



Details of visit

Service address:

**Taymer Nursing Home, Barton Road, Silsoe,
Bedfordshire, MK45 4QP**

Service Provider:

Pressbeau Ltd

Date and Time:

1st October 2014. 10.00 – 12noon

Authorised

Representatives:

Diana Blackmun, Dave Simpson

Contact details:

**Healthwatch Central Bedfordshire
Capability House, Wrest Park, Silsoe,
Bedfordshire, MK45 4HR
Tel: 0300 303 8554**

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.



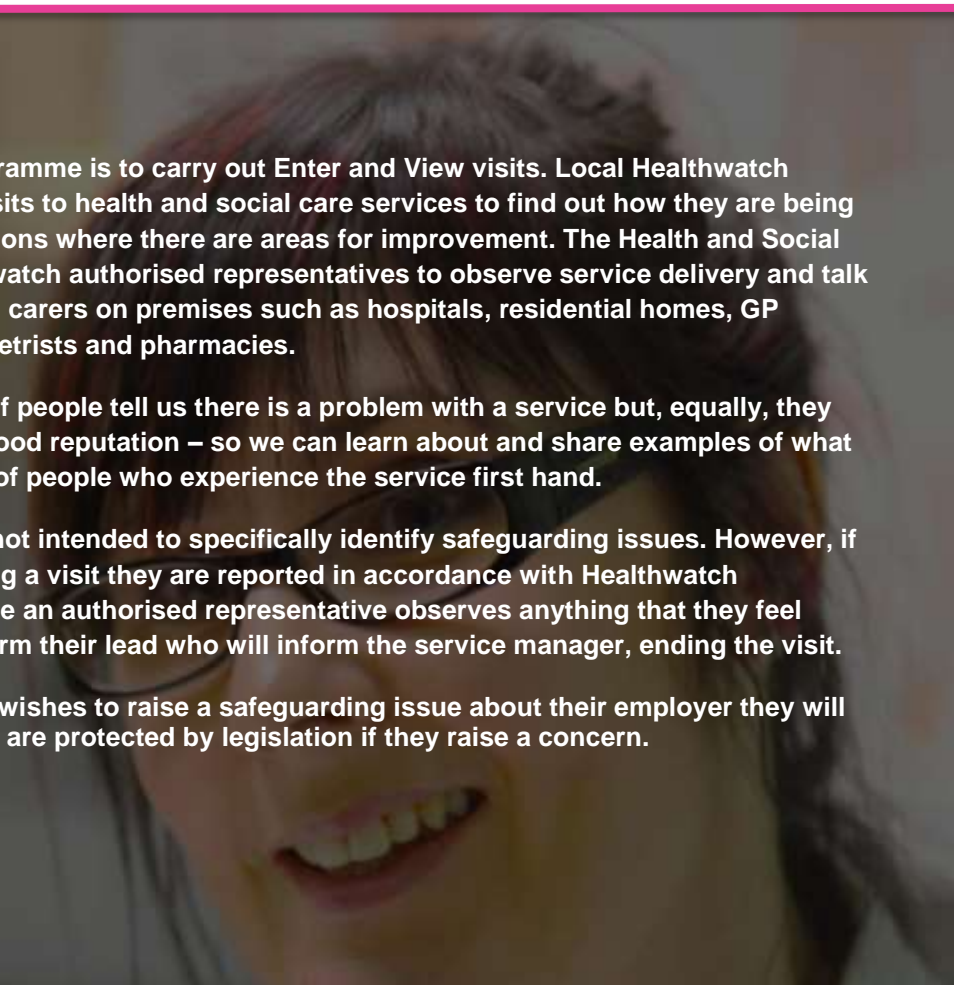
What is Enter and View?

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 at the home, HWCB representatives were pleased to see the Healthwatch Central Bedfordshire poster clearly displayed on the main door and also within the building notifying residents and relatives of our visit.

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 approached three residents at the care home to informally ask them about their experience of the home and the care they receive. Family members and visitors were also spoken to informally during the visit.

The authorised representatives explained to everyone they spoke to why they were there and took notes of comments received.

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

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

- 33 beds including six Rehabilitation beds funded by the South Essex Partnership Trust (SEPT).
- 29 beds currently occupied at the time of the visit.
- A total of 50 members of staff employed, including nurses, carers, cooks and cleaners.
- The ratio of residents to staff is 5:1 during the day.
- Two nurses and three carers on duty in the afternoon.
- One nurse and two carers on duty at night.

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

- Residents looked tidy and clean, there was no evidence of dignity not being respected.
- HWCB representatives saw evidence of staff interacting with residents positively and regularly, including just checking if they were OK if they had been sat still for a while.
- Residents spoken to by representatives were generally happy with the meals and the menu was balanced and nutritious and mealtimes appeared suitable for the residents.
- Representatives saw clear evidence of social activities and also spoke to the activities organiser; the residents spoken to were given the option of taking part in organised activities along with their relatives.

