



Details of visit

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| Service address: | The White House, Eggington, Leighton Buzzard, LU7 9PQ |
| Service Provider: | Janes Care Homes |
| Date and Time: | 19th March 2015 10:00–12:00 & 13th April 11:00–13:00 |
| Authorised Representatives: | Dave Simpson, Margaret Roberts, Diana Blackmun |
| 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.



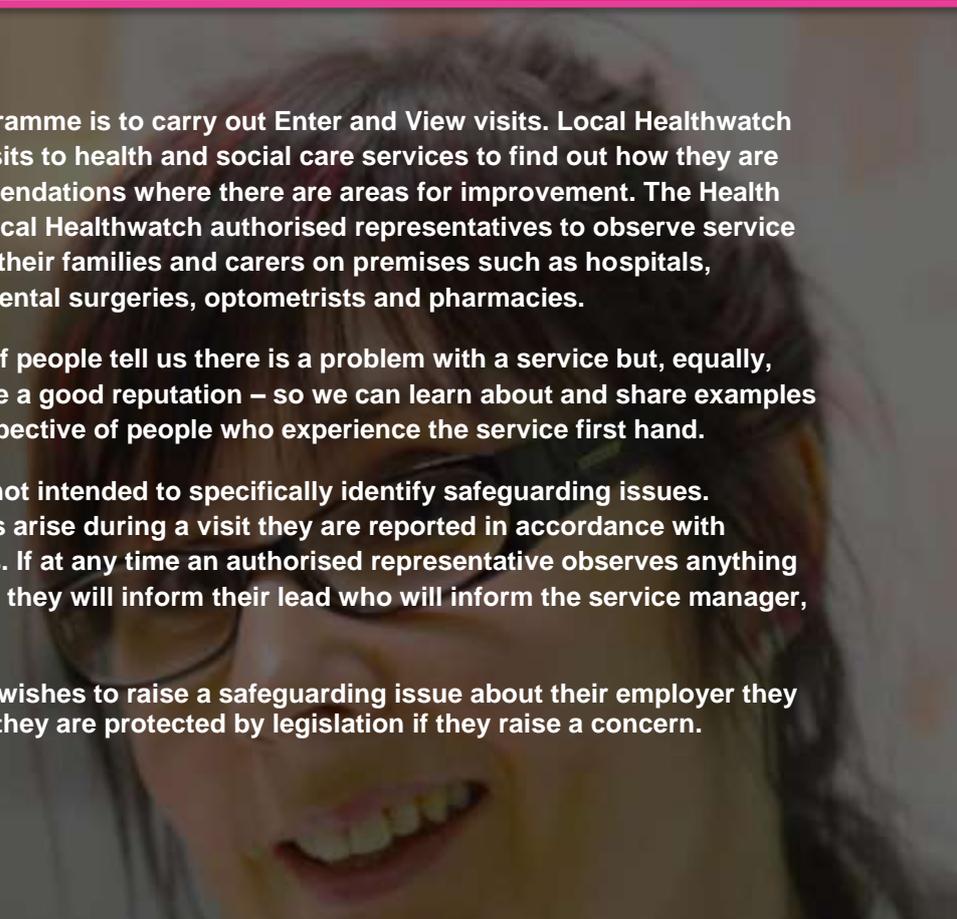
What is Enter and View?

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.

The White House was visited on two occasions as the manager was unavoidably absent for the first visit and the Senior Carer who met representatives did not have access to all the information HWCB representatives requested at the time of the visit. The Manager was available at the time of the second visit and was able to provide more detailed information. This report is a combination of the results and observations from the two visits.

At the time of both visits, HWCB representatives were pleased to see the Healthwatch Central Bedfordshire poster notifying residents and relatives of the visit(s) clearly displayed within the building.

During the first visit, on arrival, representatives were met by the Senior Carer on duty, (representatives were advised that the Manager was conducting a pre-assessment visit at the hospital). The Senior Carer gave representatives a verbal introduction (albeit limited in the absence of the Manager) regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached residents at the care home to informally ask them about their experience of the home. However this was difficult due to their particular stages of dementia. No family members were present during the visit; however several 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 Senior Carer/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 groomed; there was 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 sleeping.
- 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:

- 25 beds, with six currently unoccupied.
- Three beds are currently funded by the Local Authority, the majority are privately funded.
- Most residents are dementia sufferers; ages range from 74 to 97.
- There are no rehabilitation beds.
- The home operates over three floors.
- Nine rooms are en suite
- There are two bathrooms and two shower rooms.
- One bathroom has a 'sensory' bath
- All rooms have a 'nurse call point' with 'Aid Call' screens on every floor.
- One resident was seen with a 'panic button' around her neck.
- Some rooms have 'buzzer mats' beside the bed in case of falls and/or 'wanderings'.

Results of Visit

Environment

The White House is an older large detached building and is, as the name suggests, painted all white.

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 consists of two communal lounge rooms and a large dining area which were being well used at the time of the visits. There is a steep grassed area at the rear and a secure decked area at the front of the building, in need of some repair, accessible to residents including those in wheelchairs, with seating, bird feeders, tables and flower beds which residents are able to help cultivate.

There are plans to extend and make secure the garden area at the front of the building and to install raised beds for the residents to cultivate.

Each resident's room has the residents' name on a nameplate attached to the door.



Promotion of Privacy, Dignity and Respect

All residents seen at the time of the visit appeared to be well dressed and cared for, although representatives saw one resident whose pullover showed evidence of food spilled down the front. Representatives were advised that each resident has a key worker who also works with the family.

