



**Beechcroft Nursing &
Residential Home**

Runcorn

12th October 2016



Enter & View report

ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the residents and staff at Beechcroft for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	Beechcroft Nursing & Residential Home
Address:	Lapwing Grove Palacefields Runcorn Cheshire WA7 2TP
Telephone number:	(01928) 718141
Email address:	beechcroft.manager@hc-one.co.uk
Name of registered provider(s):	HC-ONE
Name of registered manager (if applicable)	Linda Clements
Type of registration:	Nursing Home
Number of places registered:	67

The Enter and View visit was conducted on Thursday 12th October between 10.15am and 11.40am.

The Healthwatch Halton Enter and View Team were:

- Matthew Roberts
- Irene Bramwell
- Lyndsay Bushell
- Katie Bacon

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

OBSERVATIONS

Location, external appearance ease of access and parking

The Home is situated in a residential area of Runcorn and within walking distance to local shops, churches and a bus route. On the day of the visit, the team noted that the exterior of the Home was maintained to a good standard.

Initial Impressions (from a visitor's perspective on entering the home)

Entry to the Home is accessed using a doorbell which was answered promptly by a member of staff. The reception area appeared clean, uncluttered and there was pleasant background music playing. However, from the time the team entered the Home, there was a noticeable smell of urine. There was a comment box, Signing In book (with pen) and we were pleased to see a Healthwatch poster on display.

Internal Physical Environment

Members of the Healthwatch team were given the opportunity to tour the Home with a senior male carer, named Dean. The Home is made up of two units; Residential and Nursing with both having their own lounge and dining rooms. On the day of our visit, there were 62 residents living in the two units.

The team noted that corridors leading to various parts of the Home were clean, clutter free and appeared wide enough for wheelchair access.

Throughout the Home temperatures appeared comfortable, though there were areas in the home that one team member described as having a pervading smell of urine. During the tour the team noted that there were areas in the home that appeared in need of decoration. We were informed by the manager, Linda Clements that refurbishment of rooms was an ongoing process. HC-One have an internal decoration programme and they are slowly working their way through the home.

Staff explained that residents can furnish their rooms to their own personal taste and that they are encouraged to make them as homely as possible. If families are unable to help with decorating the rooms, staff will support the resident to do this. Each resident's room has a name plate to aid orientation.

During the visit we observed the dining rooms on both units. The residential dining room at the time of the visit was being used by residents following breakfast and whilst the tables were cleared, the floor appeared in need of cleaning. However, the dining room on the Nursing unit was clean and tables were set for lunch. A visiting family member informed the team that the *'dining room always looks beautiful and was always clean'*.

We were informed by staff that residents have access to a choice of meals daily on both units, which they can eat in the dining room or their own room based on their own personal choice. We were also told that residents can also access drinks and snacks on an 'as and when needed' basis as well as the set meal times. If residents were unhappy with the choice of meals offered to them, staff would prepare something else more to their liking.

The team additionally noted that the communal lounge on the Nursing unit is rather large and appeared dark. It is in need of decorating. The lounge included a large flat screen TV and comfortable seating. The TV was on at the time of the visit and the volume was at an appropriate level. However, a number of residents were sleeping in armchairs.

A team member observed a toilet on the nursing unit and reported that the both the toilet and bin were soiled, dirty and had a pervading smell.

The team noted that the garden was well furnished and we were told that residents are actively encouraged to use it.

Staff support skills and interaction

The Beechcroft staff were extremely welcoming to the Healthwatch Team. Whilst Manager, Linda Clements spoke to Matthew, the Healthwatch Manager, the rest of our team were shown around the Home.

Linda informed us that Beechcroft is registered to care for 66 residents with 41 beds in the Nursing Unit and 25 beds in the Residential Unit. There were 62 residents at the time of the visit. Linda explained that during the day the Nursing Unit has 8 staff and Residential has 4 to 5, whilst during the night the Nursing Unit has 4 staff and the Residential Unit has 2 to 2.5. It is worth noting that Dean informed team members that during the day there are four members of staff on each unit (consisting of three carers and one senior), which are reduced to two members of staff at night.

