

ENTER AND VIEW

Unannounced Visit

Bentley Court Care Home

5 December 2016



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Bentley Court Care Home
Address: 29 Nordley Road, West Midlands WV11 1PX
Service Type: Nursing /Residential Home
Home Manager: Deborah Pugh
Date of Visit: Monday 5 December 2016 at 10.30am

NAME	ROLE
Sheila Gill	Authorised Representative (Lead)
Beverley Davis	Authorised Representative
Donald McIntosh	Authorised Representative

1.0 Purpose of Visit

Healthwatch Wolverhampton receive feedback on a range of services and treatments received around care homes. Recently Healthwatch received some concerns in respect of services received at the above care home. These were around staffing levels, communication and treatment of patients.

Acknowledgements

Healthwatch Wolverhampton would like to thank the Home Manager and the residents, relatives and staff for their co-operation during the visit.

2.0 Physical Environment

External

- 2.1 The car park was full and some of the cars were double parked.
- 2.2 Entrance to the home was by ringing a bell; the Authorised Representatives were greeted by the receptionist who then called the Home Manager. The Authorised Representatives were asked to sign in and were allowed to walk around freely.

2.3 There was a Hygiene Certificate Rating of 5 displayed on the entrance door of the home.

Internal

2.4 “First Floor is dementia residents, Ground Floor have general/frail residents.”

2.5 “All rooms are single occupancy and are en-suite.”

Authorised Representatives observations around the Ground Floor:

2.6 There was a strong smell of urine in the corridor upon entering the ground floor.

2.7 A number of the bedrooms of the residents had carpets that looked dirty and stained.

2.8 The dining area was generally clean (10.40am); however, the ceiling in the dining room appeared to have stains on it.

2.9 In the communal room there were six residents with one member of staff (care assistant).

2.10 A door labelled ‘Store Room 2’ had a sign on it saying ‘Keep locked at all times’ was open. This was mentioned to a member of staff who said “it’s always left open.”

2.11 A door labelled ‘bathroom 2’ on the Ground Floor had an ‘Out of use’ notice on the door. The area adjacent to this bathroom appeared to be used as a storage area.

2.12 A member of staff was observed leaving an ‘open’ wheelchair outside the ‘bathroom 2’ door, creating a potential trip hazard. A number of folded wheelchairs and items with wires were messily stored around on the floor adjacent the ‘bathroom 2’.

2.13 The large (corner) lounge on the ground floor was warm and had lots of chairs in it: one resident was in the lounge watching TV.

2.14 There was a strong smell of urine in the corridor outside the corner ground floor lounge and from some of the residents’ rooms. These were all carpeted.

2.15 The middle lounge was being used for staff training on the day of the visit. There was a strong smell of cigarette smoke in the room.

Observations of Authorised Representatives around the First Floor

- 2.16 Visibly more nursing staff observed.
- 2.17 Activity board with some pictures showing activities e.g. 'Mon Arts/Crafts 10am Rachel' but these were out of date and had displayed dates for November.
- 2.18 The floors were wooden. Some of the residents rooms had a bad odour coming from them.
- 2.19 The shower/wet room had an upholstered, heavily stained chair.
- 2.20 A number of the bedroom doors of the residents were closed.
- 2.21 A noticeboard for relatives opposite the Nurses office displayed an advert for 'Dementia and Family Book £6.95'.
- 2.22 The lounge felt cool in temperature (however additional radiators were available in the room). There were no residents in this lounge.

3.0 Staff Numbers

Home Manager stated:

- 3.1 "There are two nurses and six carers during the day on ground floor and one nurse and two carers at night at the day of the visit. Dementia ward have two nurses and seven carers and one nurse and three carers at night." "Full occupancy is usually one nurse and three carers at night."
- 3.2 "At present, the home has one nurse vacancy; the home uses on-line adverts."
- 3.3 "Most staff have been here around three years, about 10% leave quickly."

(A Copy of the Staff Rota was given to the Authorised Representative lead)

4.0 Agency Usage

- 4.1 “One Agency is predominately used to cover sickness and Annual Leave.”

