

# **Enter & View Visit Report**

**Chiltern View – 13th December 2022**  
**(Benslow Management Company Ltd)**

# Content...



Acknowledgements P3

Disclaimer P3

What is Enter & View? P3

Purpose of the visit P4

Strategic drivers P4

Methodology P4

Summary of Findings P6

Results of Visit P7

Additional Findings P15

Recommendations P15

Service Provide Response P17

## Details of visit

<b>Service address:</b>	198-200 West Street, Dunstable
<b>Service Provider:</b>	Chiltern View (Benslow Management Company Ltd)
<b>Date and Time:</b>	13 <sup>th</sup> December 2022 10am to 1:30pm
<b>Authorised Representatives:</b>	Annette Brown, Carol Carter, Sharon Kavanagh
<b>Contact details:</b>	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.

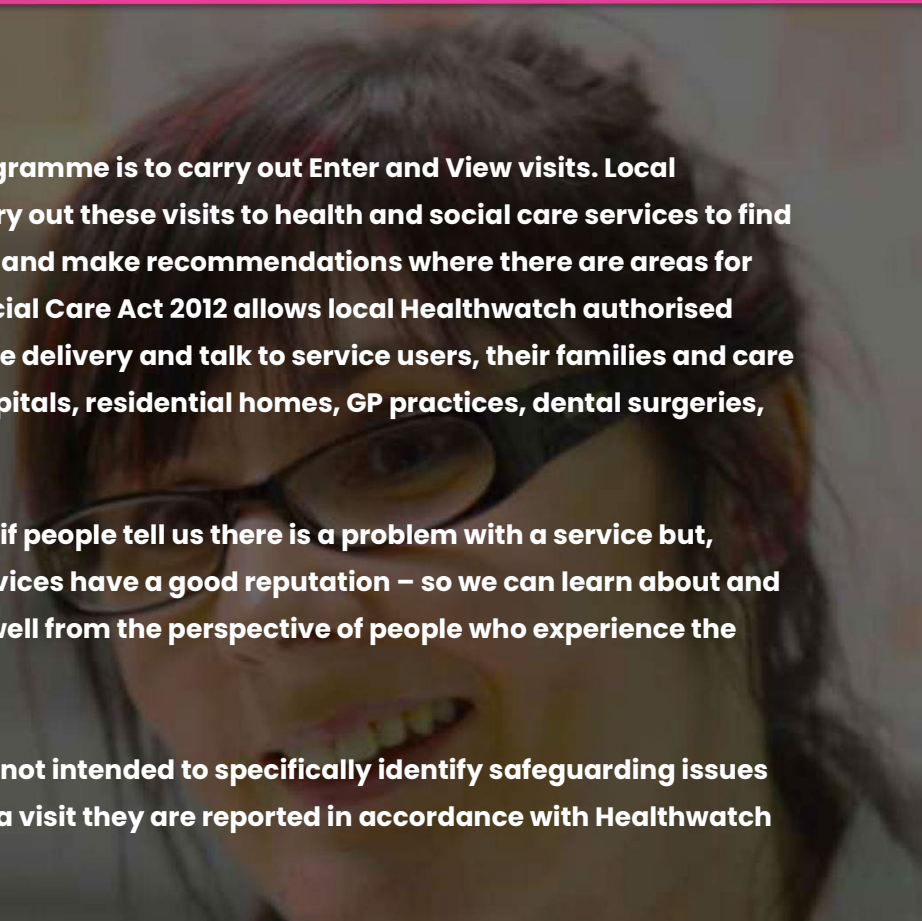
Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## 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 care workers 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 concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.



## 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 Quality Commission April 2022 Inspection rated as 'Inadequate'
- Care homes are a Local Healthwatch priority

## Methodology

### **This was an announced Enter and View Visit.**

Following an overall 'Inadequate' rating given to Chiltern View Care Home by the Care Quality Commission on 31<sup>st</sup> August 2022, Central Bedfordshire Council asked Healthwatch Central Bedfordshire (HWCB), as an independent organisation, to visit the home and meet with residents and their relatives, including staff.

