

Details of visit	Belmont House Nursing Home
Service Provider:	Country Court Care
Service address:	Belmont Drive, Stocksbridge, Sheffield, S36 1AH
Date and Time:	22nd March 2016
Authorised Representatives:	Penny Lewis, Lee Harker, Myrtle Pritchard
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Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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 run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers 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 safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. o the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. As part of our work with the Health and Wellbeing Board, we will be asking a specific set of questions about dignity, to find out whether people's dignity and privacy is respected. Specifically we looked to find out whether the care provided meets people's needs, whether people's needs and wishes are respected. We also wished to discover what people and their families think about the services that are provided and to find out how the home connects with the wider environment.



Strategic drivers

- Ongoing work with the Health and Wellbeing Board on dignity and respect.
- Part of Healthwatch Sheffield's statutory duties to highlight good practice and encourage those providers requiring improvement to do so.



Methodology

This was an announced Enter and View visit. Leaflets were displayed in corridors prior to our visit (although none were visible in reception), and some relatives made a special effort, staying to talk to us and did say they were aware Healthwatch would visit, probably through the monthly relatives' meetings.

There were several staff around when we arrived including the manager and as it was lunch time they were assisting residents in the dining room or adjacent lounge/music room.

Belmont House Nursing Home is a 52 bedded home, owned by Country Court Care, which has many homes across England. The home is run over two floors: the upper floor for residential care, and the lower for those needing nursing care. It has 32 single rooms and 10 double rooms. It has 42 current residents, the large majority of whom have been diagnosed with dementia.

We had the following discussions:

- An introductory discussion with the Manager

We spoke with the Manager in her office and talked about the recent changes that had taken place in the home. A new company had taken over (not sure when). The main differences were not in the staffing but in the catering as food was now brought in with minimal need for preparation, rather than being cooked on the premises. Residents could order the food they wanted.

- Discussions with other staff

Staffing of the home comprises senior/ care assistants, 4 nursing, activities manager and administrator and twilight staff. We spoke to 2 staff members, one of whom had been at the home for 5 years. They outlined several activities undertaken with the residents; weekly painting and craft classes, trips out e.g. Bakewell depending on resident's health. Trips involved 1-2-1 staff and residents and were usually quite small, usually groups of 2 or 3 people. There is a monthly newsletter for residents and relatives; a weekly hairdresser/pamper for residents and coffee mornings (which are advertised in the local press). They also have a link to a local charity Valley React who provides transport for any trips.

We spoke to another long standing member of staff who worked both on the nursing and residential units as a day worker from 8 am – 8 pm. Her main duties involved handling and moving of residents, infection control, personal care and serving lunch to residents. She undertook regular refresher training for her role.

Issue noted: Not all staff wore name badges, although the two I spoke to did have a badge.

- Comments from 2 relatives - We spoke as a group to 2 family members, both of whom had mothers in the care home. They talked about how their family were treated, which was very well and they were encouraged to visit the home regularly. If there were any events, such as carol services, singers' etc carers were encouraged to come. They were also encouraged to talk about their mothers' care and (and most – possibly all – of the residents were women) in the home and felt that they could talk to staff.

Semi structured interview questions were prepared before the visit. We were advised by staff as to individuals who were able/ suitable to be approached.

We observed the interaction between staff and residents, and the public and communal areas in the home.

Our findings were briefly discussed with the Manager before leaving.

Summary of findings

Residents, relatives and staff expressed great satisfaction with the care provided. Of particular note was

- the warm and caring attitude of staff, and the informal, relaxed atmosphere of the home in general
- the different levels of engagement of relatives with the home, with some very active, and others who did not engage or visit.
- we were made aware that there is considerable adjustment /learning needed by relatives when a close family member goes into care
- the Stocksbridge-based nature of the home, with engagement with local volunteers and their organisation.

Residents seemed to be happy and content. For example, people were able to ask for the food they wanted. Entertainment is provided at the home and there is an activities coordinator. Staff took residents out to a local Stocksbridge club – one member of staff per resident.

There was a good continuity of staff who were local people and many had been there for a long time.

Results of visit

The General Environment

The home is not purpose built, originally being several private houses. It seemed in good repair, inside and out, although the décor was a little dated in places. It was in the process of refurbishment. Corridors on the lower ground floor were clean, free of clutter although the general décor on this floor was not as good as the upper residential floor.

Rooms

The doors to residents' rooms had their name on them. Each room had similar décor and furniture and was in a good state of decoration. The Manager mentioned that residents could also bring some of their own furniture or TV.

Outside areas

There is a large driveway leading up the front of the home but little in the way of outdoor space for residents, although there was a seated area. On the lower ground floor, where the nursing unit was there was small courtyard (access from the lower ground floor) but this was in need of refurbishing as there was no planting and some old plastic outdoor furniture. The Manager mentioned that the area was due to be refurbished.

