



**Details of visit**

**Service address:**

**Darley Court**  
**Shepherds Cross Street, Bolton BL1 5HP**

**Service Provider:**

**Bolton NHS Foundation Trust**

**Date and Time:**

**26<sup>th</sup> October 2015 @ 9.30 am**

**Authorised**

**Representatives:**

**Eileen Bennett & Jim Fawcett (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, patients and staff for their contribution to the Enter and View programme.

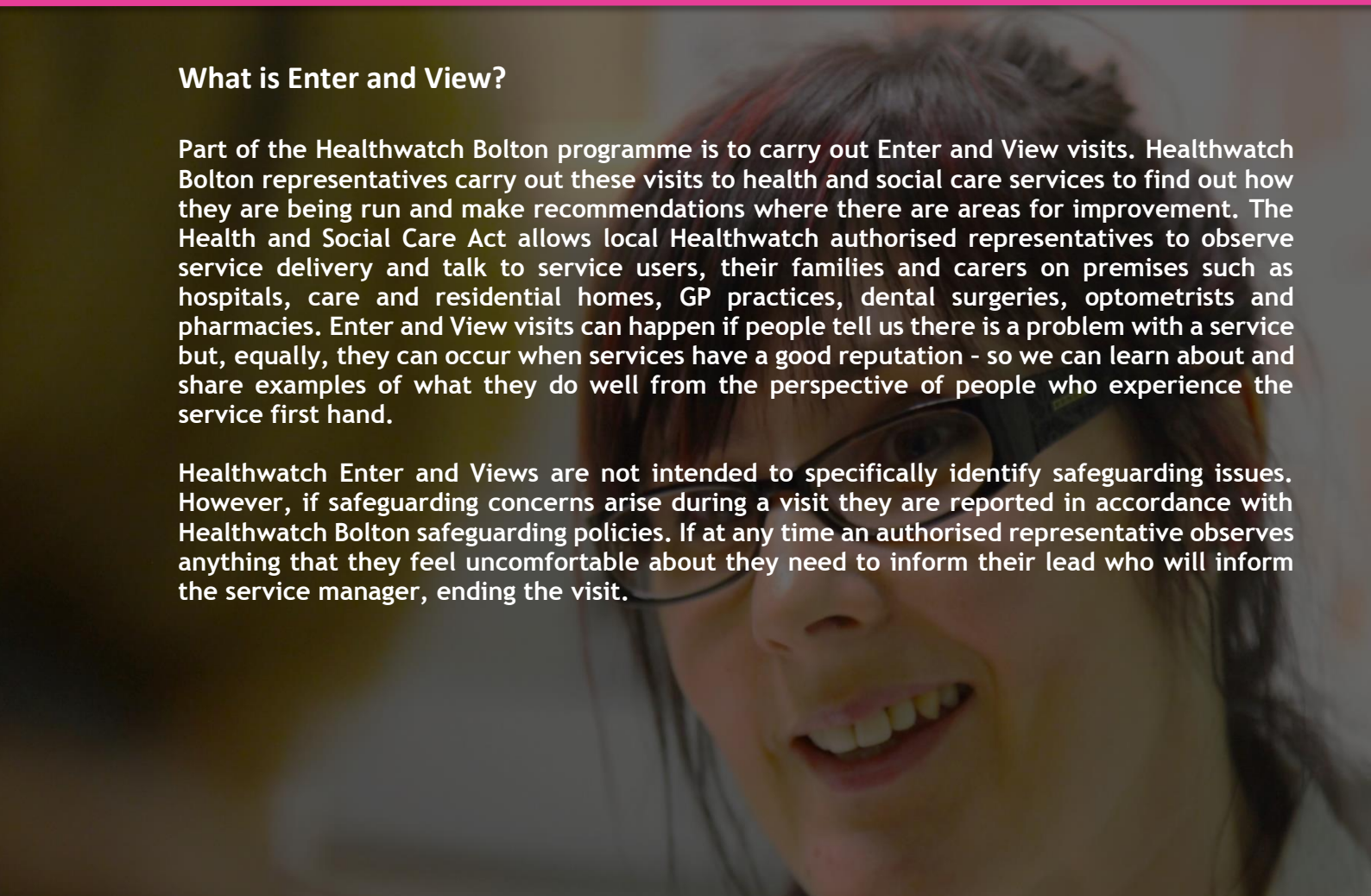
**Disclaimer**

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 patients 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 patients & residents of care homes and residential settings and understand how dignity and choice is being respected in the environment
- Identify examples of good working practice.
- Observe patients and relatives engaging with the staff and their surroundings.
- Capture the experience of patients 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 Darley Court and took their advice on whether anyone should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Following a discussion with Kate Myatt, the Matron, Authorised Representatives conducted short interviews with 7 members of staff. 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 5 residents to informally ask them about their experiences of staying at Darley Court and, where appropriate, other topics such as accessing health care services were also have been explored, to help with our wider engagement work. 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 service 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 Matron 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 Darley Court was operating to a very good standard of care with regard to Dignity and Respect

- Patients looked tidy and clean, we saw no evidence of dignity not being respected, however, the policy of open bedrooms doors should be considered in respect of dignity
- 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 told us that they were very happy with the food.
- Staff told us that they received ongoing training and enjoy their work
- Patients unable to contact family and friends can feel isolated
- Patients can feel there is little to do without arranged activities
- The use of volunteers could have a huge benefit to both staff and patients and should be explored

## Results of Visit

Darley Court provides intermediate care and treatment for patients who are transferred from hospital for a short term period, prior to discharge home or into social care. The unit is part of the Bolton NHS Foundation Trust. Healthwatch Bolton

### Environment

The home was clean and free from any unpleasant or artificial smell and our observations suggest that a good standard of hygiene is being maintained. The overall impression of the building. However, the internal infrastructure is poor and requires upgrading, signs of leakages are apparent on the ceilings, wall coverings in certain areas are in a poor state, in one area where drinks are prepared there was flaking of plaster from the ceiling. The décor is generally drab and dated and in need of major refurbishment, a point highlighted by the Matron and many of the staff we spoke with.

