



## Details of visit

<b>Service address:</b>	<b>Abbotsbury, Mead End, Biggleswade, SG18 8JU</b>
<b>Service Provider:</b>	<b>Central Bedfordshire Council</b>
<b>Date and Time:</b>	<b>29<sup>th</sup> January 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Diana Blackmun, Dave Simpson</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## Disclaimer

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



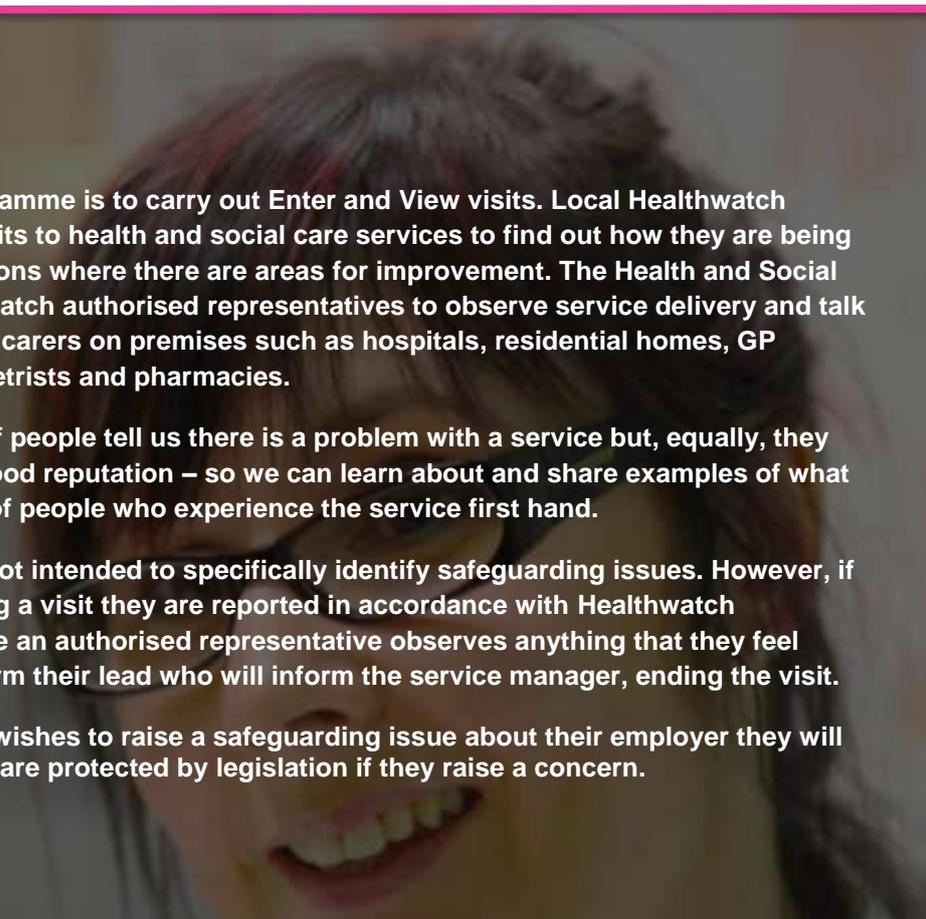
## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To engage with service users of care homes and understand how dignity 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;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

### **This was an announced Enter and View visit.**

On arrival, representatives were met by the manager, who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached four residents at the care home to informally ask them about their experience of the home. Several family members and members of staff were also spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes.

After speaking with the residents and staff, HWCB leaflets were given to the manager to be displayed in the home to enable residents, family members, friends and staff to contact HWCB at any time.



## Summary of findings

At the time of the visit, the evidence is that the home was operating to a good standard of care with regard to cleanliness, dignity and respect.

- On entry, the representatives were pleased to see the Healthwatch Central Bedfordshire posters displayed.
- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Residents spoken to were generally happy with the meals; the menu appeared to be balanced and nutritious and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- Clear evidence of social activities was evident, with photographs of visiting entertainers displayed on the activities board. The residents spoken to were given the option of taking part in organised activities along with their relatives.

