

# healthwatch Cumbria

Bethel House Residential Home,  
Whitehaven

23<sup>rd</sup> January 2014



your  
**voice**  
**counts**



## Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & Social Care Act 2012) to carry out Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, Services and the public.

<b>Service:</b>	Bethel House Residential Home, Whitehaven
<b>Service Manager:</b>	Ms D Masson
<b>Date of Visit:</b>	23 <sup>rd</sup> January 2014
<b>Unannounced/announced:</b>	Unannounced visit
<b>Visit Team:</b>	Valerie May, Janet Thompson, Gill Jones
<b>Date of last CQC Inspection:</b>	30 January 2013

**For more information on Healthwatch Cumbria please visit:**

[www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

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## Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between 1<sup>st</sup> December 2013 and 28<sup>th</sup> February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, and made observations against the following criteria:

- Environment – Fabric, Facilities & Safety
- Service & Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

## **Methodology**

During all Enter & View visits we use a variety of methods to gain an understanding of the service including:

- Oral questioning (using open questioning techniques)
- Informal discussions (using non-leading prompts)
- Observations

We talk to managers, staff, residents and visitors and request information including a menu, staff rota, activities plan, complaints file and staff training log. The E V L asks if there are any residents with DOLS or if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness.

The E V ARs observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E and V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

## **Bethel House Residential Home**

Bethel House Residential Home is a privately run care home for elderly residents in Whitehaven. Bethel House is owned and operated by Mrs Christine Kaye.

The entire home is an EMI (Elderly & Mentally ill) unit which can accommodate 62 residents and has a day care facility as well as a nursing unit.

For more information on Bethel House please visit: Haven Care Centres Ltd

Manager: **Dorothy Masson**

On 17<sup>th</sup> January 2014 the Healthwatch Enter and View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to a senior member of staff.

A senior staff member took the Enter & View team to a ground floor lounge. The Enter & View team visited both the nursing unit and day care facilities but this report relates solely to the residential EMI unit.

### ***Important Note:***

***As noted in the report Bethel House is solely an EMI home, therefore much of the comment in this report has been informed by observations and conversations with staff and visitors rather than with the residents.***

## **Environment – Fabric & Facilities**

Bethel House Residential Home sits off a main road and was originally an old manor house. It now has some modern extensions. The nursing unit is about 10 years old and the dementia unit was purpose built about 30 years ago by a previous owner.

The entrance to the dementia unit is at the lower end of the site, i.e. below the nursing unit, day centre and old house and is situated on a downhill slope. The nursing unit and day care centre are separate facilities and staffed separately. On entering the property we noticed a distinct smell of possibly chlorine or bleach.

Next to the signing in sheet there was a notice warning visitors about loose slates on the roof and to be careful outside, we were told that the matter was in the hands of their insurance company.

The entrance is via key padded doors which lead into a reception area which has two sofas. The unit manager's office is behind a glassed in area. The reception area leads to the staff office, the main facility and there is also a door leading into the main corridor of the home.

The entrance area had restricted access however there was an open door into a cupboard that contained residents' files. More files were stacked next to it and there was an unattended handbag on the sofa.

A further door leads off the entrance/lounge area and into the kitchen and other parts of the house including bedrooms. There is another door which leads to a lower floor and the laundry. The main office and access to the other facilities also lead off this passage way.

Inside the locked residential area, is a wide corridor with a hand rail that runs in a square design to ensure that residents can follow a continuous pathway. Further along the corridor there is a conservatory which sits in the centre of the building and opposite is another sitting room with access into the dining room, and a further sitting room. Residents were sitting quietly and not communicating with each other, but there was some 40/50's era music playing on a stereo in the corner.

There are views to the grounds which are at a lower level due to the way the ground floor extends above the slope at the back of the home. Outside the decking area was in need of some attention e.g. sweeping, clearing of moss etc. There were pictures and photos of the local area on the corridor walls of historical interest.

The dining room is long and light with pleasant views. Net curtains were placed a third of the way down the windows to provide shade. However, one of the curtains was hanging off and the window was dirty.