5.0 Patient Experiences and Observations

- 5.1 The Authorised Representatives were unable to have detailed conversations with some of the residents as all the residents on the ‘First Floor’ had dementia and had limited capacity.
- 5.2 The Authorised Representatives present heard a number of noises from the patients. The noises sounded like someone was in distress. However the sounds came from the residents rooms with the doors closed so it is not fully known that they were attended to by staff.
- 5.3 One resident on the ground floor stated that “he rarely came out of his room and therefore there was a lack of opportunity to get exercise.”
- 5.4 Most of the resident’s rooms on the ground floor had their doors open with residents in bed. Most TV’s were on loud even though some residents were asleep or just lying in bed.
- 5.5 At around 10.40am three residents were sat in the dining room. There were no staff present but music was playing in the background. No activities were available at the time of observation.
- 5.6 A female resident on a ground floor bedroom was seen lying on her bed with no clothes on. The bedroom door was open. This was seen by two Authorised Representatives at different times.
- 5.7 A resident’s air mattress had deflated so she pressed the ‘call bell’ at 10.40am. The Authorised Representative lead observed a ‘Carer’ come in to the bedroom to see the resident at 11.05am and switched the call bell off and said “I will be back in 10 minutes.”

The Authorised Representative approached the Carer in the room and explained the mattress needed reflatting, the Carer replied “I will have to get a team leader as I don’t know how to do it.”

Some of the beds needed attention: one was deflated and the maintenance man said “It was reported a month ago to the service company (Harvest Health) and we are still waiting for them to come.”

The Authorised Representative present was asked “Can you chase them up?”

- 5.8 A resident in bed on the ground floor said “Most of the staff are nice, the meals are quite small and there isn’t a lot of choice.” She said “The bedroom gets very hot at times. I have been waiting a long time for a wheelchair assessment and so could not go out.”
- 5.9 Some of the ‘call bells’ were ringing for quite a long time indicating some resident(s) were waiting for assistance of some type.
- 5.10 Some of the residents said “they didn’t really have any activities and most of them are left in their rooms.”
- 5.11 Nearly all of the residents’ bedroom doors were open.
- 5.12 A resident who had been at the home for five weeks said “some of the staff are good.” The resident said “I have bed baths and I don’t mind who washes me except for one (male) carer who I don’t like. He just washed me once and I told him to go away.”
- 5.13 A resident said “I have backache all the time.” She wanted to take part in exercise and sit in the lounge but needed to be hoisted out of bed every time. She stated that she had only been able to take part in exercise once in five weeks. She said “Staff don’t come” when she presses the call bell.
- 5.14 One resident said “there is plenty to eat and drink” however she couldn’t reach the juice beaker from the table as she was lying down.
- 5.15 A resident was observed propped up in bed but did not appear to be at a comfortable angle and the TV was on very loud even though he was not watching it.
- 5.16 One resident said “staff aren’t bothered and you can’t usually find any staff; sometimes there are up to twelve of them stood outside smoking.”
- 5.17 One resident said “the staff are good.” He was able to listen to music sometimes and takes part in activities in the lounge e.g. exercise. He had also been taken to West Park hospital to listen to some singers.
- 5.18 A resident on the first floor sat on a high backed chair in the corridor, with a wheelchair beside him. He appeared to be wriggling out of the chair and managed to take his trousers off over the course of approximately fifteen minutes. No staff members were in the vicinity so

the Authorised Representative lead reported the issue to a nurse who went to see the resident.

- 5.19 Some of the residents beds did not have a bed sheet on their bed and some of the residents beds are covered with plastic mattress covers only.

