



## Details of visit

<b>Service address:</b>	<b>Greenacres, Brewers Hill Road, Dunstable, LU6 1UU</b>
<b>Service Provider:</b>	<b>Central Bedfordshire Council</b>
<b>Date and Time:</b>	<b>5<sup>th</sup> March 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Dave Simpson, Margaret Roberts</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.



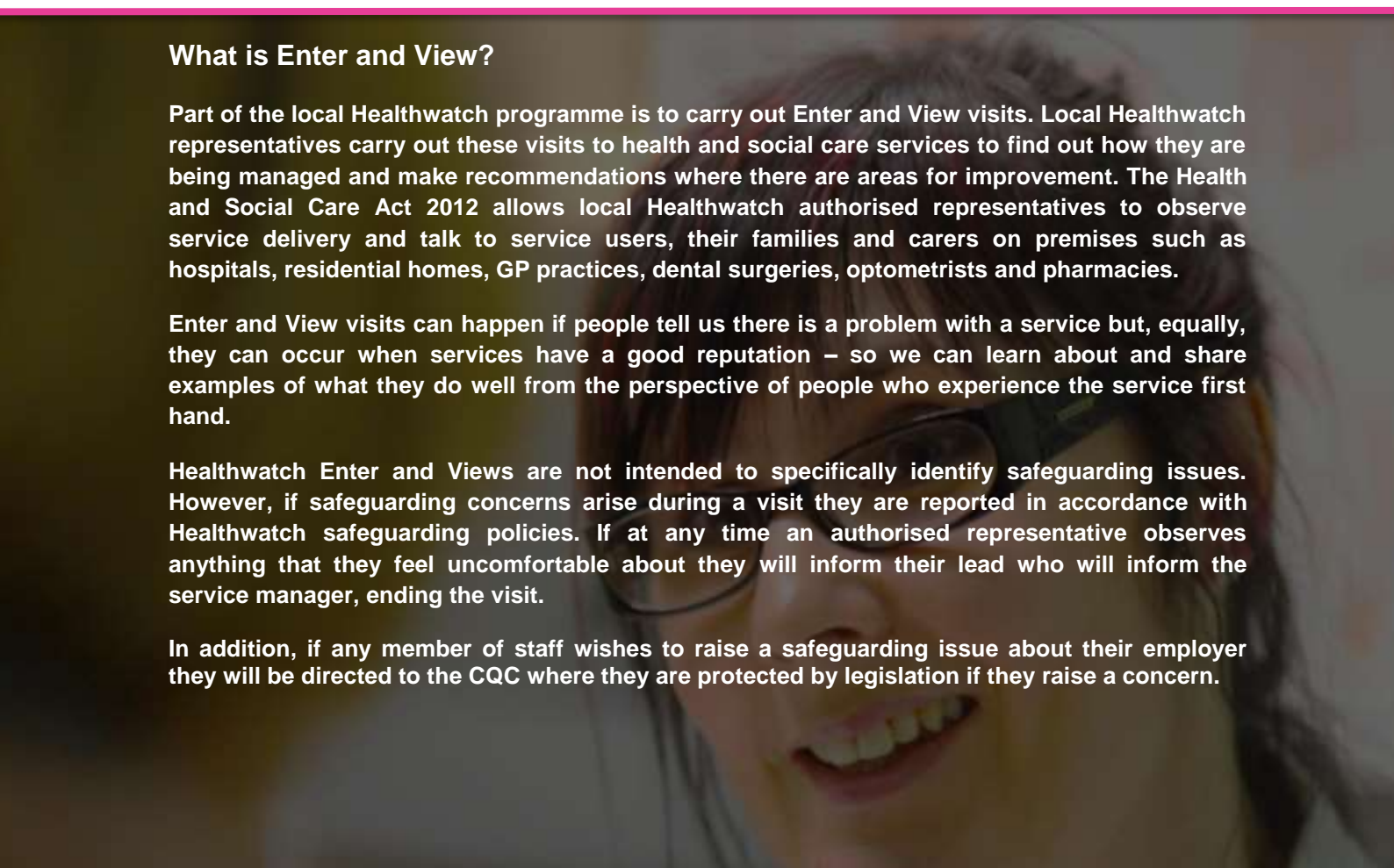
## What is Enter and View?

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.**

Representatives were pleased to see the Healthwatch Central Bedfordshire poster notifying residents and relatives of the visit clearly displayed within the building.

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

Authorised representatives approached 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, 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 is that the home was operating to a very good standard of care with regard to dignity and respect.

- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Representatives saw evidence of staff interacting with residents positively and regularly, including just checking on them if they appeared to be soporific.
- Residents spoken to were generally happy with the meals, the menu was balanced and nutritious, and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- There was clear evidence of social activities and 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:

- 42 single bedrooms (one room with en-suite WC), spread over five units, Three eight bedded units on the ground floor and two nine bedded units on the upper floor.
- The home includes a day-centre and a re-enablement unit of eight beds. There are two respite beds, the remainder being for the frail elderly and dementia residents.
- Vacant respite or reablement beds are able to be used by family members, if and when, sleep-overs are required.
- Potential residents are assessed, prior to entry to the home, at their own homes or hospital by a Team Leader and Occupational Therapist, to ensure the home will be able to meet their care needs.
- The age range of residents was previously 65+ however this was recently reduced to 55+ for the reablement unit.
- One respite bed and three frail elderly beds are currently unoccupied.
- The day centre caters for twelve people, but not all at the same time, and is staffed by one team leader and two carers.
- The re-enablement unit has two occupational therapists and one physiotherapist.
- Residents are mainly funded by the Local Authority with one 'out of area' Council funded resident and three who are currently privately funding.
- A total of 22 members of staff are employed, including carers, cooks, gardeners, office staff and cleaners.