Bedrooms are situated off the main quadrant corridor to enable easy access. They were of a good size, with numbered and different coloured doors with the name of

the resident clearly displayed. We were told that residents can bring their personal effects and soft furnishings. The two bathroom doors were painted yellow, as were the toilet doors in the bedrooms. Fire doors were painted orange throughout the building. The bathrooms were of good size with a range of different types and styles of baths to suit different needs. Each bathroom had ample space for hoist/wheel chair access.

The corridor on the upper floor was poorly lit. It has been explained that residents do turn lights off as they wander past.

There is a small office where the sharps box and medical trolley are stored. There is a second door from the small office into the main corridor of the unit.

We were advised that many improvements have been done in communal areas and that some were still to be completed, including repainting of the handrails. We noted that some of the fabric in the EMI Unit was tired looking.

The local rugby club is raising funds for garden furniture for the home by doing a coast to coast exercise.

### **Environment observations**

<b>Positive Observations</b>
Handrails had been placed to ease the movement of residents around the home and the overall layout of the corridors had been designed to minimise confusion.
Use of colour and clear name plates to help residents find their way around.
Residents appreciated the different functionalities of the baths available.
Good use of music and art work

<b>Improvement Observations/Considerations</b>
Not all of the memory boxes by bedroom doors contained objects or pictures and although names were on bedrooms doors some were quite small.
Consider ensuring that every resident has their name and picture or a favourite item on their own bedroom door from the first day as part of an induction procedure, and that there is a standard format agreed for the size of the printing.
Good use of colour coding approach taken by the home.
Consider how this could be extended and maintained.
Good the use of music in the lounge and the use of pictures in corridors, but we noted that many residents were sitting in silence.
Consider using the music and pictures to stimulate conversations if this is not already being done.
The office was observed to be too small for the purposes it was being used for.
Consider how to maximise available administration space or review function.



A sign was noted warning residents, staff and visitors about loose roof slates.

Consider if there is not one already, creating a rolling maintenance task list.

Examples were observed where routine practice relating to the storage of residents' files could be improved.

Consider reviewing the use of space in relation to the storage of confidential and personal information.

**Comments from residents**

One resident said they liked the bedrooms but *'not much view out of the window'*.

*'It's a nice place to live'*.

## **Service Provision and Management**

The team focused on the management of the home and spoke with staff and seniors to gain an insight into operations.

The EV Lead asked if there were any sensitivities around particular resident needs, which the team should be aware of during the visit, i.e. risks, infections, and serious illness. We were informed that one resident was receiving end of life care

**As previously noted all of the residents in Bethel House have dementia, accordingly it was difficult to gain an understanding of their experiences of the home through conversation. Much of the comment in this report has therefore been informed by observations and through conversations with staff and visitors.**

### **Staff**

The home has recently improved staff levels and the current configuration is as follows:

- 84 staff in total, including laundry, domestics, maintenance, office and management
- 30 staff work on the EMI unit
- There is a registered manager, who is a specialist in dementia and RMN, RGN
- Currently there is 1 staff member on long term sick and the team try to cover these shifts
- Activity co-ordinator works four days a week

### **Staff Organisation**

We observed good working relations within the senior management team.

We were advised that complaints, accident, incident, and all other concerns are dealt with by staff and logged, including making the relevant family contacts. Ongoing issues are always passed on as part of routine handover information between shifts and is summarised in the communication book.

### **Staff Training**

It was reported that there was rigorous focus on training with staff undertaking NVQ's through Lakes College. Currently staff have a level 2 qualification or are working towards it and half the staff have reached or are working on a level 3. Staff can also undertake online learning with Learn Direct.

In addition, eight members of staff are doing a Best Practice in Dementia at Stirling University and 8 members have already achieved this. Many staff undertake palliative care training in line with the "6 steps".

In house training is also offered including;

- In-house Moving and Handling
- Infection Control, & Fire training

## Services

The home used to hold “family meetings” but no families attended. The home also sends out letters to keep people updated. The manager sees residents formally on a 3 monthly basis, though sees most of them daily.

Staff seemed competent when dealing with obviously confused residents. For example, we spoke to a lady who was under the impression that she was going home after a period of respite care when in fact she was more likely to be staying. Staff were aiming to help the lady to understand this but meanwhile were agreeing with her understanding of the facts since she was having difficulty in remembering how long she had been in the home or how capable she was.