Notification of the intended visit, and posters informing residents and relatives of the date of our visit, were previously sent to the home.

Upon arrival, representatives were met by the Operations Director. We were informed that the Registered Manager is currently not in the service.

In order to understand patient experience HWCB representatives used observational activity over a period of approximately 2.5 hours in the main rooms of the home. There were no residents on the upper floors during the visit, so these areas were not visited.

After speaking with residents and staff, HWCB representatives distributed Healthwatch Central Bedfordshire leaflets to encourage residents, relatives or staff to contact HWCB direct, after the visit.



## Summary of findings

This visit was prompted by a review of the information we held about this service after a recent CQC inspection rated the care home as 'inadequate' and in 'special measures'.

Chiltern View Care Home is a residential Care Home providing accommodation with personal care for up to 36 people. The home is situated in a residential area and comprises two joined houses over three floors. There is a lift and stairs allowing access to the upper floors from the ground floor. The gate to the stairs was locked and representatives can only assume this was to prevent residents from using the stairs unaided. Representatives were advised that residents could access and use the grounds as they were secure. A ramp led to the front door and another from the back door into the conservatory to the enclosed garden.

The Manager gave details of the current capacity of the home as follows:

- A total of 19 residents at the time of the visit.
- The service provides support to older people and people who have dementia. Some residents are bed bound.
- Residents' care is funded by the Local Authority in Central Bedfordshire.
- Daytime ratio of Carers to residents is 1:4.
- Night- time ratio of Carer/Nurses to residents is 1:7

Due to the nature of the residents' complex needs we were only able to engage with two of the residents, of which both were bed bound.

Representatives also spoke to the Operations Director and four staff members. We were informed that an Activities Coordinator was on duty at the time of the visit however, they were very busy and unable to engage with HWCB representatives. Many residents were relaxing in the lounge and Christmas music was playing on the TV. One Carer was actively engaging one of the residents in singing along to a Christmas song, holding hands and encouraging movement. One resident was colouring in a book. Outside activities did take place pre-pandemic and although this has not resumed, the Operations Director advised that she intended to begin outside activities soon.

At the time of the visit, no relatives or visitors were observed within the home.

## Results of Visit

### Environment

The building is signposted at the entrance and the front of the building is concreted with a ramp for disabled access. The exterior of the building is pleasant, and quite well maintained with limited parking available only at the roadside.

Access is gained by ringing a bell near to the entrance door. The inner porch has a notice board on display, however there is very little room for disabled access for wheelchair users, although the rear of the building also had disabled access. On entry, representatives found the environment to be clean, light and airy and the interior smelt fresh and clean.

Representatives saw two copies of the Healthwatch poster on display but no evidence of Healthwatch leaflets. A whistleblowing policy was also on display along with a CQC report dated January 2022, which is not the most recent report, (published in November 2022).

Staff (Carers) were wearing blue uniforms and senior care staff wore dark blue uniforms. HWCB Representatives did not notice a list of staff names and photos displayed. In addition, a board with the staff members names and positions displayed, or any information as to who is on duty, was also not displayed and not all staff were wearing names badges. Limited information was displayed on a 'Family notice and information board'.

The occupied lounge area and the conservatory did not have the central heating switched on despite the very cold weather and was a little chilly, however no residents were in there during the visit but the reason for this could have been the fact it was quite cold in these areas.

A large garden was available to the rear and the side of the building with chairs and bright coloured decoration. The maintenance of the gardens was difficult to determine due to the snowy / icy weather conditions.

## **General Observations by Representatives.**

On arrival at the home residents were either sleeping or in bed; the majority sat together in the lounge area with several Carers present.

Residents are able to retain their own furniture in their room.



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

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

Representatives witnessed residents in the home who all appeared clean and suitably dressed; representatives saw no initial evidence of dignity not being respected.

Representatives saw evidence of staff interacting with residents positively and regularly and referring to them by their first names. Residents spoken to told us that the Carers do speak loud enough for them to hear and they can understand what they say.



The Operations Director told representatives she was very happy with the staff and the regular agency staff, and more staff were being actively recruited. She felt that work was required to influence a 'culture change' regarding staff attitudes and behaviours.

