



## **Enter and View Report**

**Birch Court Nursing and Residential  
Home (Bupa Care Homes (CFHC Care)  
Limited)**

Visit: 12<sup>th</sup> November 2015

Report published: 18<sup>th</sup> January 2015

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# Background

## What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. As a consumer champion, we gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem, but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice to be shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

## Disclaimer

Please note that this report relates to the findings observed on the specific date set out below. This 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.

## Acknowledgements

Healthwatch Warrington would like to thank the staff who gave their time to speak to us and guide us around the units, during a busy part of their day.

## Details of the Service

Birch Court Nursing and Residential Home is run by Bupa Care Homes (CFHCare) Limited. Birch Court is registered to provide personal and nursing care for up to 150 older people across five units, many of whom are living with dementia.

We visited two of these units, Fern and Waterside. Fern is a Nursing Unit, caring for frail elderly patients and is staffed by trained Nurses. The age of the patients is increasing over time. Some patients are of 'high dependency' and End of Life Care is given. The Waterside unit cares for Elderly Mentally Infirm residents and is staffed by carers and nursing staff.

## Purpose of the visit

Despite significant activity and input by local statutory partners, including the Care Quality Commission (CQC), in order to see improvements to Birch Court, there is still perceived to be a significant problem with the safety and quality of care delivered, as highlighted by local councillors and the media.

A local councillor and commissioner requested Healthwatch Warrington to carry out an Enter and View visit, in order to ascertain if the Local Authority and CQC were being proactive enough as to ensure that residents had a positive experience at Birch Court.

Therefore, the purpose of this visit was to focus on the Fern and Waterside units in order to evaluate whether there was a positive resident experience and to see if the improvement plan had been actioned successfully, from the perspective of a resident. As such, Healthwatch Warrington chose to focus upon the Fern and Waterside units during the visit.

## Details of the Visit

### Location

The visit took place at Birch Court Nursing and Residential Home, Egerton Street, Howley, Warrington, Cheshire, WA1 2DF.

### Date/Time

The visit took place on Thursday 12<sup>th</sup> November 2015 at 11am. The visit lasted approximately three hours.

### Panel Members

Eileen MacDonald

Ildico Boden

Pat Taylor

### Provider Service Staff

Lesley Higston (Clinical Services Manager)

Wendy Harrison (House Manager)

## Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington staff team and some of the text has been formatted to allow for easy reading. However, the essential facts of the team's reports have not been altered. Where information applies to a specific unit, or is common to both, this will be indicated by appropriate sub-headings.

### Observations from the Visit

#### First Impressions / Safety & Security

The entrance felt welcoming with seating, a visitors' book and informative literature available. This led to the office which was busy and also had seating available for visitors. We did notice a birthday board, which had a cake recording residents' imminent birthdays.

The outer front door was not locked. Therefore, it was easy to gain access to the outer entrance. The door to the office was locked and we had to be admitted into this area. Therefore, it would be secure as far as the residents are concerned. The entrances to the separate units are also locked using a digital coding system.

#### Activities / Leisure

##### Fern Unit

In the Fern unit, there were no books or magazines on show at the time of our visit. However, some of the patients are nursed in bed and others are quite poorly. It appears that the activity co-ordinator does not operate in the Fern unit.

## Waterside Unit

Waterside cares for Elderly Mentally Infirm (EMI) residents and is mainly staffed by Carers. All but two residents were up and about and these residents were in their rooms by choice at the time of our visit.

The layout of the area was the same as in Fern, with the addition of a quiet room. The seating area was also divided by chairs into two seating areas and again, although the area could not really be called 'homely' there were more activities happening which gave it a different feel.

In general the layout of the communal rooms does not lend itself to feeling like home, but it is necessary for the staff to be able to observe people. Perhaps a more informal grouping of the chairs might help, whilst bearing in mind that some residents need a clear space to move around safely.

In the Waterside unit, books and magazines are available in the quiet room and one resident was reading a newspaper.

During our visit, there was an activities co-ordinator present in the Waterside Unit. He was very active, moving around, talking to residents and preparing for the afternoon activity which was karaoke. We were told that most of the residents enjoyed it and some liked to sing and dance as well.

