

ENTER & VIEW VISIT SUMMARY

**Bennetts Castle Care Centre,
Dagenham, Essex.**

27th September 2016



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Section 1: Report Details

Premises visited		
<p>Bennetts Castle Care Centre 244 Bennetts Castle Lane Dagenham Essex RM8 3UU</p>		
Service provider		
<p>Bennetts Castle Limited</p>		
Date	Time	Status of visit
<p>27th September 2016</p>	<p>1.30pm to 4.30pm</p>	<p>Announced</p>
Healthwatch Representatives		
<p>Lead - Richard Vann Volunteer Representative - Val Shaw Volunteer Representative - John Southall Support Worker - Kim Christy</p>		
Reason for visit?		
<p>Healthwatch was told by relatives who visited the care centre that the quality of care was not always as high as they would have expected and were concerned about the times when they were not there, what kind of care was being provided.</p>		
Purpose of visit		
<p>To engage and speak with residents; relatives and staff - to find out from their feedback where the service is working well and which areas may not be. Address concerns raised that prompted the visit, Healthwatch sought feedback and views about the following criteria:</p> <p>How Caring; Safe; Responsive and Effective is the service currently.</p> <p>The Care Quality Commission (CQC) carried out their last inspection of this facility on 1st October 2014</p>		

Disclaimer	Thanks
<p>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff and service users and visitors who contributed to the report on that date.</p>	<p>Healthwatch Barking and Dagenham would like to thank the residents and their relatives for their views and feedback. We would also like to thank the care centre manager, Wesley Crombie and his staff, for their full co-operation and support during the visit.</p>
Healthwatch Contact details	
<p>Healthwatch Barking and Dagenham Harmony House Dagenham CIC Baden Powell Close Dagenham</p>	<p>Telephone: 020 8526 8200 Email : Richard@healthwatchbarkinganddagenham.co.uk</p>

Section 2: What is Enter and View

Healthwatch Barking and Dagenham is the local independent consumer champion for health and social care. We aim to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided for people in the borough.

Enter & View is carried out under Section 221 of the Health and Social Care Act 2012. It imposes duties on certain health and social care providers to allow authorised representatives of local Healthwatch organisations to enter premises and carry out observations for the purposes of Healthwatch activity.

Authorised representatives observe and gather information through the experiences of service users, their relatives/friends and staff to collect evidence of the quality and standard of the services being provided.

To do this we:

- enable people to share their views and experiences and to understand that their contribution will help build a picture of where services are doing well and where they can be improved,
- give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services and,
- are able to alert Healthwatch England or the Care Quality Commission, where appropriate, to concerns about specific service providers of health and social care.

Section 3: Summary of Findings

Healthwatch representatives found the care centre to be a welcoming environment. The Manager was supportive of the visit and keen to receive the feedback from it.

The people that Healthwatch spoke with had varied opinions about the food - some were satisfied, others not so satisfied.

It was highlighted in discussion with one relative who visits on a regular basis that the care centre uses agency staff to care for their loved one and that they are often different staff giving the care. Healthwatch were informed that the care centre's usage of agency staff is low and has been put in place for a couple of residents whose needs require one to one care. The relatives of another resident were complimentary about the care that was being provided.

Representatives were satisfied that the wellbeing of the residents they met was being considered, however from discussion with some people, at times they felt lonely; especially those who had no one to visit them. The manager has recently employed 2 co-ordinators to work with residents; to stimulate and encourage them to take part in various activities.

At the time of the visit, the centre was having work carried out to improve the living areas. This had been carried out on the ground floor and was due to start on the 1st floor. It was noticeable to all representatives that there was a smell of urine on the 1st floor. It was advised that all the flooring was to be changed in the near future.

In discussion with staff members, the feedback was generally positive about their role - they felt supported in doing their job. Those that were spoken with indicated that they were aware of their duty to speak openly about the way residents are supported and cared for to ensure they are safeguarded.

The centre manager holds regular meetings to enable relatives and those representing residents, to speak about the service being provided and to raise any issues that have arisen.

Section 4: Methodology

This was an announced visit - the lead Healthwatch representative wrote to the care centre manager to advise of Healthwatch's intention to visit on a non-specified day during September 2016.

At the beginning of the visit, Healthwatch representatives spoke with the centre manager and were given an insight into the services being provided.

Healthwatch asked to have access to a room to review and discuss findings. The manager of the centre was helpful in supporting that request.