6.0 Family and Carer Experiences and Observations

- 6.1 A visitor said “a lot of the staff smoke outside.”
- 6.2 A visitor said “In the summer on really hot days the staff put Dad in a hoody, they don’t put him in clothes suited to the weather even though we have bought him lots of clothes. He also seems to wear jogging bottoms that are too short i.e. someone else’s clothes so they have started putting labels into his clothes.”
- 6.3 One visitor said “we know when Dad isn’t well but when we ask staff to call a Doctor they say ‘it’s up to your Dad if he wants the doctor.’”
- 6.4 There was no bed sheet on a resident’s bed and their visitor said “it’s always like that.”
- 6.5 One family member of a resident with dementia said “We are very happy with the care being given by the staff.” Their relative slept a lot but they were happy and staff knew the family and asked after them every time they visit.
- 6.6 The wife of a resident with dementia was sat having a cup of tea in the resident’s room. She was happy with the care being given to her husband and said “The nurses are lovely and approachable.”

7.0 Catering Services

- 7.1 Drinks were being served on the first floor around 11.00am. There did not appear to be facilities for residents to make their own drinks.
- 7.2 A member of staff in the dining room was asked if the home had weekly menus? She said “We used to some time ago but now the kitchen staff decide a day before, then residents order what’s on the menu for the next day.”
- 7.3 Another staff member said “they have a 4 weekly rolling menu with lots of choices for all residents.”

7.4 A range of cold drinks were seen in the resident's rooms.

8.0 Staff Experiences and Observations

8.1 Agency staff are recruited occasionally.

8.2 Staff work 12 hour shifts with payment for 11 and a 1 hour break for lunch.

8.3 Care plans exist for each resident which provide details on likes and dislikes.

8.4 Having spoken to three staff members; staff did not regularly look at care plans or speak to each other about resident's needs.

The Home Manager stated:

8.5 "Home capacity is 76; there are 70 residents at the moment and 2 booked admissions due."

8.6 "The Home has 1 nurse vacancy; The Home uses on-line adverts. Most staff have been here around 3 years, about 10% leave quickly."

8.7 "Supervision and Appraisal records are monitored regularly."
(copy seen displayed on wall in Home Managers office)

8.8 "Dependency model has always been used, up until recently the risk assessment score was used to decide the hours per day of direct care, now the manager sits with team leaders and they identify if an individual is a low, medium or high dependency. The variation in score between the two methods is minimal."

8.9 "Around 35-40% of ground floor residents have some sort of dementia needs, 100% on First Floor."

8.10 "Home has 5-6 self-funded residents, others are subject to CHC (Continuing Health Care assessments); contracts are short-term, 3 monthly. There are long delays on care packages being sorted."

8.11 "Relative meetings take place every 2 months when anyone can come and bring ideas /activities. Home tries to encourage attendance e.g. entered into raffle if they attend."

- 8.12 “Home has an open door policy and Home Manager walks around regularly.”
- 8.13 “Upon arrival in the home, residents are sent a Welcome Letter.”
(copy to be sent to Healthwatch Office)
- 8.14 “The Home tries to avoid admissions on a Monday or Friday.”
- 8.15 “We do have some step down beds and respite is available if capacity allows.”
- 8.16 “Staff undertake training via e-learning modules completed on site in training suite on 2nd floor. Other training is delivered face to face (certificates seen from Nutricica for Peg feeding Training and Worksafe for Emergency First Aid Training.
- I (Home Manager) keep a regular check on training completed /outstanding (copy of printed training record given to the Authorised Representative lead). Dementia Creative Minds is a 5 module training undertaken by some staff and this is assessed.”
- 8.17 “Copy of Newsletter to be sent to Healthwatch.”
- 8.18 “All residents have Care Plans which are updated monthly using ‘resident of the day’ when all aspects of residents needs are discussed and reviewed e.g. Kitchen, Laundry and Care Plans updated.”
- 8.19 “Nurses/carers have a handover at the end of the shift.”
- 8.20 “Staff know where care plans are kept in the Nurse’s office and staff are encouraged to look at care plans.”
- 8.21 “Staff fill out records of food eaten/fluids taken, shower taken, position changes etc.”
- 8.22 “Staff support residents that need help with feeding; all food is fortified and prepared on site.”
- 8.23 “Residents are weighed upon arrival in the home and then monthly and a report is generated highlighting any changes and kitchen/staff are notified accordingly.”
- 8.24 (Following CQC inspection) “The home has been reviewing medicines training, all nurses are completing Boots on-line training and having practical assessments - deadline is 9th December, monitoring sheets shown.”