In addition, there was a quiet room available for those who wished to use it. The co-ordinator also runs arts and crafts activities. We did not hear about any other entertainment or activities being available.

## Food / Refreshments

**The following information applies to both the Fern unit and Waterside unit.**

Menus are rotated on a four weekly cycle. Residents can make their choice by way of coloured pictures of the day's menu. The main meal is at lunchtime and there is always a choice of meat and fish. The evening meal is usually soup and sandwiches, or other 'lite bites'.

The food is prepared in a central kitchen and delivered to the units in heated trolleys. If a resident does not like the meals being provided, an alternative choice can be offered. For example, after having eaten her lunch, one resident asked for toast and this was brought to her - she enjoyed this along with a cup of tea.

Our visit coincided with lunch time at both of the units, so we were able to observe the residents at a meal time. On this day, the main dish was cottage pie with vegetables, which looked appetising. There was a full complement of staff around, plus the Hostess to help with feeding. Fern has a higher number of people needing help with feeding. Members of staff were chatting to the residents whilst serving their lunch. Glasses of water or fruit juice were available and within reach of those who could manage themselves. Tea is offered at meal times and during the day, if requested. Some residents are on a fluid balance chart and we were informed that nurses can recognise signs of dehydration.

At present, none of the residents require any specialist adaptations to accommodate their specific cultural or religious requirements. However, we were informed that making adaptations would not present any problems. For example, in terms of dietary requirements, Halal food could be provided upon request.

## Smoking

The smoking policy was not discussed during the visit.



## Staffing / Staff training

All members of staff receive annual training in Moving and Handling, Infection Prevention Control, Wound Care, DOLs and Food Hygiene. Specific training is also available upon request by members of staff in order to maintain their skills. Nursing staff receive appropriate training to maintain their registration. All members of staff have safeguarding training and seemed to understand their responsibilities. Birch Court's safeguarding policy is in line with that of the Local Authority.

Although members of staff were busy during lunchtime, they were communicating with the residents. The activity co-ordinator in the Waterside unit, who seemed very popular, was talking to the residents as he prepared for the activity.

We were informed that staff retention was good. Many staff had been in their post for a considerable period of time.

We also considered the staff ratio.

## Fern unit

The staffing levels are based on patient dependency. In the Fern unit, there are high dependency patients, with some nursed in bed and many requiring help with feeding.

Full-time staff work a 12 hour day, 3 days per week. The part-time staff working hours are determined according to need.

In terms of staffing levels during the day, there are typically 6 trained members of staff for the AM shift and 5 staff for the PM shift, plus a hostess to help with feeding. In terms of staffing levels during the night, there is one trained staff member and two carers. There could be additional carers present due to need. Residents are checked hourly during the night time.

The home rarely uses agency staff and if additional cover is necessary, part-time staff can work additional hours.

### **Waterside unit**

In the Waterside unit, staffing also depends on the needs of the residents. This unit is mainly staffed by carers, but a senior nurse administers medication and oversees all tissue viability needs of the residents.

In terms of staffing levels during the day, six carers are working a 12 hour day. There are always senior carers on duty, with the level of seniority dependent upon need. In addition, there is a hostess who helps with feeding. In terms of staffing levels during the night, there are two carers and one senior nurse working. Again, residents are observed during the night.

### **In relation to both units**

A relative that we spoke to said she was totally happy with the home. Another said that most staff are very sweet, but the ratio of staff to the residents was not enough. However, we do understand that they are in the process of recruiting.

### **Access to Medical Care**

If the residents' own GP practice is in the area, and a visit is necessary, a GP from that surgery will visit Birch Court. If this is not the case, a GP from another local practice will visit.

### **Fern unit**

In the Fern unit, the senior nurse on duty will administer any medication.

## **Waterside unit**

In the Waterside unit, the senior nurse on duty will administer any medication.

## **Cleanliness**

**The following information applies to both the Fern unit and Waterside unit.**

During the visit, we did not notice the provision of any hand hygiene signs or hand wash containers. We were told that staff received annual infection control training and we considered that hand hygiene could be covered during this training.

