



## Details of visit

<b>Service address:</b>	<b>Westlands, Duncombe Drive, Leighton Buzzard, LU7 8SD</b>
<b>Service Provider:</b>	<b>Central Bedfordshire Council</b>
<b>Date and Time:</b>	<b>28<sup>th</sup> April 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Dave Simpson, Linda Grant</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.



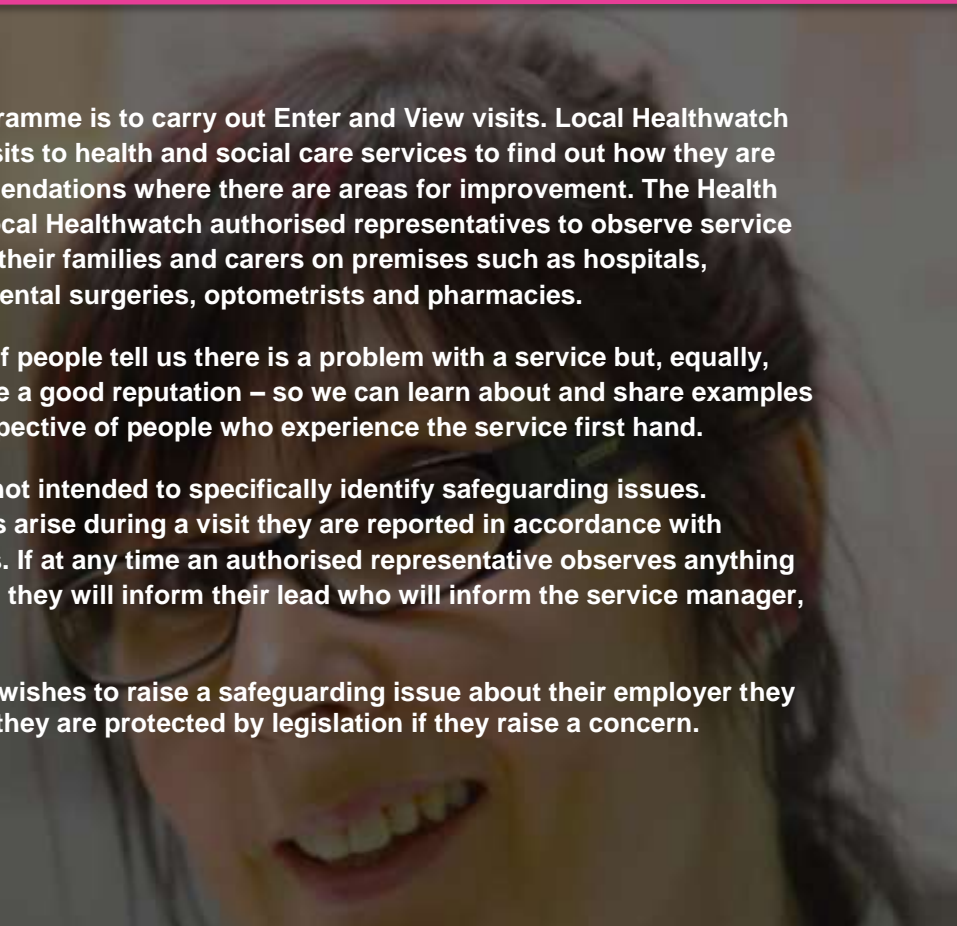
## What is Enter and View?

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 Deputy Manager, who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached several residents, relatives and members of staff at the care home to informally ask them about their experience of the home.

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

After speaking with the residents, relatives and staff, HWCB leaflets were given to the Deputy 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, HWCB representatives were pleased to see the Healthwatch Central Bedfordshire posters displayed within the home.
- 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.
- There was some evidence of social activities present, with photographs of the Christmas celebrations 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:

- 30 beds, with four currently unoccupied.
- All rooms are single occupancy with no en-suite rooms.
- Beds are available for respite care.
- There are no rehabilitation beds.
- Two residents are 'self-funders' with the remainder funded by the Local Authority.
- Care categories of residents include those with mild memory loss, dementia and the frail elderly.



## 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 operates over three floors overlooking a secure garden, which contains seating, a fishpond and flower beds. The garden overlooks a park which is accessible to residents.

The first and second floors are accessed by stairs and a lift. The home contains two bathrooms on the top floor, a bathroom and a shower room on the first floor and a bathroom on the ground floor. Three WCs are on each floor. A hairdressing salon is located on the top floor and there is a 'smoker's room'.

The home has six bedrooms on the ground floor and twelve on each of the additional floors. The home also has three lounges and one dining room plus a large room on the ground floor which can be used for residents to entertain families which is also used for staff training.

### 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 residents are currently not allocated a key worker.

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each resident 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 – weekly.
- Chiropodist – four to five weekly.
- Dentist – Residents remain with their own dentist.
- Optician – Vision Call or residents' own.

### **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. Residents have lockable drawers in their rooms to secure their valuables

All residents are offered the opportunity to be involved in social activities at the home. Relatives are also included in the majority of activity planning.

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

HWCB representatives observed staff members engaging with residents and calling them by their first names when speaking with residents in the communal areas. The residents, representatives spoke with, stated they were comfortable in the home and quite happy. The residents appeared to be pleased with the care received however some residents and members of staff felt that the activities on offer were very limited.

### **Residents**

Residents are pre-assessed at their own home or the hospital prior to acceptance. Assessments are conducted by the Manager or Deputy Manager to ensure that the home can meet the residents' needs and to gather information about the resident, like and dislikes etc. This information along with the resident's date of birth is given to the kitchen so that birthdays can be celebrated with cakes etc.