However, there were some concerns identified by residents, as follows:

- Residents spoken to had concerns about staff turnover and/or regular changes to staff.
- Some residents, when asked if their experience of the home matched their expectations, stated that '*some days were better than others*'.

Results of Visit

Environment

On entry, representatives found the environment to be clean, light and airy, windows were open in the corridors and in the communal lounge area (very sunny day at time of visit). The atmosphere was 'neutral' in that there were no apparent smells, good or bad.

The building was larger than on first impression, with several corridors leading off the main reception area. These corridors are quite narrow but open out into larger areas giving access to bedrooms, bathrooms and utilities cupboards. Some of the corridors appeared to be cluttered and representatives noted, with concern, that the equipment left in corridors created a potential risk to both residents and staff.

There was a large communal lounge room which appeared well used and a quiet room for use by residents and their relatives for special occasions/meals. However, the quiet room did appear to be cluttered and dated and not very welcoming.

There is a medium-sized conservatory which opened onto a courtyard outside where residents can sit out in the warmer weather and enjoy the garden and where residents are encouraged to help cultivate tomatoes and vegetables. Several aspects within the building also look out onto areas containing bird-tables and feeders.



The door to each resident's room has a personalised nameplate jointly designed by the resident, family member and staff, to reflect their interests, with a photograph of the resident.

There was also a resident cat called 'Millie' and the manager of the home confirmed that relatives were encouraged to bring pets into the home, where appropriate, when visiting relatives.

HWCB representatives also noticed a basket in the entrance hallway for visitors to donate items for the local foodbank. This initiative enables family members and staff to support their local community.

Promotion of Privacy, Dignity and Respect

All the residents the representatives saw in the home appeared to be well dressed and cared for. Each resident has a key worker who also works with the family. One of their responsibilities is to sit with the resident and to leave notes for the relatives on aspects of the residents care and support needs.

Each resident's Care Plan is kept in their room available for residents and their family to view, although it was noted that there was not a method for relatives to leave comments or suggestions within the Plan regarding the care of their relative.

HWCB representatives were advised that the residents can take baths once or twice a week and that their bedding is changed regularly or when necessary. A shower is available for use if requested, however there is only one shower in the building, in the 'wet room'.

Rehabilitation is available at the home, including use of the gym three times per week, for people aged 55 and over. HWCB representatives were advised that the home also provides the following visiting services:

- Hairdresser – once per week.
- Chiropodist – twice per month.
- Mobile Dentist – annually.
- Optician – annually.

Representatives were also advised that there are regular visits from a Church of England vicar and the home also encourages visits from other religious denominations. During the visit, representatives noticed the local Catholic Priest had arrived at the home to speak to several of the residents.

The manager of the home explained the 'befrienders' service at Taymer involves local people visiting residents offering social interaction. During the visit two 'befrienders' were talking and also engaging in a card game with the residents.

Promotion of Independence

HWCB representatives were advised by the manager that all residents are offered the opportunity to be involved in social activities organised at the home, and relatives are also included in the planning. The staff member responsible for organising social activities gave examples of some of the activities organised in the home such as a cookery club, art club and pots therapy.

HWCB representatives were advised by staff that residents were not allowed to prepare their own hot drinks etc., as this represented a potential Health and Safety risk since most of the residents were quite frail, although residents who came into the home for rehabilitation awaiting assessment were able to use the kitchenette areas for hot drinks, prepared under supervision.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty, although residents were not seen operating the wheelchairs independently. There were residents who were moving freely around the home including one resident observed independently using a Zimmer frame.

Interaction between Residents and Staff

HWCB representatives spoke to residents in the communal lounge. The residents stated that they were comfortable in the home, and generally quite happy. They were impressed with the activities available and the care received. One or two residents were concerned about the turnover of staff and mentioned '*lots of changes with regards to staff*'. However, overall they did identify staff members they liked, and clearly had a good rapport with staff.

Residents

When representatives asked residents about the most important aspects of the home, according to some residents, this was '*feeling safe and secure*', '*friendliness of staff and other residents*', the cleanliness of the home and the co-operation of the staff i.e., being on hand to offer support when needed.

Food

The daily menu is displayed outside the kitchen area and representatives were advised that all dietary requirements are catered for, especially diabetic needs, which are prominently displayed in the kitchen including any religious requirements.

During the visit representatives observed residents offered refreshments from the drinks trolley which, when moved around, had a very noisy and squeaky wheel.

The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals, which included, the communal lounge area, their own room, the conservatory or, in warm weather, outside in the garden. The residents spoken to all thought the food served was very good with generous portions.

Recreational activities/Social Inclusion/Pastoral needs

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. There is evidence of residents' drawings etc. affixed to the walls of the corridors. HWCB representatives did not observe evidence of residents being coerced into taking part in the activities; it is optional for all residents. Representatives were advised by both staff and residents that activities included trips out to the races and local restaurants etc. This was evidenced by a notice board in one of the corridors containing photographs from many of these activities.

