

## Enter and View Visit Report 'What Good Looks Like'

### 1. Visit Details

**Premises visited:** New Bassett House, Park Avenue, Shirebrook, Derbyshire, NG20 8JW

**Purposes of the service:** Provision of 40 places for residents needing residential social care including several suffering from dementia.

**Date and time of visit:** 14<sup>th</sup> February, 2014 at 10.30 am.

**Authorised Representatives:** Mrs Anne Walker and Mrs Grace Wood.

**Contact Details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Near Belper, Derbyshire DE56 0RN Tel: 01773 880786

### 2. Acknowledgements

Thanks are due to the provider of New Bassett House, the Manager, her staff, residents and one family carer - all of whom welcomed us warmly and with whom we had interesting and informative conversations. Their contribution was most valuable.

In addition thanks are due to the Derbyshire County Council Service Manager who joined in with our meeting with New Bassett House Manager.

### 3. Disclaimer:

Please note that this report relates to findings found on the specific date and time specified above. It is not representative of all service users and staff only those who contributed within the restricted time available.

### 4. Purpose of the Visit:

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire, including those who live in a care home, get the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to observe 'What good looks like' within a care home setting.

New Bassett House was randomly selected, alongside 9 other Care Homes who had been awarded the Derbyshire County Council Bronze Dignity Award.

The purpose of the visit was to:-

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

## 5. Methodology

This was an announced Enter and View visit.

Authorised Representatives conducted short interviews with some of the staff of each care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and their families' wishes and staff training were explored.

Authorised Representatives also approached residents at each of the care homes to informally ask them about their experiences of the home, and where appropriate, other topics such as accessing health care services from the care home may also have been explored, to help with our wider engagement work.

A large proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

The visit was approximately 1 ½ - 2 hours in duration.

## 6. Findings

### Environment

The building was tucked away in a housing estate in Shirebrook. We were not aware of signage on the roads leading up to New Bassett House. Car parking spaces were sparse but overflow traffic parked on some grass land adjoining an allotment. Considering the adverse weather conditions and slippery surfaces, this might have caused problems for visitors with mobility problems. There was a garden at the front of the building which showed evidence of activity and careful maintenance. One plant container was in need of repair and a broken fragment lay on the ground, possibly causing a trip hazard - although at this time of year it was unlikely that activities would be taking place outside.

We entered a small reception area and were received warmly by smiling, relaxed staff who welcomed us. The front door was unlocked and a resident was sitting in her wheelchair watching the comings and goings - apparently an activity she enjoyed and a risk assessment had shown that she was in no danger there. This indicated that dignity principles were actively in place - choice for residents within safe and appropriate boundaries. There were useful notices in the reception area, for example one about dignity and one about adult abuse.

A computer is available in the home for residents to use and SKYPE has recently been added so that the both see and chat to family/friends etc.

### Meeting with the Manager

An introductory meeting was held with the Manager and a representative from Derbyshire County Council, to go through the brief for the visit.

The Manager spoke about the Dignity Award and said that it had little impact on the home's practice as their practice has always been built around the Dignity Principles. It had, however, created a heightened sense of pride in the staff and promoted a sense of kudos in the community.

The Manager clarified that the home had 40 residents and provides day care 7 days a week. It does not have double rooms which had caused problems for a couple who had moved in fairly recently and were unable to be together. People with nursing needs are not accepted but there is an ethos of seeking outside help coming in to look after those whose needs deteriorate, so that they are able to stay in the care home as long as possible. They are highly satisfied with the local GP and Community Matron service.

We discussed the lack of staff identification and were assured that following a visit from the Care Quality Commission, a safe way of providing badges is currently under discussion.

### **Family Involvement**

We were informed that families and friends are welcome at any time and that some are eager to join in with activities and even volunteer to assist the Activity Organiser and/or staff where appropriate and safe to do so.

One of our representatives met with a family carer. He was visiting his mother who had been a resident for six years. He was very pleased with the establishment and the service it provides. He referred to the quality of care as 'excellent' and stressed staff ability to anticipate when his mother is becoming aggressive. He mentioned that the key worker system has now changed, a fact he regrets as he felt it worked well. The relative showed concern that the building is old and financial cuts are both affecting the amount of maintenance carried out and also there is the threat of closure causing some anxiety for all concerned. He values the 'open-door' policy which enables and encourages staff, residents and families to bring up issues promptly to allow problems to be solved where possible, rather than lead to delay and an ultimate formal complaints procedures.