Both residents interviewed told representatives they knew the names of the Carers and confirmed that staff respond quickly to their needs. Representatives did note however that one bed bound resident had a pressure mat underneath the bed which she could not access and there was no other available means of alerting a Carer if she needed assistance. However, she received one hourly monitoring from Carers.

When asked if they would know who the Manager of the home was, one resident said he *'didn't know'* and another resident nodded her head.

The Operations Director and Administrative staff said that residents were always welcome to sit with them and 'help' in their office space.

### **Personal Care**

When asked how they would attend a healthcare appointment, (GP, Dentist or hospital etc.), one resident said they would, *'ask one of the Carers'* and relied on an ambulance to take them to hospital as they were not weight bearing. However, both residents confirmed they would tell the staff if they were feeling unwell and were confident staff would listen to them and organise the care or treatment they needed.

Residents were asked if they were involved in their Care Plan; one resident said, *'Yes, had input'* although another did not answer the question.

Although both residents spoken to were laid in bed (presumably bed bound), one did not appear to be dressed, but this may have been their choice. They both indicated they had a choice of a bath or shower, plus a male or female Carer, however the gentleman said, *'he didn't mind'*.

Of the bedrooms observed, ensuite facilities were available containing a sink and a toilet, and some sinks were located in the main bedroom. No baths were available in the rooms but representatives were informed that there is one bath available and communal shower rooms.

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

Residents were asked if they liked the décor or furniture in their room and did they bring their own furniture. Residents confirmed they did like the décor and were able to bring their own furniture, one resident said, *'I brought my own TV'*, another resident did not have a TV in their room. A gentleman interviewed in his room on the ground floor said that his ornaments were still upstairs and that he would like them in his room.

All Carers were observed knocking on a resident's door prior to entering and both residents confirmed their privacy was respected at all times. A conservatory and lounge area were available for residents to socialise, and if they required privacy they could stay in their room or go in the garden.

When asked about activities in the home, one resident said that he was not aware of the activities in the home and that he found it hard to *'have a proper conversation'* with the other residents. When asked what he would like to do, he said, *'fishing'*, and although he was unable to walk this would still have been possible in a wheelchair. Most residents were in the lounge area at the time of the visit and were listening to Christmas songs playing on the TV. One resident was using a colouring book.



An Activities Co-ordinator is employed at the home and was very busy at the time of the visit. A small notice board in the dining room displayed the day's activity which said 'hairdresser'. However representatives did not see a hairdresser at the time of the visit.

The Operations Director told representatives she was intending to organise more outdoor trips. When asked about groups coming into the home she said that because of the high needs of the residents they often found that distracting. However, one example given was 'PAT Dogs' (Pets as Therapy). Another resident was observed holding hands with a Carer and moving in time to music; chair exercising.

### **Food**

Food is prepared on site in the kitchen and a cook was present during the visit. Hygiene certificates were observed.

One resident said he '*sometimes*' ate his food and '*sometimes didn't*'. The lunch was a hot meal and dinner was a light meal, e.g., a sandwich. Both residents said they had enough to eat and drink. Drink charts were observed in the kitchen and a care worker was observed completing food and fluid charts.

Representatives observed meal times; some residents were being supported whilst in bed, some in the lounge area, and a couple of residents were eating lunch in the dining area. A printed menu was available however this did not show a choice for lunch; there was a separate book available with photographs of individual food items. On speaking to the cook, she said that if a resident requested something they would try to accommodate. Aprons are worn by staff and bibs are placed on residents, with their consent, just prior to their meal. This shows dignity and respect to residents during mealtimes.

## **Concerns/Complaints Procedure**

When asked about concerns / complaints raised by residents and relatives, three members of staff said they would know how to report them *'yes, we would speak to a deputy or the Manager'* and one staff member did not provide a response.

HWCB representatives did not see any copies of the complaint's procedure available within the home and could not see any evidence of a family / staff / resident's group.

## **Staff**

Representatives spoke with four staff members at the home, plus the Operations' Director who had been working at the home for two weeks. The Operations Director explained that historically the home lacked management and leadership and she was supporting the home to improve in the absence of the Manager.