The manager advised representatives that the current capacity of the home is as follows:

- 32 beds, with seven currently unoccupied.
- All rooms are single occupancy with one room being en-suite.
- Two beds are available for respite care.
- There are no rehabilitation beds.
- A total of 25 members of staff are employed, including eight carers, one activities coordinator, four kitchen staff, one administrator, three cleaners and two laundry ladies.
- Four carers are on duty in the morning, three carers in the afternoon, and three carers at night.
- The types of residents catered for includes those with mild memory loss, dementia and the frail elderly. All residents are over the age of 65.



## Results of Visit

### Environment

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad. The home does however; appear to be urgently in need of redecoration or refurbishment. Initial impressions were that the home is very dated, both in respect of decoration and furnishings, which can appear depressing to visitors and staff.

The premises are all on one level, arranged round a central courtyard, which contains seating, a herb garden and several bird feeders. There is also another smaller courtyard. The manager informed representatives that there are plans to convert areas of the home into self-contained communal units which would be more suitable for dementia patients.

### Promotion of Privacy, Dignity and Respect

All the residents seen at the time of the visit appeared to be well dressed and cared for. Each resident's name is displayed on a laminated notice on the door to their room. Representatives were advised that each resident has a key worker who also works with the family.

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each residents individual care plan is kept in the office, available for residents and/or their family to view on request.

Representatives were advised that the home facilitates the following visiting services:

- Hairdresser – two times weekly.
- Chiropodist – six to eight weeks.
- Mobile Dentist – if required.
- Optician – annually.

### **Promotion of Independence**

Residents are encouraged to bring their personal possessions, photographs, pictures, ornaments and small pieces of furniture, including televisions, to create familiar surroundings.

All residents are offered the opportunity to be involved in social activities organised at the home. The home does have access to a minibus for organised trips out although it was not clear how often this was accessed. Relatives are also included in the majority of activity planning.

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

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable in the home and quite happy. The residents appeared to be pleased with the care received however some residents felt that the activities on offer were very limited.

Representatives observed staff members engaging with residents and calling them by their first names.

### **Residents**

The most important aspects of the home, according to some residents, were feeling warm, safe and secure and the friendliness of staff.

Representatives were advised that residents are all registered with one or other of the two local GP practices and can be taken to a local dentist if needed.

Resident's medication is issued by two staff members, with one member remaining with the resident while the medication is taken, although this was not witnessed by representatives.

### **Food**

The daily menu is managed on an eight week cycle and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. All food is prepared and cooked on site in the well-equipped kitchen.

Representatives witnessed residents and relatives being offered refreshments during the visit and were informed by several residents that tea and biscuits are available 'at almost any time'. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals.

The residents that representatives spoke to all thought the standard and variety of food served was very good.

HWCB representatives were informed by the manager that she had contacted 'Food First', who would be visiting in the near future, to ensure that residents received the best nutrition possible.

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

An Activities Co-ordinator organises events to involve residents and their relatives as much as possible. The communal lounge is used for the majority of activities. There was no evidence of residents being forced to take part in activities; it is optional for all residents.

Residents were observed using the large TV Lounge and reading newspapers. The dining area was also being used at the time of the visit by residents doing 'Purple Crafts' clay modelling and representatives also observed mid-morning refreshments being served.

Representatives were advised by both staff and residents that activities included Bingo, various entertainers and musical sessions. There were also trips organised outside of the home, including visits to the local library although it was not clear how often these took place.

Visits to the home by local schools and their choirs are encouraged and spiritual needs are met by visits from the Salvation Army and some other denominations. Residents are able to visit the local church should they wish and there is a service in the home on Wednesdays.

### **Involvement in Key Decisions**

Representatives were advised that meetings with residents only are held every month. Meetings with both residents and relatives are held every quarter. The main purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

### **Concerns/Complaints Procedure**

The manager, residents, relatives and members of staff all confirmed there is a complaints procedure and one relative mentioned having used it.

### **Staff**

All the staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with. All the staff, observed speaking to residents, clearly knew them well, using their first names. The staff appeared to be well trained and representatives were confident the residents were well cared for.

Representatives were advised that residents' medication is distributed by two medication trained staff at all times although this was not witnessed. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents care plan.

Staff training is delivered externally by Central Bedfordshire Council in the following areas:

- Health and Safety
- Fire Awareness
- Moving and handling
- Infection Control
- Safeguarding
- Emergency First Aid

There is only one member of staff whose first language is not English.