There is a laundry situated in the home which is operated by the cleaners with help from carers as required. Each resident has their own laundry box which is changed daily and all their clothes are labelled. All bed linen is changed regularly or as necessary.

Rehabilitation beds are not available at the home, however an NHS physiotherapist can be accessed when and if necessary. Representatives were advised that the home also provides the following visiting services:

- Hairdresser – once per week.
- Chiropodist – six weekly.
- Dentist – arranged as required with Leighton Buzzard Community Dental Service
- Optician – six monthly (Vision Call)
- Keep Fit Class - Monthly

Promotion of Independence

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

A married couple are resident at the home and have adjoining rooms, but could be accommodated in a double room if they wished.

All residents are offered the opportunity to be involved in social activities organised at the home, and relatives are also included in the planning.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty and representatives also observed one resident being moved into a chair by a hoist; there is plenty of space to facilitate this.

Interaction between Residents and Staff

HWCB representatives spoke with residents in the communal lounges and dining area. The residents spoken to stated they were comfortable in the home and quite happy.

During the course of these interactions in the communal areas, representatives witnessed staff dealing with residents. Although the residents were exhibiting quite challenging behaviour, the staff effectively resolved a conflict between two residents, calmly, politely and with laudable restraint.

Residents

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

Representatives were advised that residents are all registered with either the Leighton Road or Salisbury House GP Practices.

Each residents Care Plan is stored electronically and is available for them and their family to view, with 'turning' charts, night charts, food and drink and bowel movement records for bedbound residents also kept at hand. DNR (Do Not Resuscitate) instructions are kept in a separate folder.

Food

The daily menu is managed on a four week cycle and appears to be comprehensive. It is Food First certified and resident led. There is a dietician in regular contact with the home who carries out 'spot check' visits in between visits.

Residents have a choice of cooked or continental breakfast which can be taken at a time to suit each resident; lunch is served at 1:00 pm and there are two choices of main meal. Special diets, diabetic, pureed, 'fork-mashable' etc. are well catered for.

Representatives witnessed residents 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, the dining area or in their rooms. The residents that representatives spoke to all thought the standard and variety of food served was very good.

Recreational activities/Social Inclusion/Pastoral needs

There is no dedicated Activities Co-ordinator to organise events to involve residents and their relatives; these duties are shared between the staff. The communal lounge and conservatory are used for the majority of activities.

Representatives were advised by both staff and residents that activities included trips outside of the home, quizzes, nail painting, music and movement, sing-alongs, and on alternate Saturdays the cook facilitates baking sessions with some of the residents.

One resident, the lady of the married couple, likes to help with housekeeping in the home while her husband is content to engage in 'chair-based' activities.

Visits to the home by local schools and their choirs are encouraged. There was no evidence of residents being forced to take part in activities; it is optional for all residents.

Residents are able to visit local churches if desired.

Involvement in Key Decisions

Representatives were advised that meetings with residents and staff are held regularly, however representatives advised that these are poorly attended by family members. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns and give input to the menu choices, activities etc.

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 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 where appropriate. The staff appeared to be well trained and representatives were confident the residents were well cared for.

The usual staffing levels are:

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| 7:30 am – 15:00: | 1 senior carer + 2 carers; 1 cook; 1 or 2 cleaners |
| 15:00 – 22.00: | 1 senior carer + 2 carers |
| 22.00 – 7:30 am: | 1 senior carer + 1 carer |

Representatives were advised that more staff could/would be on duty if residents' numbers warranted it. This is determined by use of the computer based RFC Staffing Tool. Representatives were advised that Agency staff are used, however they are sourced from only one agency and wherever possible the same agency staff are utilised to ensure consistency of staff.

Representatives were advised that residents' medication is distributed by the senior (medication trained) carer on duty at all times although this was not witnessed. The residents' medication charts are now stored electronically and include a photograph of the resident. The senior carer uses a laptop during medication rounds and remains with each resident whilst medication is taken.

Visitors and Relatives

There were no relatives visiting the home during either of HWCB visits. Relatives mainly visit at the weekend, however contact and communication is maintained by newsletter, email and telephone.

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

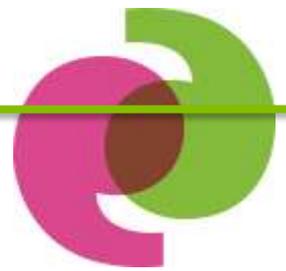
The management of the home is attentive to all suggestions for improvement and is currently considering a 'reminiscence area' for the benefit of residents.

During HWCB first visit representatives were concerned by two instances of cleanliness failings, however during the second visit, HWCB representatives were satisfied that these constituted a 'one-off' occurrence.

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.

- Healthwatch Central Bedfordshire considers that in light of the number of 'difficult or disruptive' and bedbound residents who need extra attention, that staffing levels could be increased and recommends that urgent consideration be given to this. This is further borne out by the additional findings above.
- HWCB also recommends that consideration be given to engaging a dedicated Activities Coordinator which could alleviate the pressure on other members of staff.
- HWCB recommends that the home also give consideration to encouraging more family members to attend the residents/relatives meetings to enable increased involvement in their relatives care.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents and their family members and the staff of The White House, to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



Service Provider response

The Provider acknowledged receipt of the report however, despite a reminder requesting their response to our recommendations, HWCB did not receive any further comments.

HWCB
26.06.15