Representatives were advised that residents are all registered with the Bassett Road GP practice and a GP from that surgery attends the home on a Friday. The Deputy Manager stated that this had caused some delays in getting prescriptions at first, however the home were 'working round this' now. A Nurse Practitioner from the surgery will also visit and District Nurses attend daily to administer Insulin injections.

Representatives were advised that residents' medication is issued by a medication trained carer, who remains with the resident while the medication is taken, although this was not witnessed by representatives. Controlled drugs are issued by two medication trained carers at all times, but this was also not witnessed.

Residents Care Plans are kept in a filing cabinet in the main office, and HWCB representatives were advised that DNR (Do Not Resuscitate) notices, where appropriate, are kept with each resident's Care Plan. Residents' photographs are included in the Care Plans and on the medication charts, although this was not visually confirmed by representatives.

The Deputy Manager informed HWCB representatives that residents' Care Plans are reviewed monthly on a 'resident of the day' programme.

### **Food**

The daily menu is managed on a four week, seasonal, rolling menu and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. The menu

is displayed in both written and pictorial formats. All food is prepared and cooked on site in the well-equipped kitchen.

Representatives were advised that the residents are offered two choices at all main meals, however, if the resident did not like either then an alternative would be made. Fortified food and drinks are available.

Representatives witnessed residents and relatives being offered refreshments during the visit and were informed that tea and biscuits are available '*at almost any time*'. The residents are able to choose where to take their meals.

The home has Food First certification, has regular contact with the dietician, and the residents and relatives that representatives spoke to thought the standard and variety of food served was good.

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

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 lounges and reading newspapers. Representatives also observed mid-morning refreshments being served and a member of staff playing 'catch the quoit' with a resident.

The home does not currently organise 'trips outside of the home' however some residents are taken for walks in the park, pub lunches and to the market on Tuesdays and/or Saturdays.

Representatives were advised by both staff and residents that activities included jigsaws, Bingo, arts and crafts, quizzes, various entertainers and musical sessions. However, a member of staff remarked to representatives that residents '*are bored out of their skulls most of the time*'.

The Deputy Manager advised HWCB representatives that 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. Communion is celebrated at the home on the first Tuesday of each month and a Roman Catholic priest attends regularly.

### **Involvement in Key Decisions**

Representatives were advised that meetings with residents and relatives are held bi-monthly, but are poorly attended by relatives. The main purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns and to have input into the menus etc.

### **Concerns/Complaints Procedure**

The Manager, residents, relatives and members of staff all confirmed there is a complaints procedure although no-one mentioned having used it and HWCB representatives noticed that it was on display by the front door.

### **Staff**

Staff employed at Westlands includes:

- A Manager
- A Deputy Manager
- Two team leaders
- Seven carers
- Five night carers
- Two and a half domestics
- One laundry lady

- One Chef Manager
- One cook and two kitchen assistants
- One maintenance man.

The home currently does not have an Activities Coordinator however representatives were advised that the home is '*considering recruiting one*'. Five carers are medication trained.

The staff shift deployment is as follows:

7:00 – 14:00	1 team leader + 4 carers
14:00 – 21:30	1 team leader + 3 carers
21:15 – 07:15	2 night carers

All 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.

The Deputy Manager advised Healthwatch Central Bedfordshire's representatives that since the change of management of the home from BUPA to Central Bedfordshire Council in August 2014, several members of staff had left and had not yet been replaced. This has resulted in the home needing to use agency staff. This in itself results in a lack of continuity of care for the residents. Furthermore, the process of TUPE transferring the remaining staff has still not been completed, at the time of the visit, which appears to have lowered staff morale.

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

- Health and Safety
- Moving and handling
- Infection Control
- Safeguarding
- Emergency First Aid
- Fire Safety training is done on site.

There are two members of staff whose first language is not English, one is Romanian and one is Polish. One resident is of Czech origin.

### **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.

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 appears to be attentive to any suggestions for improvement and voiced ideas for the future of the home.

The Deputy Manager also advised 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 were 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 that staffing levels were clearly inadequate as a result (also mentioned by some staff members).

During the visit, a HWCB representative was speaking to a resident in a very warm sunlit area of the home when the resident became uncomfortable and distressed with the heat. The HWCB representative attempted to seek assistance from a carer but could not locate one in the vicinity and had to resort to going to the office to ask the Deputy Manager to come and help with the resident.

---

## **Recommendations**

This report highlights the practices that were observed during the visit and reflects the residents, relatives and staff's feelings with regards to the care and support provided.

- Relatives and some members of staff spoken to felt that staffing levels should be increased for the benefit of residents. HWCB representatives were advised by the Manager that recruitment is planned for the future. In light of the comments received from staff, relatives and residents and the incident reported by the HWCB representative during the visit, Healthwatch Central Bedfordshire recommends that this is now considered as a matter of some urgency.
- It is recommended that the recruitment of an Activities Coordinator with commensurate skills and enthusiasm be considered as a high priority for Westlands and that he/she be afforded full support in their role to improve the quality of life and wellbeing of the residents.
- HWCB further recommends that all new staff engaged undergo rigorous training in the levels of care and compassion expected of them.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Westlands and their family members 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

HWCB did not receive a response to the report from the Provider, despite a reminder requesting their response to our recommendations.

HWCB  
26.06.15

