

# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

Name and Address of Service

**Burleigh House Residential Care Home**

41 Letchworth Road

Baldock, SG7 6AA

Name of Provider

**Manage Care Homes Ltd**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Burleigh House (Manage Care Homes Ltd)  
41 Letchworth Road, Baldock, SG7 6AA

**Date and Time of Visit:** 10 November 2015, 1030 - 1300

**Visit Conducted By:** Carol Pillinger and Keith Shephard

### **Acknowledgements:**

This visit was fully embraced by the Owners, Management, staff and residents. We thank all for their time taken to talk to us, openly and fully, escorting us on our 'tour' of the Home as required.

### **Purpose for the Visit:**

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

### **QS50 states:**

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.

2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

### **Methodology:**

Healthwatch Hertfordshire (HWH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to ‘Enter and View’ health and social care premises to see and hear for themselves how services are provided.

Healthwatch Hertfordshire is conducting a rolling programme of Enter and View visits to care homes/nursing homes in groups in order to review results, methodology and outcomes at defined intervals.

They are announced visits using questionnaires for residents, staff and observation from 10.30am to 1pm.

Hertfordshire County Council, as commissioners, are aware of this planned piece of work and will receive reports and recommendations from our visits. Reports will also be shared with the relevant Clinical Commissioning Groups, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk).

#### **Disclaimer**

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

## Healthwatch Hertfordshire Monitoring Visit Report

### 1. INTRODUCTION

This Care Home is registered for 44 residents, and specialises in taking residents with various forms of dementia, including a severe dementia wing. The age range of residents is 60 to 99 years.

Currently the Home benefits from the Complex Care Premium reflecting the nature of the Home.

Burleigh House has achieved recognition through awards and accreditation from a number of sources, and is strong on reputation.

We were handed the results of a recent survey at the Home undertaken by the Hertfordshire Care Providers Association (HCPA) covering residents, family members and staff. This is retained on file by Healthwatch Hertfordshire, and is the property of HCPA.

In essence the survey looked at

- Safety
- Responsiveness
- Caring
- Effectiveness
- Leadership of the Home

It reads very positively (KS has read it subsequent to the visit) and reflects a 66% return on 133 forms.

Under current ownership the Home has existed for ten years, the last five of which have included extended capacity following the purchase of a next door property.

Training is strong, with a good link to HCPA, and champions in place for key areas. Interestingly, staff are trained as trainers, coaches and mentors to enable their learning to be shared effectively. The Home is pro- active at engaging and supporting young apprentices.

Staff turnover is low at 5% per annum, with good signs of loyalty and consistency. Staff are employed directly and not through agency or pools.

## 2. FIRST IMPRESSIONS

2.1 The Home is not signposted from Letchworth Road, and is not easy to spot from the road for the new visitor. Resolving this may not be in the gift of the Home, but it would be worth asking the Highways Authority to place signage.

2.2 There is some car parking on the site, with disabled access to the main entrance. Security lighting is in place.

2.3 The reception area is small but welcoming. Entry is through doorbell or knocking. Thereafter key code locks are in place.

2.4 A chart showing photographs of all staff is prominent, though the staff rota is not visible. It is kept in the office.

2.5 There is CCTV throughout.

2.6 We were met at the front entrance and were wearing our Healthwatch ID badges though not checked as such. We were asked to sign in. On leaving we noted that other people had signed in.

2.7 Staff were all easily identifiable, and presentable.

2.8 Prior to exploring the Home we spent an hour with the Owner (Mr Shah) and with the Manager (Peter Meredith) together. They provided an excellent overview of the Home and their ethos, showing great pride in the recognition they have received. They answered our questions thoroughly and openly.

2.9 The main garden area is visible from many rooms and is of a reasonable size for the numbers on site. Lavender is cultivated and collected, there is a variety of seating, and shade available. The area is used for exercise and games. Smaller courtyard areas appeared quite scruffy by comparison. They had a 2015 summer BBQ for residents, families and staff.

2.10 We did see residents moving about the Home, and they are free to move and sit in any area except the secure extreme dementia wing. Relationships with staff appeared to be compassionate, with consistent use of names, and the expectation of the Manager that all staff know all residents by their preferred name. We saw strong evidence of that in our visit.

We took an impromptu opportunity to join four residents playing 'snakes and ladders'. This valuable first hand insight is reflected here.

### **3. FINDINGS**

#### **3.1 Environment**

3.1.1 The Home is clean and free of odours.

3.1.2 All décor and furnishing within the building is in good order, and dementia friendly, with differentiated colours, good signage on doors and clutter free access throughout the fairly narrow corridors.

3.1.3 Provision is on two floors with an easily accessed lift to move between floors. We observed a vibrant atmosphere with good movement of residents accompanied appropriately.

3.1.4 Resident artwork is peppered around the site, the product of work with an art therapist who visits twice a week, as evidenced by the activity chart.

3.1.5 Although a relatively small home there are several small and nicely furnished café lounges, with small kitchens, as well as a conservatory area used for activities. These areas are safe and informal, welcoming to visiting family and friends, with cakes on display.

3.1.6 There is a TV lounge and dining area. A table commemorating remembrance was nicely set out in the lounge, and formed part of the Remembrance Day tributes at the Home.

3.1.7 We did not see a great deal of signage about general layout or directions, though this is a small site.

3.1.8 A choice of seating was available in all areas, from soft lounge armchairs and sofas, through to upright dining chairs.