Representatives visited the ground and first floors in pairs, to observe as much of the service that was possible for the time of the visit. They engaged with residents, relatives and staff individually. Gathering feedback in this way enables representatives to listen to people and to gauge their experiences of the service, from their point of view.

Establishing the accuracy of the experience and information provided by some residents with Dementia was a challenge. Where relatives were present at the time of the visit, their experience of the service was discussed and is represented.

Section 5: Provision of services

The care centre is a privately run service, owned by Bennetts Castle Limited.

The facility has 64 residential rooms split over 2 floors. The majority of residents - 95% - have Dementia. The service also provides palliative care.

Staff are employed on a permanent contract, working 12 hour shifts. They are paid for additional hours and bank holidays.

Healthwatch was advised that each resident has a care plan. The plan includes a risk chart where some residents are weighed weekly to monitor any changes. Where appropriate, the food is developed by a nutritionist to meet the needs of individuals.

Access to GPs is provided by the local practice at Tulasi Surgery and there is provision in place for residents to access dental and chiropody services.

The manager employs the services of a counsellor for 2 days per month - the service is for staff and relatives of residents who become bereaved. Should a relative wish to stay overnight, a bed is made available to support this.

A forum has been set up to meet with relatives and give them the opportunity to discuss and air their views about the service.

The centre has recently employed 2 activity co-ordinators to take the lead in stimulating and encouraging residents to participate in various social activities.

Section 6: Findings

Nutrition

Representatives didn't visit during meal times but spoke with different people to ask for their view.

One resident we spoke with said 'The food here is nice and is always brought to me straightaway'

Another resident said 'I am not keen on it, not my cup of tea'

Relatives of one resident said 'That the menu had recently been changed and that their loved one 'didn't like the food much'. The resident is prescribed complan daily; however feedback suggests that she refuses to take it as a component of her Dementia.

Wellbeing

During the visit, it was observed that residents were encouraged to participate in organised activity. A relative told representatives that when they are there, the staff don't come around that much. There was some concern that there was a lack of continuity with some of the staff their relative had caring for them and that this affected how their behaviour could be when responding.

Care

Representatives spoke with relatives of one resident who hadn't been there long and they were pleased with the care that was being provided.

There was some concern raised by another relative about how the quality of the carers is different from those that are employed permanently and those employed from a care agency. They said there had been staff changes.

One relative spoke about a carer using hand towels to clean a person's bottom.

When they needed their medication, a relative said that a nurse comes to dispense that for them. They did say that when they have visited on some occasions, they have seen the medication on the floor where it hadn't been taken.

Cleanliness

Most areas of the building that representatives experienced were clean and tidy. Toilet and bathing facilities were maintained and kept clean. Healthwatch was advised that the care centre had identified the need to improve some living areas in parts of the building and were having work carried out for that purpose. On the 1st floor for example, representatives noticed a strong smell of urine and were told that the carpets were due to be changed for flooring that was easier to keep clean. This was to be part of the work ongoing that had already been undertaken on the ground floor.

Interaction and Activities

Representatives saw an itinerary for activities that had been organised - this was displayed clearly on a notice board.

A number of residents were watching an old time film during the visit, others were seen either relaxing in their rooms or had friends/relatives visiting. Relatives and friends can visit at any time; representatives were not made aware of any time restrictions that were imposed on visits.

In discussion with one resident, they talked about a recent day out to Southend-on-Sea that they went on.

Section 7: Summary and Conclusion

Overall, representatives were satisfied that the service was meeting the needs of residents for the areas of the service that were enquired into. It was felt that there were some areas of communication with relatives that might be beneficial - some relatives may not be comfortable in discussing issues they see as problems.

By encouraging and giving a voice to some of those who may not get heard in group meetings could help with improving the service as it goes through changes.

Representatives found that residents and relatives were satisfied with the food and drink that was being provided; however one resident said they didn't like the food.

For eating and drinking, it was evident that some residents needed more support and care to do this. From conversation with a relative, their loved one was more inclined to respond to them feeding them than they were with members of staff.

From those that representatives spoke with, the wellbeing of residents was an important part of the service. Given the challenges, the simplest forms of help can make a difference; this was demonstrated whilst speaking with a relative who was looking after their mother.

Where relatives and friends get a better response to situations, they could be encouraged to share what works well with the staff, particularly those who are new to working with an individual.

At the time of the visit, it was evident that the service was changing to meet demands for more people with Dementia care needs so they could access the specialist care they require. It was fed back by some staff that the way things are done reflects how the management team seek to continuously improve the services that are provided at the centre.