### **Visitors and Relatives**

Representatives observed family members visiting residents in the home. The family members, representatives spoke with, were appreciative of the care given to their relatives however they were all concerned about the level of staffing, particularly the shortage of permanent staff and current use of agency staff. One family member was very concerned with the extent of staff that had recently left and who were replaced with agency staff. All family members spoken to were concerned with the consistency of staff which could have an adverse effect on their relatives care.

It should be noted that HWCB representatives were advised by the manager that a number of staff had left following BUPA's withdrawal from management of the home. The remaining staff had been TUPE transferred across to Central Bedfordshire Council who now owned and managed the home.

The Healthwatch Central Bedfordshire notice was displayed in the care home advising relatives of the visit; however Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

### **Additional Findings**

The management of the home is attentive to any suggestions for improvement and voiced plans and ideas for the future of the home.

The manager also told representatives that a large number of staff left the home in the latter part of 2014 when management of the home was transferred from BUPA to the Local Authority, with the result that many agency staff was now being used, although recruitment of permanent staff was planned.

Representatives became aware from relatives spoken to of concerns regarding the standard of care delivered by agency staff, and the fact (also mentioned by some staff members) that staffing levels were inadequate.

A relative spoken to said that the impression given by some of the agency staff was that it was *'just a job'* that they were doing.

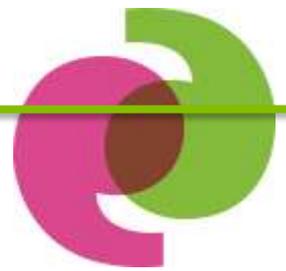
One relative referred to an incident when the resident had a fall which was not recorded in the log until after the relative had questioned its' absence from the log. Mention was also made of the way comments were written into the logs and care plans without being 'closed off', leaving the way clear for entries to be added to at a later date.

One resident, who was complimentary about the care received, did comment on the sparse furniture in the rooms. The resident explained that when she first came to the home her room consisted of a bed, wardrobe and chair. A relative provided and fitted some shelving for books etc. This resident was clearly disappointed with the lack of furnishings and 'feel' of the home which caused some anxiety when initially coming into the home some months previously. This resident also had concerns for other residents who were without family members to support them and their ability to source additional items for their rooms.

## Recommendations

This report highlights the good practice that was observed and reflects the resident's and relative's satisfaction with the care and support provided.

- Relatives and some members of staff spoken to felt that staffing levels could be increased for the benefit of residents and HWCB representatives were told by the manager that recruitment is planned for the future. HWCB recommends that this is now considered as a matter of some urgency.
- HWCB further recommends that all new staff engaged undergo rigorous training in the levels of care and compassion expected of them.
- HWCB also recommends redecoration of the home with a view to improving the living environment and atmosphere for residents and family members.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Abbotsbury and their family members and to advise that if they should wish to contribute any additional comments about the report, they should contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



## Service Provider response

### Abbotsbury response to Recommendations

- Staffing levels in relation to the delivery of care are; 4 care staff plus duty senior in the morning, 3 care staff plus duty senior in the afternoon and 3 night staff. In addition there is a Deputy Manager and Manager on site. Other support staff include kitchen and housekeeping staff an administrator and maintenance. We feel that this level of staffing is sufficient to meet the needs of our customers, however we will look at whether we can utilise our staff in a different way so as to ensure we are being as efficient as possible with this resource.
- All new staff undergo a detailed induction period, which includes dignity and respect, person centred care and dementia, we also recommend that all staff undertake a vocational qualification, as well as receiving standard training such as moving and handling, health and safety etc. At the end of the induction period it should be possible to identify any development needs for new members of staff. Each staff member will have an individual training plan highlighting development needs and how these will be met including timescales for completion. Finally training will be evaluated during individual supervision sessions to ensure that staff have benefited from the training received.
- In relation to agency staff we have a number of systems in place to ensure that when we are using agency they are fully aware of our residents this includes; An induction for all agency staff which includes providing them with details of each resident they are caring for., and supervision of longer term agency staff.
- In terms of the environment of the home we will undertake an assessment of all living spaces and put in place a programme for redecoration over the next 12 months.
- We are very happy to share this report as widely as possible and will place a copy in the reception for relatives/family members to read explaining that they are able to make additional comments to you directly.

**Sue Lynch, Home Manager, Abbotsbury Residential Care Home**