A variety of questions were asked about their work in the home, and the relationship with residents and family members.

When asked about cleaning of residents' rooms all staff confirmed they are regularly cleaned, and the bedding changed daily. However, one member of staff was unsure about this. They also confirmed that food is prepared on site in the kitchen, and they were aware of residents' dietary needs by details provided in their Care Plan. They also confirmed that visitors can visit during mealtimes to eat with the resident and support relatives.

Staff spoken to had worked at the home from a few weeks to 4.5 years. All of the staff spoken to enjoy working at the home, comments included, *'I love it. The residents, the atmosphere, feels like family, great colleagues. Get attached to residents, they visit office to help!'*. One Carer said, *'I enjoy it because you get to know people which you can't do in domiciliary care'*.

When asked if they would be happy to live there or place a family member in the home all staff said **'yes'**, additional comments included, **'Yes, they are very caring and unbiased, everyone gets the same love'** and **'Yes, culture is nice, holistic care, staff are amazing with clients'**.

When asked about training staff received for their role, they said they received an induction and training was provided by Social Care TV (online training) and 'YourHippo' (e-learning system). When asked how regularly staff had training there were mixed responses, one staff member said, **'Yearly, we have system prompts and manager helps'**, another said, **'quite regularly, get updated via noticeboard'**. When asked about any further training requirements staff said, **'no'** however one person said, **'First aid – to feel more confident'**.

Daily flash/ safety huddle meetings with clinical oversight are held and forms are completed. Clinical review meetings are also held regularly and recorded. Shift handover meetings take place for day and night-time staff.

When asked about staff supervision comments included **'will do, but not as yet'** (new employee), others said, **'by the Senior Carer or Deputy Manager'** and **'I see Supervisor everyday'**.

When asked what they considered to be the best reward in their role, many of the staff were very positive and comments included, **'making residents happy'** and **'being hands on is a direct reward'**.

Staff detailed their shift allocation and appeared happy with their own allocation. Staff added they felt there was **'sometimes / usually'** sufficient staff allocated per shift and others said, **'it is much improved'** and **'we manage with agency help'**.

Two members of staff confirmed they had been allocated a resident for whom they were a key worker, although one said **'no'** they had not been allocated a resident, and for another it was not applicable. When asked what they would change or improve about their job, comments included **'It's an old building. Wheelchair access is awkward as corridors are narrow'** and **'more one to one time with residents'**. One staff member did not respond.

Staff confirmed that regular activities are planned for residents, examples included reading, colouring, bean bag throwing, music, singing and dancing.

When asked what they would do if a resident no longer wished to join in the activities, comments varied from, **'no pressure'** to **'let them relax and have a break, they still have a choice to join in'**. One staff member did not respond.

When staff were asked about having time to talk with residents and communicating with them to understand their needs, they said they chatted with residents regularly in their room, whilst passing in the corridors, and in the communal areas. Comments included **'be patient, take your time, walk around with them to figure out what they mean'**. One new staff member said, **'I would like to get to know each of the 19 residents, no rush, strong bonds forming.'**

If a resident had concerns and this was raised by a relative to a member of staff, all confirmed they would report the issue to management, comments included, **'report to the Senior, Deputy Manager or Manager'**

Additional comments from the staff about the home included, **'All the staff do their utmost to look after the residents and fulfil their needs'**, and **'I've made friends with people here. I'm one of the youngest but they treat me the same'**, and **'It's a lovely home, needs are met, that's what is important'**.

### **Visitors and Relatives**

Representatives did not observe family members visiting residents in the home however representatives saw the Healthwatch Central Bedfordshire notice displayed in the home advising relatives of the visit.

Relatives were welcome to stay and eat or support loved ones during mealtimes.

## **Additional Findings**

The overall impression gathered by HWCB representatives during the visit was of a friendly caring environment. However, there were some concerns about cross contamination – representatives were informed that when red bags had been filled with soiled clothes and linen they were subsequently stored in a shower room prior to collection and transfer to the laundry downstairs.

