



## Details of visit

<b>Service address:</b>	<b>Chiltern View, 198/200 West Street, Dunstable, Bedfordshire, LU6 1NX</b>
<b>Service Provider:</b>	<b>Benslow Management Company Limited</b>
<b>Date and Time:</b>	<b>1st December 2014 10:00 - 12:00</b>
<b>Authorised Representatives:</b>	<b>Diana Blackmun, Dave Simpson, Brian Wilson</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 would like to thank the service provider, service users, visitors 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 service users and staff, only an account of what was observed and contributed at the time



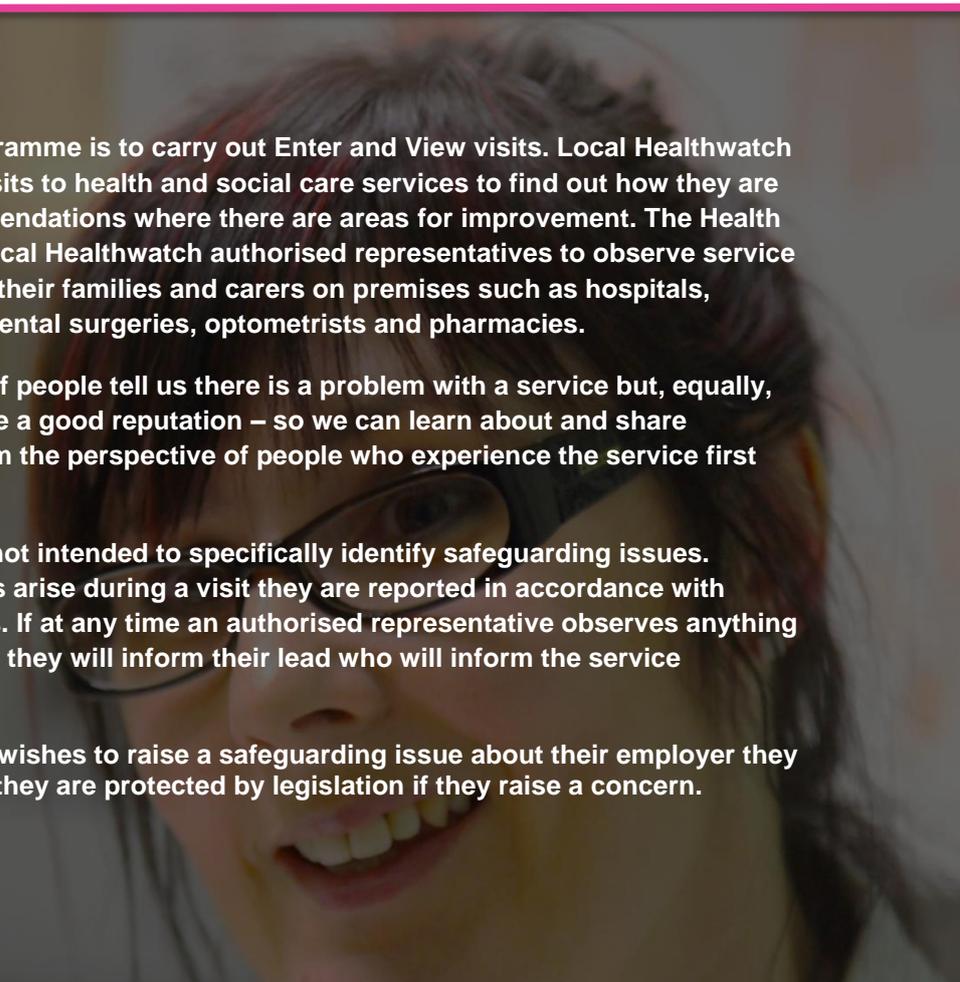
## What is Enter and View?

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.**

Representatives were pleased to observe the Healthwatch Central Bedfordshire poster notifying residents and relatives of our visit clearly displayed on the notice board in the main door lobby.