The entrance opens out to a large reception area where everyone is requested to sign in and out. There is lots of written information for patients and visitors, including opportunities to feedback and comment on the service.

Darley Court has 30 beds and five winter-flex beds which are not yet open. At the time of our visit 28 beds were occupied. There are three single sex areas: two female and one male. All rooms are single rooms, although toilets and bathrooms are shared. Each unit has a communal lounge/diner, therapy room and office space.

The average stay at Darley Court is 25 days.

### Promotion of Privacy, Dignity and Respect

All the residents we saw appeared dressed, clean and tidy. The residents we spoke with were happy with their personal care.

**'Following a personal accident in bed staff treated me with dignity and respect, trying to put me at ease in an embarrassing situation. Something which didn't happen in RHB'**

When asked if the homes caters for individual needs three people weren't sure how to respond and said that it bothers them when they cannot go back to their room after breakfast because their rooms are being sorted out.

**'It sometimes bothers me when I cannot go back to my room'**

**'The problem is staff have their routine and I have mine – this can be particularly frustrating around dressing. '**

The majority of patients felt that they get to know the staff quite well during their stay. Staff said that they felt they do get to know patients either through personal contact during their professional work and by reading through care plans and family history and by spending time with patients when time allows.

All bedroom are numbered and have the residents name on and there are pictorial signs indicating bathroom and communal areas.

We were concerned about patient dignity in respect of where a patient chose or needed to stay in bed, the bedroom door was left open so people passing along the corridor could see in to the room. It was felt that the patient should be given the option of having the door closed, although the Matron explained that the door remains open for patient safety reasons so that staff can clearly see a patient, especially if they may be a risk of a fall. This will be considered in any refurbishment plans.

### **Promotion of Independence**

The Matron informed us that patients are encouraged to use the communal areas to eat their meals in the dining room as part of their rehabilitation.

Patients stay at Darley Court a relatively short time so there are few formal activities. There are books, jigsaws, cards games available but some of the patients we spoke to were not aware of these. This was brought to the attention of the Matron.