The residential floor décor wise was satisfactory; one lounge was particularly well decorated with a fish tank, television and reading material. On the residential floor there were several communal areas, including a bright, well-furnished television room, a small 'music room', and a small dining room, all of which seemed to be well used as social space.

The lower ground floor (nursing unit) was probably in need of re-decorating more than the upper floor. It was busier than the residential floor but this was probably due to the more complex care needs of the residents. There was two nursing staff and around 4 or 5 senior/care staff. There was also a large lounge area and a large bathroom with a hoist.

Management of Care

All residents have a care plan, which is updated at least monthly. Medical input is provided by Deepcar Medical Centre, the GP and nursing team who visit routinely every week, as well as when specially required. There is routine access to chiropodists, dentist (from Highgreen) who the home has used for several years and is used to treating dementia patients. The dentist has provided training for staff on oral hygiene health. Residents' hydration and weight are regularly monitored.

Each resident has a 'Life Book', which details their past, and likes and dislikes.

End of Life Care

Although the home has many poorly residents, the relatives to whom we talked seemed not to have engaged with End of Life Planning or Advanced Decision making. There are beds available for relatives if they wish /need to stay.

Dignity and Respect

The home has a Dignity Champion and Dementia Champion and will soon be appointing a Diabetic worker. The staff training programme includes Dignity training. Given the severity of some residents' conditions, the home had an overall atmosphere of safety, warmth, and friendliness.

Staff

There was a core of long term staff, many having been there for over 10 years, and lived locally. Not all staff wore name badges, nor were there visible pictures with names on staff on the wall. Staff appeared very friendly and engaged with the residents which was observed during lunchtime in the main dining/music room(s).

A junior, temporary member of staff we spoke to described 3 days of shadowing other staff in her induction, followed by training via a written manual, backed up by 'on-the-job support.

Induction training

Individual staff are given specific responsibilities e.g there are separate Dignity, pressure sore, fluid and nutrition, and diabetic champions. They reported liking their work, and the atmosphere in the home "we are a family", "I got a lot of emotional support" (when a resident was sick), "it's an energetic environment".

Interactions between staff and residents

We met 2 relatives who were very actively engaged in the life of the home and the 'Relatives' Group', which fundraises and advises on developments in the home. They were extremely positive about the care provided, and about the ambiance of the home "the care's good", "there's a warmth you can feel", "the care is genuine and personal". They valued the localness of the home.

There was an interesting discussion about the adjustment, emotional and practical, that they'd had to make when admitting their relative to the home. They were also aware that some relatives may not have support to make this adjustment. They and others mentioned the 'Botham effect' (Ian Botham had admitted his inability to visit his father with dementia), where a relative had ceased contact altogether post-admission. They suggested a 'new' relative might gain from support from contact with an experienced one, and some of learning could usefully be written down.

Food

Lunch time was observed in the ground floor dining room. Residents seemed to be helped appropriately, and it felt a very social occasion. On change of ownership, a few years ago, an external catering company was brought in to provide main meals. Staff reported that this had given them more time to help residents, and relatives that the food had improved and was "very good", "my mother wasn't eating before she came, and just exploded when she got here .. had to restrict her eating!"

A new franchise for catering (used by Country Court) has taken a lot of pressure off staff. There is now a kitchen manager which leaves more time for staff to perform their caring duties. The new system handles all food preparation and special dietary needs (has residents diet profile) and has been in use in the home for one year.

Recreational / social Activities

Both residents' sitting rooms on the ground floor had TV, radio. There is a dedicated Activities Co-ordinator employed 4 days a week, and there was a programme of daily in-house activities e.g folk singing, Doris day afternoons, hair dressing, a simulated 'walk in the woods'. For the few who feel able and willing to go out, the home has a link with a Stocksbridge community organisation, Valley React, who do such things as organise coach trips, and support residents with volunteers.

Immediate Service Improvements

We feel that, especially given the nature of the residents, the display of staff photos and large print name badges is important.

Recommendations

That the home maintains the atmosphere of informality and warmth that was valued by all we spoke to.

That they continue with efforts to engage relatives, capitalise on the energy of those already engaged and that their ideas to support new relatives are followed through.

As the home has limited outdoor space it is suggested that the planned refurbishment of the

outdoor space on the lower ground floor is undertaken as soon as is practicable to provide some outdoor space for residents.

That the home documents some of the good practice and perceptive learning shared by both families and staff so this can be shared both with the rest of the care group and other care homes in Sheffield. In particular the learning gained by relatives is invaluable to others and we recommend that there are efforts made to capture and utilise this.

Service Provider Response