The CQC had expressed concerns in their most recent report about staffing levels. Linda explained that this was mainly related to staff levels at night. Linda has introduced a Twilight Shift to provide increased support in the Residential Unit. Dean spoke positively about the Twilight Shift saying its introduction meant there are more staff are in place to deal with the busier periods of the evening (supporting staff in medication and preparing residents for bed). At the time of the visit the home were trying to recruit a Registered Nurse, Carer and Senior Carer, which will obviously further increase staffing levels.

Linda informed us that for daytime shifts, she instructed her Deputy Manager to focus on the Residential Unit and her Clinical Lead to focus on the Nursing Unit. She felt that had given more of a "senior presence on site" and that it was making a positive difference. During the tour we were told by Dean that each resident is allocated a 'key worker' who is responsible for updating records kept inside the resident's wardrobe.

Linda has lead a drive to increase the amount of training undertaken by staff and a culture is developing where staff are encouraged to undertake training. Some have even applied to do none vocational training and they are paid to attend training sessions. Linda said that HC One offer a very thorough e-learning package. Staff can access the training in their own homes or in the training room at Beechcroft. Even though they are e-learning packages, staff still have to include real life practical examples of their work in order to complete the training. Deprivation of Liberty Safeguarding is included in the training programme (both online and in classroom) and other recent topics covered include; Manual Handling, Falls Awareness, Catheterisation Training and Infection Control. Other staff members also spoke positively about the training offered.

The CQC report made reference to concern about a potential issue relating to failing to record medicines and fluids being given contemporaneously. Linda stated this had been dealt with in a Supervision session.

Throughout the visit, the team observed that interaction between staff and residents was calm, friendly and dignified.

Residents' social and emotional and cultural welfare

Activities in Beechcroft are organised by Barbie, the Activities Co-ordinator who works for 5 days a week. These include large group activities that everyone can join in with (such as bingo and exercise classes) as well as activities for small groups (such as arts and crafts). Barbie is also happy to spend time with individuals who don't want to join in (just chatting or reading letters to them) and in the event that Barbie is on holiday, the other staff members join in to help.

Musical entertainers visit the home (including the very talented family of one resident) and a local ukulele band also visit. Though not strictly an 'entertainer', the Mayor visits to help celebrate significant birthday parties. There was due to be a 60th Wedding Anniversary the day after the visit.

The Beechcroft own a mini bus and they use it for shopping trips to the Trafford Centre or Widnes Market or visits to places such as Anfield or Norton Priory Museum & Gardens. Linda pointed out that staff often come in (as volunteers) on their day off to support the trips.

The team engaged with a male resident who was sitting in the communal corridor who told the team, *"I am a very private man. I like my own space and the staff respect this, but they are there if I need them at any point"*.

He expressed some sadness that he was no longer able to enjoy his favourite activity; **fishing**. *I may not be able to go fishing again. However the staff and food is lovely here."*

Resident's physical welfare

During the visit we were told by both Linda and Dean that all residents special dietary needs can be catered for within the Home and that residents have access to a choice of meals. If residents did not like the menu on offer, an alternative meal would be provided.

We were told by Dean that that a tea trolley is available throughout the day and that residents can request food if they feel hungry outside of set meal times. This was evidenced when during the visit a resident approached Dean to request toast which was provided whilst we were present.

During discussions with Dean on the Residential Unit, the team noticed two drink dispensers. One was half filled with orange juice whilst the second one was empty. More importantly, there were no tumblers available for the residents to use. However, the drink dispensers on the Nursing Unit appeared freshly filled with tumblers available. Dean explained that the drink dispensers on both units are usually filled with blackcurrant and orange juice each morning, but he had been distracted prior to the visit and forgot to fill them. This was highlighted to the manager at the end of the visit.

Whilst in the dining room area one of the Healthwatch team conversed with a resident. The resident informed her that whilst she was happy enough with the service provided, she was often left waiting long periods of time before being taken back to her room (from the dining room after eating breakfast or lunch). The resident said that she felt like she seemed to do a lot of waiting around whenever she wanted something. Our team member was sat with the resident for over half an hour and throughout that time she was still wearing the bib from her breakfast. She also had an extremely sore looking cut on her finger which was bothering her and informed the team member that nothing much had been done about it. She sustained this injury when she had fallen in her room.