---

## 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 premises were built in the 1980s, and are 'unitised' over two floors which surrounds a central garden/courtyard area. The upper floor is accessed by stairs and a lift.

The units are connected by 'link rooms', many containing photographs of activities and memorabilia, books and telephone points. The garden area is accessible to residents including those in wheelchairs, which includes an outside smoking area for residents who



wish to do so, with seating, bird feeders, tables and flower beds which residents are able to help cultivate. The garden includes a fish pond and an aviary.

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

Residents' rooms clearly display the occupant's name on the door and all rooms include a call button which staff respond to by pager alert within four minutes.

All the residents seen at the time of the visit appeared to be well dressed and cared for. Representatives were advised that each resident has a key worker who also works with the family.

A laundry is situated in the home and each resident has their own laundry box which is changed daily with all their clothes labelled. All bed linen is changed weekly or as necessary, and residents clothing is normally turned round in 24 hours.

Each resident's Care Plan is available for residents and their family to view, with 'turning' charts, night charts, food and drink and bowel movement records, for bedbound residents, kept at hand.

Representatives were advised that the home also provides the following visiting services:

- Hairdresser – twice per week.
- Chiropodist – as required.
- Mobile Dentist – annually or as required.
- Optician – annually.
- District Nurses – twice daily.

### **Promotion of Independence**

Residents are encouraged to bring personal possessions, photographs, pictures, ornaments and small pieces of furniture to create familiar surroundings. The wall coverings in residents' rooms can be chosen by the residents.

All residents are offered the opportunity to be involved in social activities organised at the home, including trips outside of the home with relatives included in the planning.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty; there is plenty of space to facilitate this.

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

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable at the home and quite happy. Residents were impressed with the activities available and the care received. At the time of the visit representatives witnessed a group of residents undertaking crafts and a baking session with a member of staff.

### **Residents**

Representatives were advised that residents are registered with their own GP or the Kirby Road GP Practice which provides a call-out service. Representatives were also advised that residents' medication is distributed by one of 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 resident Care Plan, which was later visually confirmed.

## **Food**

The menu is managed on a seasonal cycle, is freshly prepared, 'resident led' and appears to be comprehensive. The home has Food First accreditation and a Dementia Quality mark. The Manager also advised HWCB representatives that home-made soups will shortly be introduced to the menu.

Representatives witnessed residents and relatives being offered refreshments during the visit. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals; in the lounge dining areas or in their rooms.

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

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

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

Representatives were advised by both staff and residents that activities included trips outside of the home, cookery classes, film clubs, a 'knitter natter' and other interests. Visits to the home by local schools and their choirs are also encouraged.

Communal lounges and link rooms are used for the majority of activities and representatives witnessed several residents baking scones. The home is also in the process of setting up a 'chick incubation' activity for residents.

Representatives were advised that there are regular visits from a Roman Catholic priest (Father Jimmy) and the home also encourages visits from other religious denominations. Residents are able to visit local churches. The home has also been visited by 'Rodney the Pat Dog'.

## **Involvement in Key Decisions**

Representatives were advised that a 'Family Forum' meeting with residents and their relatives is scheduled for the 17<sup>th</sup> of this month. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

## **Concerns/Complaints Procedure**

The Deputy Manager, residents, relatives and members of staff all confirmed there is a complaints procedure although no resident or relative spoken to mentioned having used it.

## **Staff**

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

A monthly Managers meeting takes place at the home with 'themed' agendas. The Manager also conducts a daily 'walk round' of the home.

HWCB representatives were made aware that since the previous provider relinquished management of the home in August 2014, there has been a high turnover of staff, resulting in the use of agency staff. However, the Manager has ensured that only one agency is used and consistent staff from the agency are sent to preserve continuity of care.

Representatives were also advised that the embargo on recruitment has now been lifted and more permanent staff will be employed.

Representatives were pleased to note that there is a programme of staff training which is facilitated in the nearby Incuba site and/or Dunstable Fire Station. The Manager ensures that all staff receives the relevant training.

### **Visitors and Relatives**

Representatives observed family members visiting residents in the home and spoke to several of them, all of whom spoke highly of the care afforded to their relatives.

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 all suggestions for improvement and gave examples of innovations and initiatives to HWCB representatives, such as the siting of a suggestions box in the foyer.

There is also a large box by the front door which contains thermal blankets to be issued to residents and high visibility vests for use during any evacuation triggered by a fire alarm etc.

Brand new first aid boxes were in evidence at various locations around the home. A 'dementia friendly' bathroom is currently being refurbished and is awaiting delivery of a sensory bath.

Representatives witnessed the cleaner shampooing the carpet in one of the lounges and also observed a team leader organising an inventory and effectiveness check on lifting equipment.

---

## **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.

- Representatives noted that there is an ongoing programme of redecoration and refurbishment of the home. HWCB recommends that this continues, to ensure a convivial and welcoming environment for the residents. .
- HWCB would also recommend that the food menus are made available in pictorial format for the benefit of residents with dementia.
- It was also noted that the two pedestal-type ashtrays in the residents' garden smoking area were full to overflowing. HWCB would therefore recommend that these are emptied more frequently.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents and family members of Greenacre, 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

We are happy for this to go public with no provider responses.

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