"It would help to have things like jigsaws, cards available for patient's use"

The Matron did inform us that she is waiting delivery of a new software system called 'My Life' which helps with reminiscence therapy for dementia patients. She said that activities are mainly based around occupation health and physiotherapy but there are games available.

The majority of patients we spoke to said that they are able to make choices about their daily routine although some said that if there are [people who need extra help then the more able patients re brought to breakfast too early then have to sit around or that after breakfast they have to sit in the lounge whilst bedrooms are sorted out and that doesn't always suit them.

"After breakfast I have to sit in the lounge whilst bedrooms are sorted. Can be till lunch – doesn't suit me"

"Sometimes if there people who need extra help I am brought to breakfast too early, regularly 40 minutes sitting waiting. No time to come round"

The Matron informed us that new fall sensor equipment has been ordered following a successful bid and will be delivered very soon, aiding patient safety.

### **Interaction between Residents and Staff**

We saw evidence of staff interacting with residents in a friendly and positive way. Both staff and patients were positive about the relationship.

“I want to go home but the staff do make me feel at home”

The staff are very caring and do their best to oblige”

### **Residents**

The Authorised Representative spoke with five patients individually in various parts of the building who have been staying at Darley Court between one week and four weeks. We did not enter any bedrooms.

Of the five residents spoken to four felt ‘at home’. One person was not happy and felt rushed by everyone.

Residents had mixed feeling about whether their individual needs are catered for saying that somethings are taken into consideration but everyone agreed that they felt safe.

### **Food**

Mealtimes are 9 am, 12.30 pm, 5 pm and a light supper is offered from 7.30 pm.

All meals are made on site and although the kitchen staff are managed by the Local Authority, the Foundation Trust is currently looking at menu choices.

Patients make their menu selections the day before and have a choice of hot meals or sandwiches following by a pudding.

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.

Packed lunches are made for patients who may miss a meal as they are being discharged or attending an out-patient appointment.

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

### **Recreational activities/Social Inclusion/Pastoral needs**

By listening to patient feedback a hairdressing service is now available on Mondays as it was obvious that ladies like to keep their regular hair appointments.

We were informed that a new occupational therapist has lots of new ideas including the use of student OTs from the University to use and develop their skills volunteering at Darley Court. The Matron stated that a dedicated Activities Co-ordinator would be a massive help and agreed that this could be a volunteer. She is keen to ‘look outside the box’ and explore the introduction and use of volunteers.

Some people have their own mobiles to keep in touch with family and friends. However, some patients we spoke to complained that the telephone for public use does not allow outgoing calls, which can leave some people isolated. The Matron would like to change this and she is also keen to have wifi installed as some patients come with ipads but without wifi they cannot be used to skype or facetime.

### **Involvement in Key Decisions**

Patients did not really feel involved in key decisions but they come from hospital to Darley Court with a referral and a care plan is developed upon their arrival and the discharge planning process begins.

Darley Court can refer to the re-enablement service for support through discharge to home.

The Matron informed us that now she is settled in to her role she has plans to develop dedicated time once a fortnight/month to speaking with relatives regarding patient care and asking for feedback and suggestions. This could be done both face to face or by telephone after discharge.

### **Concerns/Complaint Procedure**

Darley Court confirmed that they have a complaints procedure, although there have been no formal complaints this year.

### **Staff**

The Matron informed us that there has been a lot of change over the past 2 years due to integration work and staff morale was very low meaning a lot of staff sick leave. Since coming in to post she has worked to improve morale, define roles and developed support initiatives which has made a huge improvement, although the décor still requires updating which also has an impact on the staff.

There has been a big investment in staff uniforms to clarify roles and make it easier for patients and their visitors to recognise staff roles.

We spoke to 7 staff from a variety of professions who had been in post between 8 weeks and 8 years, who seemed highly motivated, which is good as there are essentially two employers, Bolton Hospital and the Local Authority, and the interaction between staff was excellent.

Staff were keen to highlight that co-operation was good and the patient's requirements were paramount. Training is offered and undertaken where required.

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 patients.

The staff we met were very positive about the service and happy with their workloads and felt positive about achieving progress with patients and seeing them going home with a smile on their face.