HWCB Authorised Enter & View Representatives were met by the manager of the home who gave representatives a verbal introduction regarding the home, its history, the number of beds, capacity of the home, number of current residents and information about staffing levels and roles. This included a tour of the home where representatives were able to observe all communal areas and unoccupied rooms.

Authorised representatives also approached four residents, two family members and three members of staff at the care home to informally ask them about their experience of the home.

The authorised representatives explained to everyone who they spoke to why they were there and took appropriate notes.

After speaking with the residents and staff, on leaving, Healthwatch Central Bedfordshire leaflets were given to the Manager for distribution and display in the home.



## Summary of findings

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

- Representatives were informed that the home is a 'high maintenance' home which caters exclusively for dementia patients.
- Residents looked tidy and clean, representatives saw no evidence of dignity not being respected.
- Representatives saw evidence of all staff interacting with residents positively and regularly, including just checking if they were OK, if they had been sat still for a while.
- Residents the representatives spoke to were generally happy with the meals and the menu was balanced and nutritious and mealtimes appeared suitable for the residents.
- HWCB representatives witnessed clear evidence of social and handicraft activities through handiwork displayed around the home and also after speaking with the activities co-ordinator. All residents the representatives spoke to confirmed that they were given the opportunity to engage in a variety of social and therapeutic activities.

The manager advised HWCB representatives that the capacity of the home was currently:

- 34 beds located over three floors of the building, although the six beds on the third floor were not currently in use. The manager explained that occupation of the 3<sup>rd</sup> floor would necessitate additional staffing; it was recognised that good quality care was provided using full occupancy on two floors and it was not necessary to place extra strain on staff, or to isolate residents, by also utilising the third floor.
- 28 beds were currently occupied at the time of the visit, eight privately funded and 20 funded by the local authority.
- A total of 30 members of staff are employed, including nurses, carers, cooks and cleaners.
- The ratio of residents to staff is 5:1 during the day.
- Two members of staff are on duty at night.
- The manager or deputy manager is available on call 24/7.
- The same ratio of staff to resident is adhered to over the Christmas period.



## Results of Visit

### Environment

On entry, after going through the appropriate security measures, the representatives found the environment to be clean, light and airy. First impressions of the décor were that it appeared to be rather 'busy', however the representatives quickly realised this was very appropriate and beneficial for the type of residents within the home, with a wide variety of different items, themes and views to engage their attention.

Resident's rooms led off from the main corridor as well as other 'staff only' rooms (cleaning cupboards, kitchen etc.) and stairs which had locked gates with security keypads for the residents' safety.

There was a large communal lounge and dining room which appeared well used, and a sitting room for use by residents, which was decorated with various handicrafts made by the residents.

A courtyard was situated in the garden where residents can sit out in the warmer weather and enjoy the garden and where residents are encouraged to help cultivate tomatoes and vegetables. The manager advised the representatives that there were plans to convert a garden shed into a workshop for resident's use, particularly male residents, who were not interested in craft work inside the home.

The door to each resident's room displayed a handmade nameplate, some of which had been personalised to reflect the resident's interests.

### **Promotion of Privacy, Dignity and Respect**

All the residents the representatives witnessed appeared to be well dressed and cared for. Each resident is allocated a key worker who works closely with them and their family members.

Each resident Care Plan contains the resident's history with a traffic light system to indicate their capacity in various areas.

All residents' rooms are 'ensuite' with toilet and washbasins; there is a total of five showers (wet rooms) and bathrooms available for use by residents, with supervision. Residents are encouraged to bring their own personal items with them into the home and can also request for the room to be decorated to suit their own taste.

### **Promotion of Independence**

Residents are offered the opportunity to be involved in social activities organised at the home. The staff member responsible for organising social activities showed the representatives examples of activities which had been undertaken, many of which were in evidence on the Activity Photo board.

HWCB representatives were advised by staff that residents and relatives have the opportunity to prepare their own hot drinks etc. in the residents and families kitchenette. Residents were also able to assist in the main kitchen if they wanted to be involved in kitchen activities, such as washing-up.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty, although we did not witness residents operating the wheelchairs independently.

Unused mobility equipment was not visible in communal areas. Representatives did observe such equipment being safely stored away by care staff.