Although Care Plan records were stored and completed digitally by care staff it was felt there was a lack of paper Care Plan records evident in residents' rooms. Some paper records were observed including 'positioning', 'topical creams' and service user guides within the bedrooms. The Operations Director has been advised by the CQC to set up paper records and is in the process of doing this.

Records for 'Senior Daily Tasks', 'Daily Flash meetings' and 'Clinical Review Meetings' were observed.

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## **Recommendations**

Following observations and comments from residents and staff, HWCB would recommend the following actions are taken to improve residents experience within the home:

- Ensure that the most recent CQC report is displayed.
- A board is clearly displayed within the home with staff names and positions so all residents and visitors can identify appropriate staff. All staff should also wear name badges at all times.
- Paper records, including daily care notes, are completed and stored in the residents' rooms in a care folder.
- The Food menu needs to offer a choice for residents, including photographs of the meals clearly displayed on the menu to aid choice.

- Consideration should be given to the décor of the interior to make it more 'Dementia friendly'. This can be achieved by having high contrast areas to enable residents to distinguish and recognise different areas. Brightly coloured toilet seats are also useful.
- Review the means by which residents' are able to contact staff members for assistance.
- Review the room requirements for residents as one resident did not have all of his personal belongings with him in his bedroom.
- Review infection control / contamination procedures for the storage of soiled clothes / linen.
- Ensure that the Complaint's Policy is clearly visible and available with information on how to make a complaint for all residents, staff and relatives.
- Create and set up regular meetings between staff, family members and residents and ensure everyone can contribute.
- There appeared to be a limited range of activities available for residents and we were advised that outside activities had been suspended during the pandemic. It is recommended that a wider variety of activities, including outside of the home is offered to all residents as soon as possible.
- It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to advise HWCB direct if they wish to contribute any additional comments about the home or to this report. Contact Healthwatch Central Bedfordshire direct on 0300 303 8554.
- Finally, HWCB would recommend that Chiltern View Care Home continues to be monitored on a regular basis to ensure that quality of care is not only assured for all but is sustained and continues to improve.



## Service Provider response

Thank you for forwarding a copy of the report to us. Whilst I was not in attendance at the time and my predecessor is no longer with Benslow, I am able to advise you residents were a combination of Local Authority funding and self-funding.

I am also able to reassure you of the status to concerns raised. Healthwatch leaflets have been requested for the reception/entry area to compliment the poster there. We also have a copy of the most recent CQC report, this Healthwatch report and our complaints policy displayed there.

On entry to the building, there is a noticeboard with staff photos, names and positions displayed. Further name badges have also been acquired for new staff. We have extended our notice boards throughout the home to enable us to display a wider variety of information for residents, staff, and visitors.

With regards to the large lounge being chilly on your visit. Though not in use at the time, we recognise it should be inviting and have temporary heaters in place whilst we review the area and a longer-term solution. Our residents generally access the garden at the end of the large lounge, and we recognise opening the doors may create a draught. We also recognise residents are likely to wish to access the garden more frequently as the milder weather begins. On this note, I advise the garden has been cleared following the snowy/icy conditions.

We are disappointed to note a pressure mat was put to one side during cleaning and not returned to fully functioning and have and will continue to spot check this and address with the team. Whilst reviewing housekeeping, we have purchased a trolley and the red bags are kept on this in a store area prior to transfer to laundry now. Personal belongings are transferred to the current room the resident resides in though we note one resident was undergoing transfer to another room on your visit and this had not been completed at that time.

Regarding activities, we continue to review and extend activities within the home. A full pictorial weekly chart is also now in place as is a pictorial menu chart for each mealtime. We are currently recruiting a new Activities coordinator to coordinate these activities further with a person-centred approach.

Assuring you of our best intentions at all times.

Kind Regards

Deborah Langton  
Operations Director  
**Benslow Care Homes**

Healthwatch Central Bedfordshire  
Capability House, Wrest Park, Silsoe, Beds, MK45 4HR  
[www.healthwatch-centralbedfordshire.org.uk](http://www.healthwatch-centralbedfordshire.org.uk)

t: 0300 303 8554  
e: [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)