Staff hold regular meetings to discuss ways of further improving their service and we were particularly impressed with the morning meeting format, giving more impetus on patient's needs and giving the meeting a very good balance between clinical care and personal care.

All staff were asked for one thing they would change or do to make the service better and all commented on the poor decoration and outdated building.

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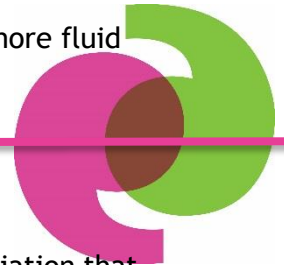
### **Additional findings**

The Matron was pleased to report that her concerns about the heating system failing and a faulty nurse call bell had been acted upon and that all problems had been corrected and repaired.

She is still keen to have the building refurbished and decorated.

She informed us that she believes that ringfencing beds for hospital admission avoidance should be a priority to allow a 50/50 split rather an 80/20 as it currently stands.

Staff work on rotation with the sister unit at Laburnum Lodge which provides a more fluid skill mix between the units.



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### **Recommendations**

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

- Refurbish and redecorate throughout
- Explore the use of volunteers
- Explore possibilities of arranging activities other than jigsaw and cards
- Install a telephone which patients could use to make outside calls to friends and family, therefore alleviating the feelings of isolation

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### **Service Provider response**

I would like to thank the Health watch team who attended Darley Court and spent the morning at our unit, talking to staff and talking to patients, and for the positive feedback they have provided us.

A number of issues identified are already being actioned

- Patients unable to contact family and friends can feel isolated- we are now going to provide a designated telephone that can be accessed by patients enabling them to receive and make telephone calls during their stay at Darley Court. This will be provided free of charge however Overseas phone calls will be barred. Alternative arrangement will be made for these types of calls. We are also currently looking into providing wi-fi connection and hopefully get this fitted in the not too distant future.
- Patients can feel there is little to do without arranged activities- we have arranged to purchase a number of new activities, games, resource for patients, staff and relatives to

use during their stay. We plan to set up individual activity packs for each unit rather than having one area designated. We have set up a task and finish groups with the MDT to look at how each specific profession can contribute to increasing patients' activities during their stay. This is ongoing work and will use patient feedback to improve on this.

We now have Mylife Software up and running across Darley Court which is set up to engage with patients with a diagnosis of dementia and can be used with families too. This includes reminiscing activities. The patients are already benefiting from this and staff have enjoyed participating in the activities too.

- The use of volunteers could have a huge benefit to both staff and patients and should be explored- we have recently agreed to take student cadets from our local college and our Occupational therapist is going to approach our local university to see if we can recruit some student volunteers.

In the New Year we plan to approach Age UK and other voluntary services to see if they can provide some additional support.

In regards to refurbishment there is a plan in place to commence refurbishment works in the spring and this will address a number of ongoing issues and complaints we have from staff and visitors in regards to the overall appearance.

Concerns were raised about maintaining patient dignity in respect of where a patient chooses or needed to stay in bed, the bedroom door was left open so people passing along the corridor could see in to the room. I want to highlight that patients are given the option of having the door closed or open, however due to safety issues consent will be gained to keep the door open if there are any safety issues. We have purchased new falls sensory equipment for when patients are left in their rooms. This will hopefully reduce the risk of falls when patient left unattended in their own rooms. Throughout a patient admission our patients are dressed in their own clothes to maintain their dignity and if assisted to the bedroom for bed rest then they would remain dressed.

We have recently developed the key worker role and reviewed how we communicate with our patients in regards to the care they receive. This follows on from feedback received from patients that they didn't always feel involved. We now provide a weekly update of skills plans and discharge progress and discuss. As matron of the unit I have arranged some dedicated weekly time to be visible to patients and their families seeking out feedback from the service we have been provided. We now have some new soft where that collates this information and it can be used to identify any areas that we need to improve on. Hopefully resulting in our patients receiving the best possible quality care.

We have also set up regular task groups to involve staff in looking at ways to improve the service we provide. We encourage staff to be innovative, open and honest.

We are a continuously changing service but always put our patients at the heart of everything we do and agree the goals set for the following week.

**Kate Myatt**  
**Matron**  
**Darley Court**