Section 8 Recommendations

From the feedback provided to representatives and observations during the visit, it was evident that the needs of residents were being met.

There are a number of areas of issue from feedback highlighted in this summary; for which a response from the provider is required to provide clarification to points brought up during the visit.

Section 9 Response from the Provider

Dear Richard

Thank you for your report of your experiences whilst at Bennetts Castle Care Centre.

Overall we feel that this is a positive report and we could only wish that a greater number of relatives and representatives were represented at the time of the visit. We were happy that you felt the needs of residents are being met by the centre.

I did however feel compelled to offer some further clarification of a number of points that were mentioned in the report for reasons of factual accuracy.

In one discussion with a relative it was highlighted that they felt their relative was cared for with agency staff;

The resident in question has this as a part of their care plan - they often require positive behavioural support and are subject to rapid mood changes, this often necessitates a rapid change of staff caring for them to ensure their emotional wellbeing needs are met. We also ensure the same staffs are provided on a permanent rota to ensure consistency for the resident and to allow them time to develop a therapeutic relationship and rapport. Relatives are always involved both in consultation and discussion of these measures.

I also would like to provide some facts in reference to agency usage and concerns about changes in staffing within the centre. The centre only uses “agency” to cover sickness when all other avenues have been exhausted (such as our bank of in house staff available to cover). All agency staff come from an agency the centre has a long term relationship with and as such are staff that are familiar with the home and its residents to ensure quality. The agency is required to provide the same level of training and support as our in house staff to ensure quality. There have been no changes to staffing in the last 18 months beyond the centre increasing the level of staffing, which includes and is not limited to, providing a registered nurse for the residential unit, a doubling of the number of activity workers - at the centres cost.

The centre has an exceptional team of loyal and long serving staff which provides stability and a family orientated atmosphere - for

example our staff turnover rate this year is 2% - against a national average of 23.5%. This is I believe evidences the dedication and passion of our staff team. Any changes in the team this year is related to increased staffing levels and new members of the team joining us.

The service employs a counselling psychotherapist 2 days a month. This service is accessible by staff and relatives of residents free of charge. This is not only for bereavement - he is available for all manner of issues and feedback has been exceptional from relatives and staff alike. In particular relatives have fed back that it is wonderful to have someone to speak to whilst they are adjusting to a dementia diagnosis in a loved one and we are looking to build upon this in the near future with group workshops and a dementia nurse.

With regards to the report of a residents medication being on the floor on some occasions, this was one occasion where the resident in question began to hide their medication and thanks to the relative reporting this to the nurse that residents care plan was amended and all staff made aware of the extra levels of support this person needed.

The centre began a programme of total refurbishment in September 2016 which will involve the staged renewal of;

- All curtains
- All floors
- All furniture
- Total redecoration of the centre

This will be in line with the latest research in dementia and will hopefully provide a beautiful, safe and comfortable environment for the residents and relatives to enjoy. The works are due to be completed in February/March 2017. The works are being completed in a staged manner to minimise any disruption to the residents and their visitors.

We make great endeavours to include all people involved with the home have a voice. From the staff to residents and visitors, we take great pride in our efforts to reach out to and provide an inclusive environment in which people everyone's opinion matters and is listened to - this includes and is not limited to;

- Regular staff supervision, anonymous feedback forms, staff kindness nominations and rewards, group forums and a non-linear reporting/concern structure to ensure staff can feedback any

concerns to a number of managerial staff if they do not feel comfortable with one in particular.

- Relatives are invited monthly to review and participate in the ongoing drafting and review of their loved ones care plans
- A new SMS system to inform NOK of events within the home
- Regular catered open forums for residents and relatives alike, which are casual and encourage all participants to air views and suggestions
- Suggestion boxes
- Anonymous feedback forms
- Multiple reporting lines- if someone feels unable to raise concerns one way posters provide multiple options and contacts for staff/residents and relatives alike.
- Open door policy with management - who are also available outside office hours and by phone
- Ongoing reviews and liaison with funding authorities and the social work/local authority team.
- Almost all suggestions this year have been implemented
- Clear and transparent complaints procedure
- Fulfil our duty of candour

Our most recent anonymous feedback/satisfaction survey amongst relatives and residents found that 95.2% of them were Very satisfied or satisfied that management listened

We of course welcome any suggestions from Healthwatch and all those involved with the centre, internally or externally that improve the services we provide or the care their loved one receives.

We look forward to collaborating further in the future.

Thank you for the constructive feedback and you are always welcome at Bennetts castle Care Centre

Warm regards

Wesley Crombie

Home Manager