A second example of how staff work with residents who are confused was observed when we spoke to a resident and asked her what it was like living in Bethel House. She told us that she did not live in the home and rarely visited the home. A member of staff came into the lounge and talked to the resident, who was unsure where she was. The staff told her very clearly and simply that she was in Bethel House near Whitehaven.

In the old house we were told there was a door alarm system in place so that when residents opened their bedroom doors the alarm told the staff they were awake and may need attention. The unit has an alarm mat system (mats on the floor by the bed which alert the staff when resident leave their beds or fall out of bed). We were told that the alarms, which are carried by staff, are generally used at night so that they know which residents are out of bed and possibly in need of help.

In the main corridor all bedrooms were locked from the outside so that other residents who were wandering could not access the rooms but residents inside the rooms could get out by turning the handle. One resident reported that she felt safe.

## Service Provision and Management Observations

<b>Positive Observations</b>
The use of newsletters to keep family and friends up to date with news from the home.
The home has a very strong focus on training with evidence of staff gaining qualifications at a number of levels and on a range of topics.
Staff are practised in dealing with residents with dementia and were able to both reassure residents and also help them understand (at that moment) the situation.

**Improvement Observations/Considerations**

Not all staff appear to have the same level of confidence when working or interacting with residents.

Consider reviewing induction and ongoing in-house training practice to ensure that newer or young members of staff can build up confidence quickly and know how to work, and interact, with residents.

**Comments from staff and families**

A staff member said, *'I like the people I work with, it's rewarding. We get good feedback from the families. We like to check on everyone between 2pm and 3pm.'*

A staff member said, *'I like the feeling of giving something back – I like helping people and get a chance to do that here. If I could change anything, I would invent a cure for this illness'.*

The unit manager said *'I particularly like these people and being a specialist in dementia. I would have liked to have known the residents before their illness'*

A resident said *'I like it here, good company and the food's very good, the staff are very good'.*

A family member said *'I feel the care is good, they look after her needs, she's been here 7 years, I would change nothing, if I have any problems I can tell anyone'.*

## **Nutrition (Meals and Diet)**

There is a dedicated member of staff who looks after nutritional needs. She liaises with the kitchen staff on dietary needs, keeps records of what the residents eat and how many calories they take in. She also records residents' weight and can act if someone's weight drops.

We were told that lunch times are protected, and that visitors are not admitted then, unless by prior arrangement. It was noted that the kitchen staff had positive attitudes, were very helpful and flexible. We were told 'we do whatever for folk, give them what they want'. We also noted that residents were able to eat where they wish, i.e. in the dining area or the lounge, but that the home does not accept family bringing in food for other residents because of the possible risk due to hygiene protocols.

The main kitchen is open until 8pm and there is a 4 weekly rota for menus.

It was pleasing to hear that following advice from CQC to try light lunches and have main meals at tea time to help with the behaviour of residents, this had been implemented with positive results.

There is a small kitchen, off the main kitchen, which is available for staff to make teas/toast etc. Here, cereals/biscuits and snacks are available on demand at any time.

### **Nutrition (meals and diet) Observations**

<b>Positive Observations</b>
Role of the dedicated member of staff with responsibility for nutrition and calorie intake.
Advice regarding changing to lighter meals at lunchtime and main meals at tea time from CQC has had positive results with behaviour.

<b>Improvement Observations/Considerations</b>
It was not observed that Easy Read or pictorial guides are in use around meal times.
Consider their use in regards to meal choices.

<b>Comments from residents and families</b>
<i>'There had been a problem with mother's weight at one point but the staff were on it straight away and gave her protein blancmange type puddings in an afternoon which soon built her weight up again'.</i>
<i>'The food is nice, plenty of it'.</i>
<i>'Food is alright, I get plenty'.</i>
<i>'I like to get up as soon as I'm awake, I like cornflakes and toast, sometimes extra,</i>

*there is good food at mealtimes'.*

*'A very nice place, food, breakfast, lunch and things, you can go down and get what you want, the service is good'.*

*'The food is very good'.*

*'The food is alright, staff are alright, I'm just living'.*

## **Exercise Mobility and Activities**

The home has an activity organizer who works 4 days per week and when she is not in another member of staff takes on the role, with activities mainly taking place in the mornings. However, at the time of our visit the designated activity room was being used to store Christmas decorations. We have since been told that this room is to be converted into a family/hairdressing room.