8.25 “There are 5 GP Practices that generally come to the home to see residents. Residents can keep their original GP (if they are willing to retain them) or they can register with a local GP.”

9.0 Summary, Comments and Further Observations

- 9.1 The Authorised Representatives felt there were a number of areas within the home that contained items which could potentially cause trip hazards to both residents, staff and visitors/relatives etc. Items were left lying on the floor.
- 9.2 Throughout the home in certain areas a bad odour could be smelt by the Authorised Representatives. It was felt a deep clean would be beneficial.
- 9.3 A number and variety of activities need to be available for residents. The activity board needs to be kept up to date.
- 9.4 Residents/Families should be consulted about menu choice.
- 9.5 Inappropriate furniture in bathrooms need to be replaced.

10.0 Follow-Up Action:

The following information is to be requested from the service provider:

- 10.1 Menu choice and protocol for changing menu, and how are residents consulted? **Received**
- 10.2 Information for who is responsible for ensuring beds are fully operational i.e. inflated and what training is provided to staff. **Received**
- 10.3 A ‘residents’ welcome letter. **Received**
- 10.4 Copies of the previous two newsletters. **Received**

11.0 Recommendations

- 11.1 Consult with the residents as to what they would like on the menu.
- 11.2 Ensure the maintenance of air beds are kept up, if not maintained, place the air bed 'out of use.'
- 11.3 Ensure that all the residents are aware of the activities taking place and involved in attending and the information is kept up to date.
- 11.4 Ensure that different forms of communication methods are in place for both residents and staff.
- 11.5 All obstructions are removed to reduce risk of accidents. For example, storage of wheelchairs. Ensure that risk assessments are carried out and potential hazards are removed.
- 11.6 Carry out a deep clean across the home.
- 11.7 Engage with all residents, especially those that don't come out of their room.
- 11.8 Ensure appropriate protocols are in place to preserve dignity of residents at all times.

12.0 Provider Response and Intended Action:

Point 2.6 and 2.14 -

Service user had UTI on the day of the visit; this could have been discussed and evidenced if asked. The odour has now gone. All corridors have been deep cleaned since the visit.

Point 2.8 -

The ceiling that was stained by a water leak from the floor above has now been repainted.

Point 2.11 -

This is an area specifically for the storage of wheelchairs. Staff have been reminded to ensure wheel chairs are folded away and it is kept tidy at all times.

Point 2.15 and 5.16-

Only one staff member from any department is permitted to smoke at any one time. However, there are 6 departments within the staffing matrix at Bentley Court. The home has a no smoking policy. On the day of the visit, there was staff training taking place, and staff from other Sister Homes were also attending and there was a large number in total. On this occasion the odour of smoke was from the staff attending this.

Point 2.19 -

When furniture becomes soiled it is taken out of service and placed in a bathroom and Housekeeping notified immediately. Housekeeping then address the same day and return to the unit once dried. There is a lack of storage to allow this process to be reviewed.

Point 5.5 -

We have Service users who are independently mobile in self propelling wheelchairs and like to take themselves to the dining room, turn on the radio independently and just look out over the gardens. We promote and embrace independence as much as possible. This is their home. All this is detailed in their individual care plans.

Point 5.6 -

This Service User cannot tolerate bedding touching her skin and will only wear a string top and continence aids. This is her choice and detailed in her care plan. She will not permit the door being closed. We promote person centered care planning and meeting the needs of the individual.

Point 5.7 -

All Mattresses are serviced by the Company we purchase from. Evidence of this has been shared with Healthwatch, plus evidence of the work required on day of visit which has now been completed.

Point 5.10 -

There are activity programmes advertised on both units and detailed individual plans for every individual.

Point 5.19 -

If a bed has become contaminated it is stripped and deep cleaned by the house keepers, it is left to dry for a period of time prior to the bed being made up with fresh linen.

Point 8.4 -

Care staff write in the progress notes daily which are an integral part of the care plan, thus look at Care plans daily, this may have been a terminology issue on the day.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on Monday 5 December 2016. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.