Family members are invited to regular case reviews, attended by staff and an agency representative. This is an opportunity for any issues or problems to be aired and resolved together and by personal negotiation.

### **Health and Safety**

We were informed that risk assessments are carried out every ninety days, a reminder being sent digitally to Derbyshire County Council who pass this on to the care home. This is evidence of the awareness of residents' safety, and we were told that risk assessments are routinely carried out informally as part of everyone's every day role. Discussion with staff indicated that staff training for food hygiene and first aid was up to date, or planned.

The site was free of hazards. The home was clean, well- kept, light and airy. Some residents walked around unaided without risk of trips. There was plenty of room for people with walking frames and wheelchairs.

## **Food and Hydration**

Evidence of dignity principles were seen in the way that shift patterns have been changed to allow residents to rise in a morning at a time of their choice and can participate in a 'rolling breakfast' whereby individual breakfasts will be prepared to order at a time convenient to the resident.

Families and friends are encouraged to share a meal with their loved one occasionally and, apparently, this offer is frequently taken up and enjoyed.

A rotating weekly menu is offered and residents are asked to choose their main course for the next day the previous evening. The catering is focussed on local cuisine. Residents' needs, preference and dietary/ cultural requirements are reviewed regularly.

Snacks and drinks are available on demand and there are facilities for visitors to prepare themselves and their loved ones refreshments, along with notices of this facility in the corridor.

A supper snack is available for residents but we were told that only biscuits are available.

Diets are available for specific medical needs such as diabetes and food containing necessary nutrients is blended for those with swallowing difficulties.

## **Staff Interviews**

Two longstanding members of staff agreed to talk to us, one a Care Assistant and the second a Cook. Both have relevant NVQs and participate in on-going training. Both commented on the importance of ongoing training and how it helped build teamwork. Both were aware of the Dignity Award.

They have noticed changes in practice over recent years and the service is much more person-centred. Their only regret was that they find they have little or no time to spend talking to residents since the activities' organiser has taken over this role. Both said they enjoy working at the home and that 'every day is different'.

There are regular staff meetings which they find useful. They reported that a key worker system is in operation - information at odds with that given by the family carer who talked to us.

Three times a day there will be a hand over period which is essential for smooth working and communication.

## **Residents**

We were offered the opportunity to talk to two residents who volunteered willingly. During this conversation the other two residents in the lounge joined in.

There are four lounges - two large and two small and this is evidence of dignity principles, allowing for personal differences, likes and needs. Three of the residents we talked to were happy with the home and could not fault it.

One lady was in for respite care for the second consecutive fortnight. She thought she may well shortly become a permanent resident and had no reservations about this transition at all.

One resident complained about the food and did not like it at all.

Those needing considerable medical support were happy with the local services and valued visits by GPs when necessary and the community nurse who visits on a regular basis. The Community Nurse was on site during our visit. Three residents said they felt safe, particularly as each lounge had an independent buzzer service, as well as the bedrooms.

## **7. Summary of Findings**

- Positive staff and resident/relative relationships were observed.
- Notice boards in the reception and corridors were informative and current.
- There is an open-door policy for staff, residents and families to speak up and be listened to.
- There is a varied choice of activities for residents to participate in and relatives are encouraged to get involved.
- There is a rolling breakfast programme which is a direct result of listening to residents wishes.
- Residents reported being happy with the service.
- There are opportunities for residents to socialise in both the lounges.
- There is a commitment to the dignity principles
- Regular case reviews involving family members are held, to iron out any issues.
- On-going training is provided for staff.

## **8. Recommendations**

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives feel about the care and support provided.

We would recommend that New Basset House:-

- Resolve the issue of staff identification.
- Address concerns regarding the possible closure and cuts by updating people regularly and allowing discussion.
- Review the signage.

## **9. Response from the Care Home**

The Care Home are happy with the report and agreed it is factually correct.