Involvement in Key Decisions

The manager advised representatives that meetings with residents and relatives are held regularly every two months. The purpose is to give both residents and their relatives the opportunity to raise any issues and concerns with the Manager and staff.

Concerns/Complaints Procedure

The manager confirmed that they have a complaints procedure, although no resident spoken to mentioned having used it to the representatives. One resident however, did mention that any problems experienced during the night are '*sorted the next day*'.

HWCB representatives noted concerns with regard to a trip hazard for residents and staff in one of the corridors. This related to an unattended vacuum cleaner left with its' power cord unravelled and lying on the floor. An additional concern was the amount of equipment such as wheelchairs, trolleys and Zimmer frames, 'stored' in corridors and communal areas which created difficulties for staff and residents when moving about.

Staff

All staff seen during the visit were friendly and helpful and representatives observed staff regularly interacting with the residents. When representatives observed staff speaking to the residents, they addressed residents by their first name and clearly knew them well. The staff that representatives saw during the visit appeared to be well trained and able to provide the care needed.

HWCB representatives were advised that residents' medication is distributed by two nurses at all times although representatives did not witness this. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each resident's Care Plan located in their room.

Visitors and Relatives

Representatives observed family members visiting residents in the home, but did not directly engage the relatives in responding to questions due to time constraints. A Healthwatch Central Bedfordshire notice was clearly displayed in the care home advising relatives of the visit; however Healthwatch Central Bedfordshire were not contacted directly by any relative prior to or since the visit to the home.

Additional Findings

Representatives noticed several discarded tissues under a chair in one of the resident's rooms (the resident was not in the room at the time of the visit) which was considered to be unhygienic although it was difficult to ascertain the length of time the room had been left in that condition.

Recommendations

This report highlights the good practice that was observed and reflects the resident's satisfaction with the care and support provided. HWCB recommendations are as follows:

- The findings indicate that equipment not in use at the time (wheelchairs, frames and trolleys), which is placed in communal areas, should be stored in a suitably convenient location away from areas in constant use by residents, relatives and staff.
- It is recommended that cleaning equipment, particularly vacuum cleaners, are not left unattended with leads unravelling lying across the floor.
- HWCB recommend that family members, when visiting their relatives, are given the opportunity to contribute concerns or suggestions, in writing, by utilising a particular section of the resident's Care Plan, particularly if the relative is unable to directly speak to the carers.
- HWCB representatives noted the involved level of activity planned with residents and relatives, but would recommend a more prominent display within the home of current activities and how to join in.
- HWCB representatives were informed by the manager that there is an induction procedure for new residents; however there did not appear to be any kind of induction for emergency admissions. HWCB would recommend that an induction procedure for such admissions is formalised, to be carried out as soon as the new resident is sufficiently aware to receive it, together with their family members.
- HWCB recommend that this report is shared with residents and their family members with encouragement to contribute any additional comments or concerns, about the report or care in the home, to Healthwatch Central Bedfordshire direct on 0300 303 8554 or via email to info@healthwatch-centralbedfordshire.org.uk

Service Provider response



Response received from Louise Yates, Regional Manager, Pressbeau Limited

1. Equipment not in use at the time (wheelchairs, frames and trolleys) which is placed in communal areas should be stored in a suitably convenient location away from areas in constant use:
'Whilst I agree that some items should not be left within the lounge area or corridors – I need to make two points here – there will always be and should be frames within the lounge. These are left with the people that use them so that if they wish they can move independently. The home is limited to storage space – as many home are. Equipment is always stored in a safe place. Equipment such as hoist need to be available to use throughout the day, so are left in areas that they are easily and readily accessible to staff'.
2. It is recommended that cleaning equipment; particularly vacuum cleaners are not left unattended:
'All cleaning equipment is locked away when not being used. The Hoover should not have been left unattended – the home manager will remind housekeeping staff during a supervision session. The department are normally very vigilant so it is disappointing that this was noted on this occasion'.
3. When visiting their relatives, family members are given the opportunity to contribute concerns or suggestions, in writing by using a section of the care plan:
'Taymer prides itself on the communication and relationships between the home, staff and relatives. This is demonstrated in the fact that the home has received no complaints to date this year. Maggie has an open door policy, meaning relatives can speak to her as needed. I do not feel the care plan would be the best place for people to be writing concerns. The home has a communication book which can be written in with message for the manager if she is not in. The compliant forms are also on display should they be needed. I am concerned that the report indicates a lack of communication between families and the home'.
4. Recommend a more prominent display within the home of the current activities and how to join in:
'The weekly program is displayed around the home'
5. Induction for emergency admissions:
'A copy of the service user guide is given to all residents on admission. They are welcomed by staff and one will spend time with them on the day they arrive. The home does not take emergency admissions – all admissions are planned'.
6. *'The main body of the report mentions that 1 or 2 residents were concerned about the staff turnover. The home has a very stable staffing team. I feel that this should be reflected within the report, as it reads that the home has an unstable staff team, which is simply not the case'.*

