at present. She did voice concerns about it in the past when different management was in place, but since the manager has been in post she said care has vastly improved and she now has no worries.

Staff that we spoke to were happy and satisfied that they were well trained for the work they had to do. The only downside was not having enough time to socialise more with the residents due to work load.

Due to the residents communicational difficulties it was hard to gain information from other than a few during this visit. Findings not witnessed by ourselves are based on information supplied by staff.

5. RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

Immediate improvements:

1) To lengthen the emergency red pull cords in the toilets, bathrooms, and wet room - So that anyone on the floor can reach the cord easily in case of falling. Red cord in bathroom out of reach of bath - should be re -sited so that the bather can reach.

Update from the Manager: Call bells to be lengthened have now been untied and the residents have access to these.

2) To review pull down rails in toilet areas - To provide a stable and safe support by changing to lock and lift mechanism for residents who need to stand to use the toilet.

Update from the Manager: All toilet rails have been looked at and if they have not got the lift and lock mechanism they have now been changed.

Other Recommendations:

1) Lowering reception desk for wheelchair users to better communication and maintain equality, privacy and dignity. Staff would be on same level as visitor and not speak down to them.

2) Hearing loop at reception desk -To improve communication for equality, privacy and dignity. Staff would not have to raise their voices speaking to hearing impaired visitors.

3) Smoothing out kerb on path to entrance - To avoid self-propelled wheel chair from tipping forward when wheel hits curb. To maintain equality of access and dignity.

4) Provision of bereavement room - For Communication, privacy, dignity and respect. A dedicated room is needed to prevent interruption. This should contain information about the next steps following bereavement and information about counselling and groups who can help.

5) Signage on communal toilet doors to indicate male or female (can be interchangeable to suit clientele- so that residents can identify the right toilet to use). Privacy and dignity.



6) Disabled visitors toilet and baby change facilities.

7) To improve signage on accessible toilet doors indicating side of transfer, to maintain dignity and safety.

Update from the Manager: We have now changed signage on communal toilets to reflect male/female

Update from the Manager: Some of the other recommendations you have suggested are a good idea and I have sent a request into our facilities as we are a large organisation they will feedback to me.

Good Practice:

This report has highlighted excellent use of decorations such as pictures, ornaments and other objects to differentiate areas of the home to enable residents to identify their surroundings and find their rooms.

The Home Manager and her staff are working hard to achieve a safe caring environment and they are a credit to Quantum Care.

6. APPENDIX

VKS and SG had some query about the use of the child gate to limit entrance and exit into the room with the resident who had labile blood pressure.

We were told by the manger that it was to prevent the lady being moved too much as her blood pressure drops suddenly. If all of the staff performing this lady's care know of her condition as the manager informed us, why then the use of this gate as her condition would be noted in the care plan. The question is then, is it to protect her from other residents, if so then moving her to a safer environment should surely be the first option. The use of the stair gate gives the impression of "imprisonment" I did talk to the manager about this who said this was purely for the residents' protection regarding her blood pressure.

The manager has clarified that: 'the gate is a deterrent to having unwanted visitors in her room e.g. Residents. We have carried out a MCA assessment and a best interest for this resident'.