3.1.9 All rooms have thermostats for individual adjustment with appropriate support.

3.1.10 Residents can choose décor and bring their own furniture if they wish and have their own lockable facilities, subject to the usual risk assessment.

3.1.11 Generally the Home has a cosy and safe feel to it:

‘Staff are excellent’ - ‘cannot fault the place’ and ‘super, very comfortable’ came

unprompted from three residents, who also confirmed their enjoyment of the garden and the 'entertainment'.

## **3.2 Leisure and Services**

3.2.1 The Conservatory is used for activities, as is the garden.

We saw a dozen or so residents having a sing song and gentle movement in the Conservatory with three or four staff. They appeared to be enjoying themselves.

3.2.2 Two staff involved in activity planning and delivery, spent fifteen minutes or so with us in a small dining room. They verified what we have observed, seen on notice boards and discussed with residents.

3.2.3 We did not observe residents being involved in routine activities. It was a cold and damp day not suited to the garden, and the kitchen is a keypad access area for safety.

Residents confirmed that they help to grow tomatoes and lavender in the garden.

3.2.4 In addition to communal access to TV, games and books the weekly activity programme (copy seen and retained) shows:

- Arts and Crafts, needlework pottery
- Montessori based therapies ( connect 4, dominoes, bingo, snakes and ladders)
- Bean bag exercises
- Ball games
- Quiz
- Reminiscence
- Visiting entertainer
- Horticulture project
- Art Therapy
- Various birthday parties
- Holy Communion

We were also told of a recent outing to Woburn Safari Park by coach, regular visits to garden centres, and a close relationship with a local primary School, St Mary's (visits to and from) including festive arrangements.

3.2.5 As well as published lists of activities, residents have conversations as part of their care plans, and daily verbal updates with staff. Residents feel that they have

a say in the activities programme, and enjoy what is on offer.

### **3.3 Digital Inclusion**

3.3.1 There is full Wi-Fi coverage on site.

3.3.2 There is no communal equipped area. Personal computers and other personal mobile equipment is used.

3.3.3 The Home has successfully secured external funding to help with the training of staff and residents.

3.3.4 We were told that residents are supported to meet their needs, including the use of SKYPE.

### **3.4 Food and Drink**

3.4.1 Following a recent consultation, main meals are served in the evening, following an overwhelming preference.

3.4.2 We therefore observed lunch being served. This comprised a choice of sandwiches and some were eating soup, or fruit bread toast. Two residents were provided with 1:1 support in their eating, with other helpers present. All residents seemed content and calm, treated with dignity.

3.4.3 Main meal menus are on a four week cycle, and we saw menus with photographs against options. These were readily seen around dining areas.

3.4.4 The chef is involved with resident and family meetings to consider feedback and make any changes.

3.4.5 We saw a lot of bowls of fruit around the Home, and jugs of water. Residents confirmed the assertion of staff that drinks and snacks are available 24/7.

3.4.6 All meals are prepared on site, and can be taken in rooms or in dining areas. Residents are able to eat in the main dining area or in one of the lounge/café areas which are very pleasant.



## **4. MONITORS CONCLUSIONS**

We were made welcome at the Home, and were on site for two hours and thirty minutes.

From the evidence of our visit the Home has a professional and friendly feel about it and a strong focus on the wellbeing of residents, based on a whole team ethos. The small size of this home compared with others visited may help in this aspect.

Our conclusions are otherwise reflected in sections 5 and 6

## **5. AREAS OF GOOD PRACTICE**

5.1 The provision for residents with dementia, and the environment is very positive with particular regard to

- Décor
- Security
- Level of support / staffing levels

5.2 We liked the idea of consulting on main meal time and changing according to that feedback.

5.3 The Home has a strong platform for learning and training, with close links to HCPA and investing in staff to enable them to share their learning with colleagues (through coaching and mentoring training for example).

5.4 The activities programme was well planned to gear it to resident needs.

5.5 A positive approach to taking on and developing young people as apprentices is welcome.

## **6. RECOMMENDATIONS**

In our visit we did not identify any issues of serious concern.

A small number of areas to consider are: -

- 1) Approach the Highways Authority to explore the possibility of signage on Letchworth Road.

2) Consider a communal digital inclusion facility, perhaps having a fixed set up in one of the lounge/cafes.

3) Explore how the small walled garden areas can be made more attractive and colourful.

**PLEASE SEE THE RESPONSE AND ACTION PLAN FROM BURLEIGH HOUSE ON THE FOLLOWING PAGE.**

**Healthwatch Response and Action plan**

**BURLEIGH HOUSE**

Recommendations:	Response:	Action:
<p><b>Approach the Highways Authority to explore the possibility of signage on Letchworth Road.</b></p>	<p><b>Apparently there is already signage on the Letchworth Road, but apparently it is rather small and difficult to see.</b></p>	<p><b>Highways authority to be approached to see if a larger sign can be put up</b></p>
<p><b>Consider a communal digital inclusion facility, perhaps having a fixed set up in one of the lounge/cafes.</b></p>	<p><b>A computer has already been purchased and is being set up for residents use in the café area. This includes Skype</b></p>	<p><b>Ensure that residents are encouraged and supported by staff when they are using it</b></p>
<p><b>Explore how the small walled garden areas can be made more attractive and colourful.</b></p>	<p><b>Plans are already in place to make the garden area more attractive in the Spring</b></p>	<p><b>Clear all weeds and re-lay the patio area, including new flower beds and a seating area.</b></p>