The two bathrooms that we saw were clean and equipped with up-to-date, accessible baths. However, there was a crack in a toilet cistern and a knob missing on the underside of a toilet seat, causing discolouration to occur. The bathroom doors are a different colour to the bedrooms.

The communal areas have wood effect flooring, which is easy to clean and unlikely to be a trip hazard. This has been installed throughout the building during a recent refurbishment.

## **Bedrooms**

Some of the patients' rooms could be referred to as more homely, as they can bring their own ornaments or even their own chair should they wish which does personalise their room.

We saw one bedroom, which was currently unoccupied. The bedrooms are of a reasonable size and are fitted with a hand wash basin, a wardrobe, an easy chair and an upholstered chair / commode. There is a wide shelf at waist height in order to enable residents to have personal items and ornaments in their room. Residents can also bring their own chair or TV, if they wish to do so.

In this way, it is possible for the bedrooms to be made to feel more ‘homely’. If a resident is unable to use the call button, a sensor mat is used. The bed rails also have sensors.

### **Furniture and décor**

In terms of the furniture and décor in communal areas, the armchairs have upright backs and seemed to be in good condition. The dining areas have wooden tables and chairs. These tables appeared to be set with disposable cloths for lunch times.

### **Corridors**

#### **Waterside unit**

The unit is brightly decorated in catching colours as you enter. The doors are painted purple and there were plenty of decorations on the walls leading from room to room. The pictures on the walls were from an era likely to be recognised by the residents. It appeared attractive and stimulating for people with memory loss. Memory boxes were attached beside each door containing personal items. These not only helped residents to recognise their own room, but contained reminders of their earlier life.

There was a bench seat in a small space in the corridor, with scenes on the wall to create a sense of being in a garden. The bathroom doors were painted blue. The flooring is wood effect in both units.

#### **Fern unit**

The Fern unit also has some pictures on the walls, which were similar scenes with the same frames, but of different sizes.

As the Fern unit is a nursing unit, it is inevitable that some patients are cared for in bed. It was reported that a number of patients are admitted with pressure ulcers, a range of special mattresses is available for these patients.

There is a large communal area where the lounge and dining areas are separated. The dining area has small tables to seat four people. The large lounge area is divided into two seating areas; it is not exactly 'homely'. However, it needs to be an open area in order to enable the staff to observe the patients. This area has a good amount of natural light.

However, a few additional touches such as pictures, ornaments and arranging the chairs into smaller groups could help to improve the general atmosphere. The Fern unit also has some pictures on the walls.

### Privacy and Dignity

**This information applies to both the Fern unit and Waterside unit and relates to male and female occupancy.**

At the present time, the residents are predominantly female, with a smaller number of male residents. All of the rooms are single occupancy and have a wash basin.

There are sufficient toilets and bathrooms available, so that mixed-sex occupancy should not present a problem. There appeared to be sufficient numbers of staff on duty, plus a hostess to help those who required help with feeding.

With respect to the laundry arrangements, some relatives prefer to take clothing home to wash. Otherwise, laundry is done in a central location. All residents' clothing is 'pressed' with their name and all have an individual box for their own laundry. When clothing is returned, it is placed on the resident's bed, in their bedroom.

During the visit, the staff we observed appeared to be caring and most of the residents are long-term and treated as individuals. At lunch time, we were able to observe staff talking to residents while they were serving food, or helping with feeding.

New care plans have recently been introduced, which are now structured around the individual. The care plans take into consideration what individual is able to do and what the home can do to help maintain this. The care plans also incorporate decisions made in consultation with the individual. If this is not possible, decisions are made in consultation with their relatives, or ‘in the best interests of the individual’.

One of the visitors we spoke to had made a complaint. They told us that the matter had been resolved to their satisfaction and it seemed without fear of, or actual repercussions. Birch Court always tries to resolve the problem at the earliest opportunity.

### **Fern unit**

In terms of social relationships in the Fern unit, most of the residents are quite poorly, or are nursed in bed and so it is not easy for them to communicate with others living in the home. There are visitors, but the age of residents is increasing to the extent that their families may now be over the age of 70 years and themselves are experiencing health problems.