The visiting team discussed hospital admission and discharge from Hospital with both Linda and Dean. We were told a member of staff will accompany a resident to hospital unless a relative is able to undertake this task. Linda (Manager) informed the team that there are no problems with regards to Hospital discharge. However, Dean (Senior Carer) told the team the home has experienced problems with Hospital discharge as residents have been returned to the Home inappropriately dressed and at inappropriate times. This was discussed with Linda at the end of the visit, who explained that she believes that Dean was highlighting historical hospital discharges. Linda stressed the importance of communicating with the hospitals regarding discharge. Both sides could do better. Linda does not feel pressured to receive returning residents and was able to provide an example of good practice where staff at Whiston Hospital has cancelled the discharge of a patient after recognising his needs would be best met in hospital. Occasionally information I lost during the Discharge process. We also discussed the example of a resident who was returned to Beechcroft with a needle in their tummy. Linda raised this as a care concern.

The visiting team enquired about primary care services and were told by Linda that residents can keep their own GP. Linda felt that the CCG plan to assign one practice to

each Care Home was a good idea and one that she had seen work well in other areas. However, it is important that residents can still access their old GP if they chose to do so.

Residents' medications are administered by Nurses and Senior Carers, all of whom have received the appropriate training. Linda was happy with their pharmacy, Boots. There had been issues previously, but the service Boots provide has improved a lot over recent months. The Local Authority pharmacy team come and do audits also.

Linda kindly took the time to explain Beechcroft's chiropody, optician, dental and hairdressing services. During the visit the team noted that residents appeared relaxed, well cared for and dressed appropriately.

During the visit the visiting team engaged with residents in the main lounge to gain their experience of living in the Home. Residents expressed concerns with regards to a female resident who had been distressed the day before who they believed to have dementia. Residents maintained that staff appeared to ignore the resident's outbursts. The visiting team discussed this issue with Dean during the visit who explained that this particular resident has been identified as having dementia related symptoms and behaviours, and would often pace during the evening. Dean further explained that staff had to ensure that the resident did not walk into residents rooms or themselves during pacing behaviour, which he believed was a bit concerning given that there were only two staff members on during the night. These issues were raised with the manager following the visit. We were told that the resident in question had recently been reassessed, and the Home was waiting for a decision to identify if their diagnosed dementia had progressed.

At the end of the visit the team thanked the manager, staff and residents for answering our questions and showing us around the Home.

Facilities for and involvement with family / friends

During the visit team members engaged with staff, residents and a family member. Family Resident Meetings have been introduced since Linda became Manager in July. They will be quarterly going forwards and Linda hopes that Residents and their families will attend. The most recent one was poorly attended (only 4 people).

HC-One (who own Beechcroft) recently circulated a customer survey. There were only a few respondents.

All Residents (and families) are provided with a copy of the Complaints Procedure when they join the home. Residents' families are also encouraged to get involved with any review of a care plan. If it's a resident from the Nursing Unit, they meet with the Clinical Lead. If the resident is from the Residential Unit, they will meet with the Deputy Manager. If the Local Authority arranges a review, the family will also be invited.

Additional Issues

Healthwatch Halton has planned to undertake a number of unannounced enter & view visits to care homes across Halton. Therefore discussions with care home managers regarding the loss of personal information on discharge from hospital and changes to medication on discharge will be a key topics of discussion as intelligence and data from the visits may determine if trends are emerging.

SUMMARY

Beechcroft Care Home is situated in a quiet residential area of Runcorn, and within walking distance to a local bus route, church and shopping area. The Home is accessible by wheelchair and there is parking space including disabled car parking spaces at the front of the Home.

Beechcroft has a wide range of staff who care for up to 66 Residents. The Home has a new manager in place prior to our last visit in January 2015. All staff at Beechcroft Care Home are required to undertake mandatory training which includes local safeguarding and procedures. The Home employs an Activity Coordinator who supports residents to engage in a wide range of activities including activities outside of the Home environment, and had recently enjoyed a trip to Anfield, home of Liverpool Football Club.

The Home has is currently undergoing refurbishment as certain areas are in need of decoration.

Residents have access to primary care services which includes being able to keep their own GP.

RECOMMENDATIONS

1. Ensure regular use of the various specialised products available to reduce odours within the Home.
2. Ensure that communal toilets are checked and cleaned frequently

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

SERVICE PROVIDER RESPONSE

The following written response was provided by Linda Clements, manager of Beechcroft.

‘We warmly welcomed your visit and feedback and await the final version for our records and actions and then I will share this with staff, residents and families’.

your **voice** counts

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