There was a gentleman who was strolling round the corridor singing. He said he loved singing but not in front of an audience, just by himself. He loved it in the home, was very happy here and the food was very good. He explained that some people outside felt the home was not a nice place because of its location. His comment was *'we don't bother anyone and don't expect them to bother us'*.

Two residents told us they had had their hair done that day and the hairdresser came every Tuesday, it was in fact a Thursday.

The team asked one resident if she got involved in activities. She said 'no', but that she probably could if she wanted to. She did not seem to know about any. Meanwhile, some other residents said they do not get any activities and would like bingo. We also noted that the T.V. was on in the lounge but no one seemed to be watching it.

### **Exercise, Mobility and Activities Observations**

<b>Positive Observations</b>
There is clearly a positive and supportive environment and residents have the freedom to walk about when they can.

<b>Improvement Observations/Considerations</b>
There is an activity organiser but there was no evidence of activity taking place during our visit.
Consider finding an alternative space for Christmas decoration storage so that the activity room is available at all times for use.
Some residents expressed that they would like to play bingo.
If this is not currently taking place, consider trialling.
There was no evidence of a display for residents detailing what activities were taking place.
Consider advertising activities using Easy Read and pictorial guides.

<b>Comments from staff, residents and families</b>
A resident said <i>'Just sit here and talk there's nothing else to do'</i> .

*'I don't do any activities but I'm not bothered'.*



## Personal Support and Choice

Since the home uses a communal washing machine, families are asked to use name tags, which the home can provide, on all clothes, personal items and bedding. There is a strong focus on infection control with all soiled laundry being sluiced separately.

We saw two gentlemen, who were both unable to communicate with us, sitting with their trousers undone. Similarly, we saw a female resident with a dirty skirt. Her legs were bare but she was wearing fluffy socks. Her nails and those of a second female resident were long and dirty. We were told that residents can be resistant to help with their personal care.

We spoke to a visitor whose mother had been resident for almost 2 years due to dementia which had gradually worsened. She was very happy with her mother's care. However, her mother had two sisters who visited and took her clothes home to wash because they did not feel they were ironed properly by the home.

We were told that each resident was asked how they wished to be addressed.

On being asked what it was like living in the home one resident immediately responded with *'it's like being a prisoner'*, then she said *'it's alright, but it's not home'*.

### **Personal Support and Choice Observations**

<b>Positive Observations</b>
Residents are asked how they would like to be addressed by staff, this is key in respecting resident's dignity.
It was clear that the unit manager has a great deal of knowledge and passion for the home and its residents.

<b>Improvement Observations/Considerations</b>
There was evidence that some residents may be reluctant to express their views for improvements.
Consider ways of creating positive opportunities for feedback from residents and their families, and sharing of improvement ideas in a way that residents' anxiety of being seen to complain is eased.
There was some evidence of staff not always ensuring that resident's personal hygiene and the clothes they were wearing were thoroughly taken care of.
This may well have been unusual circumstances, but consider how all residents personal appearance and hygiene is monitored at all times and especially after meal times.
There was evidence that washing and ironing of clothes was not up to some residents'/families' standards, it was unclear if this had been fed back to the

relevant staff.

Consider asking for feedback from families on some of the personal services offered, to provide an opportunity to know more about whether standards are being observed.

<b>Comments from staff, residents and families</b>
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<i>'Wouldn't like to say anything bad about it'.</i>
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<i>'I like it, they're very good to me and I like to draw'.</i>
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## **Summary**

Overall the home shows many positive practices and attitudes, however as noted in this report there is possible scope for improvement in some areas and we would encourage both management and staff to consider these.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from Bethel House Residential Home who took part in this Enter & View visit.

## **What do you need to do now?**

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 27 May, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 2 June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 27 June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: [www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208