### **Waterside unit**

In terms of social relationships in the Waterside unit, this unit cares for Elderly Mentally Impaired (EMI) residents. However, many of these residents do receive visitors and are encouraged to develop social relationships with other residents. At meal times, the tables are set out for four people to be seated, to facilitate conversation and eating.

The nurses and carers converse with people while they are working. If residents prefer to eat in their rooms, this is fine too.

### **The Manager's Perspective**

In discussion with the Deputy Manager, at the end of our visit, we mentioned that we were aware that Birch Court had experienced some problems. We discussed the issue with people being cared for in bed and the Deputy Manager agreed with this observation. However, we were told that residents were now able to be up and about more and that this was due to an increase in the number of staff. During the visit we also observed that most people in the Fern unit were up and about.

We were told that the Manager is also trying hard to recruit more staff. For example, Birch Court has scheduled an induction for one trained Nurse due to start in the week after our visit. It is not easy recruiting trained nurses at the moment and the process is slow. References have to be obtained and DBS checks need to be completed, which all take time (approximately 6-8 weeks to get a new member of staff in situ). However, we did feel that there was a move to attract more staff and improve this situation. However, the Manager did concede that they have lost some experienced nurses.

### **Other comments**

No further comments have been made.

## Recommendations

### 1. Seating

In general, the layout of the communal rooms does not lend itself to feeling like home. However, it is necessary for the staff to be able to observe people. Perhaps a more informal grouping of the chairs might help, whilst bearing in mind that some residents need a clear space to move around safely.

#### 1. Décor

In relation to the Fern unit, the area has a good amount of natural light. However, a few touches such as pictures and ornaments and arranging the chairs into smaller groups could help to improve the general atmosphere.

### 2. Staffing Levels

As we discussed with the manager, we would recommend recruiting more staff in order to help residents be up and about more.

## Distribution List

*This report has been distributed to the following:*

- *Warrington CCG*
- *Warrington Council*
- *Care Quality Commission*
- *Healthwatch England*



## Appendices

### Appendix A

#### Response from Birch Court

I would like to respond to the Health Watch Enter and View Report that was produced following a visit on the 12<sup>th</sup> November 2015.

Firstly, I would like to apologise to you for the delay in my response. I was not personally on duty at the time of the visit and was unable to personally welcome the Panel Members, however the Clinical Manager and one House manager was able to assist the visiting team.

After reviewing the report and from feedback from my staff and the attending Managers, I welcome both the comments and structure of the report. The report is broken down into a list of content and sections that reflects specific areas. This does allow for easy reading and understanding.

The comments made by the visitors were clear and detailed in content. The information contained within the report, was broken down into two units, Waterside and Fern.

Issues Noted:

#### **1. Staffing levels.**

The report reflects several comments in relation to staff. “There appeared to be sufficient numbers of Staff”. I can confirm that there is an active recruitment programme in place and that several new members of staff have recently been employed. Staffing levels are based on the BUPA Assessed needs evaluation. These are reviewed monthly and amended accordingly. Staff levels will be managed on a daily and as need basis. As indicated there will be both qualified and unqualified staff on duty on both Units.

## 2. Environment.

The layout has been revised where possible to facilitate a more informal and “homely” atmosphere. However communal space is limited to one large lounge area and a dining area. We have devised small seating areas and the small activity room is available at all times for those residents and their families. Where privacy is required we will encourage using the resident’s bedroom if this is acceptable.

Pictures and other wall art items have been purchased as a part of the refurbishment on Fern Unit. This is also reflected with pictures for the dining area..

Hand wash containers and Hand Wash signs are now provided fully about both Fern & Waterside Unit.

## 3. Activities

Magazines and books are provided about all units and will be available for resident use. Activities & Social care is provided on all units by Activity Coordinators. Events are planned daily and all units are able to participate if appropriate. The Care Home has opened a small shop that allows social participation. We are just in the process of developing a Resident/Relative support group known as “The Friends of Birch Court”. The Home will be celebrating a “Digni-TEA” on the 1<sup>st</sup> February 2016 to celebrate the national Dignity Awareness Day.