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

All representatives spoke to residents in the communal lounge. The majority of the conversations were challenging due to the nature of their medical condition. However the residents spoken to advised the representatives that they were very comfortable in the home, were generally quite happy and felt safe and secure.

During the visit, representatives observed staff interacting with residents at every opportunity and the overall impression given was of a happy and well run home.

### **Food**

The food menu is a four week menu, which changes daily and representatives were advised that all dietary requirements are catered for, including any religious requirements.

During the visit, representatives observed residents early morning refreshments which included a milkshake which had been fortified to increase nourishment and a selection of prepared fresh fruit.

Representatives were advised by the manager that the home had won an award for their smoothie and milkshake recipe, from the Nutritional Food First Team and was also featured on the BBC. The recipe has also been adopted by the other three care homes in the group.

Because of the nature of the illness suffered by the residents, representatives observed that the daily menu is presented both in written and photographic form to enable all residents to select the dishes of their choice.

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

HWCB representatives were advised that there is a staff member who organises events to involve residents and their relatives as much as possible. The communal lounge and conservatory are used for the majority of activities.

At the time of the visit the Activities Co-ordinator was present in the lounge area and was engaging with several residents in positioning and decorating the Christmas tree which they were clearly enjoying a great deal.

There is a growing use of iPads for and by the residents, and the Activities Co-ordinator explained to the representatives that these contained 'Dementia Apps'.

Representatives were also advised that there are regular visits from a Roman Catholic priest and the home also encourages visits from other religious denominations. A few residents also attend their local church with their carer.

### **Involvement in Key Decisions**

HWCB representatives were advised that the home has a 'Families Association' which meets every three months. The purpose is to give both residents and their relatives the opportunity to raise any issues and concerns. The manager also explained that she operated an 'open door' policy and residents or family members could talk directly to her or the deputy, in confidence, at any time.

### **Concerns/Complaints Procedure**

The manager confirmed to representatives that the care home has a formal complaints procedure, although no resident spoken to indicated they were aware of the procedure or had complained. However, again, due to the nature of their medical condition this was difficult to establish.

### **Staff**

All the staff representatives observed and spoke to during the visit were friendly and helpful and openly interacted with all the residents. All the staff representatives 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 nurses 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 in their room.

Residents' medications are issued by a member of staff specifically trained to dispense medication. Representatives were advised that a staff member remains with each resident to ensure the medication is taken.

### **Visitors and Relatives**

Representatives observed family members visiting residents in the home and spoke with one family who said they were very pleased with the care provided and had not had any complaints.

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**

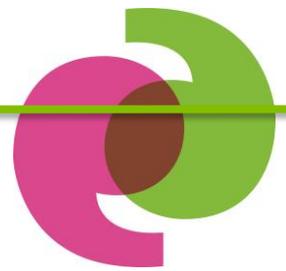
The Manager informed representatives that they encourage families to email to enable them to keep in touch at all times with updates about their relatives. There is also a plan in place to introduce Skype for 'face to face' communications between residents and family members.

The Activities Co-ordinator informed representatives of her plans and ambitions for the future, in relation to activities for the residents, which are supported by the manager and staff.

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### **Recommendations**

- Healthwatch Central Bedfordshire Enter and View representatives were pleased to conclude that Chiltern View Care Home is well managed, with dignity and respect shown to all the residents observed, who also appeared to be well cared for with attentive staff on hand.
- The main recommendation is that the home continues to deliver the level and quality of care observed by HWCB representatives.
- It is also recommended that this report is shared with residents and their family members and for the home to encourage family members or visitors to the home to advise HWCB direct if they wish to contribute any comments about the home or to this report. Contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



## Service Provider response

"Benslow Management has a policy of continuing improvements to both Managers and Staff and Staff, who have actively supported this approach, which has resulted in the excellent care to be found at Chiltern View. It is the policy of the Company and the Home to continue this pursuit of improvement which we believe will secure our long term goal of the very best care provider".

Stephen E.P. McQuinn  
Service Provider

