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VISIT DETAILS	
Service Address:	Boroughbridge Manor & Lodge, 5 Roecliffe Lane, Boroughbridge. YO51 9LW
Type of Service	Care Home (77 residents)
Service Provider:	Brighterkind Group Manager: Ms Kim Suttle
Date and Time:	Tuesday 21 st February 2017 10.30 – 15:00
Authorised Representatives:	Gill Stone (Visit Lead) Diane Martin Richard Cyster Trisha Staynes

BACKGROUND
<p>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.</p> <p>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.</p> <p>Enter and View visits can be delivered as a means to support the wider Healthwatch work plan, and also if people tell us that there is a problem with a service. Equally, they can also 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.</p> <p>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.</p> <p>In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.</p>
ACKNOWLEDGEMENTS
<p>Healthwatch North Yorkshire would like to thank the service provider, service users, visitors, staff and HWNY volunteers for their contribution to this particular visit, and the wider Enter and View programme.</p>
DISCLAIMER
<p>Please note that this report relates to findings observed on the specific dates 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 during the visits.</p>



PURPOSE OF THE VISIT

The focus of this visit was to ascertain the following:

- To gather the views of residents, relatives and staff about their experiences and views of the services being provided to them.
- Identify good working practice.
- Make observations of the care being provided to the residents and their interaction with the staff and their surroundings.

METHODOLOGY

- Formal notification was sent to the Service Provider
- The Visit Lead conducted a pre-visit questionnaire over the phone and provided information on the Enter & View process.
- The Service Provider was given the opportunity to raise any questions or comments prior to the Visit taking place.
- The Service Provider was notified of any key areas of the services that the team were planning on visiting.
- The Visit Team consisted of 4 Authorised Representatives
- The visit consisted of short interviews with staff, conversations with residents and relatives and observations.
- In total the team spoke to:
 - 7 Staff
 - 11 Residents
 - 5 Relatives / Friends
- At the end of the visit, the Visit Team communicated key findings with the Deputy Manager the service, as well as 2 other staff members, and explained that a report would be received within 20 working days. The Service Provider was then allowed to provide their response for inclusion within the final report.
- The management were given the opportunity to respond immediately to the findings detailed at the time of the visit.

SUMMARY OF FINDINGS

We were impressed with the general environment within the Home. Some of the features which supported this were plants outside the main entrance, flowers or plants in some resident's rooms, cuddly bears or toys in rooms, as well as books in a suitcase in the communal area for residents use.

We were similarly impressed by the staff who were positive, informed, welcoming and attentive to all resident's needs.

There was no evidence of antiseptic hand gels or wipes around the Home, or any personal use of such, by any staff that we observed.

We were impressed by the entrance hall of the Home which was light, airy, welcoming, uncluttered and had tea and coffee facilities available for visitors use when visiting residents in the Home.

The Home environment - particularly on the upper 2 floors - could be more dementia friendly in décor and signage, with particular regard to the toilets and bathrooms in order to identify them clearly for the benefit of all dementia residents.



FURTHER READING

Boroughbridge Manor is a large residential care home which is easily accessible from the A1(M) motorway, on the outskirts of Boroughbridge. It comprises of 3 purpose built storeys of accommodation with parking to the front, and secure gardens and grounds to the sides and rear, including a sensory garden for residents.

The Home is welcoming, with all rooms viewed having acceptable proportions and ensuite facilities, including wet rooms.

Maximum capacity is for 77 residents, and there are double bedrooms available. At the time of our visit the Home had 4 married couples in residence, albeit some of the couples were separate on different floors due to having different needs. All rooms are currently occupied.

The Home specializes in Residential Care, Dementia, Respite and - at the time of visiting - had End of Life residents, with 2 residents in hospital.

Of the Home's 77 residents, we were initially advised that approximately 30 had capacity to engage.

18 residents, residing on the 2nd floor, have Deprivation of Liberty safeguarding orders applying,

All bedrooms have recently been installed with a new emergency Call System which operates 3 different alarm sounds. The Call System monitor is located in the hallways for the staff, and identifies who is calling, as well as what the problem is.

Total staff employed in the Home is 73. There are 4 team leaders, one for each floor and one for night duty. Line management is organised through different disciplines.

There are 14 Care Staff on duty in the morning, 13 in the afternoon, and 8 at night.

Environment

The ground floor of the home is for residential care which is currently provided for 28 residents.

The 1st floor is for those with some level of cognitive impairment , comprising of 30 residents.

The 2nd floor being is for residents with no cognition. All 18 of these have Deprivation of Liberty orders (DoL's).

Security for the upper floors is ensured by a key coded lift. Some rooms have the names of the occupant on the door. A number of rooms also had a memory box outside of them - some of which contain personal memorabilia. Many of the rooms on the top floor had flowers, plants, cuddly toys, dolls, and photographs of family or friends.

The lift is large enough to accommodate several people, a stretcher or a wheelchair. All rooms are well proportioned, and the corridors are wide and well lighted, with pictures of flowers along them. There are several toilets and bathrooms along the corridors for residents' use rather than them having to return to their own bedroom.

Each floor has its own dining room and it was noted that outside the entrance there was a large clock with the current day and date.



There are communal sitting areas, lounges and snugs with T.V, books and activities for the residents. These areas are not institutionalised, in that they contain chairs of varying shapes, designs and colour which harmonise with the surroundings, and are all in good condition. The top floor has an activities room for all the Homes residents to use, as well as the training room for training new recruits to the Care Home.

We were advised whilst on the 2nd floor that all residents have beds that can be lowered at night for safety purposes. Further, sensor pads are placed on the floor by each bed so that staff know when residents have got out of bed. In addition, all of the residents on this floor are “body mapped” and had different cream regimes which were used regularly in order to protect their skin.

All Residents have access to a secure garden, which includes a patio area and a sensory garden for their enjoyment.

Residents

The Home currently has 77 residents of which 18 have Deprivation of Liberty (DoL’s) Safeguarding orders on them. At the time of our visit only 4 residents were in bed, with 2 on the ground floor and 2 on the top floor, all of whom were receiving End of Life care - which was being effected following a “best Interests meeting” of the GP, family, staff and District Nurses - who visit twice a day to administer what is required.

All residents are clinically assessed and details are included in the GP notes on the respective resident’s Brighterkind Care Plan. Some residents have Advanced Care Plans agreed with their GP before they enter the Home.

Before residents are accepted at the Home, management visit the proposed resident to do a pre-assessment for suitability. Discussion will also be had with Social Services, the GP, District Nurses, and family, to ensure that the Home can meet the needs of the proposed resident.

All residents we observed were appropriately dressed, clean and tidy, with fingernails, teeth and hair clean, neat and tidy.

We spoke with 11 residents whose information had varying degrees of reliability. All agreed that they felt safe and secure in the Home. On whether they enjoyed being there, answers varied from “yes” to that they were “looking forward to going home”. Further specific comments from 2 residents were that they would soon be sorting themselves out to look for a job, and that they would be going home soon to help her father and grandfather in their work.

Some said that they had made acquaintances there and that they did activities with other residents.

All residents said that the staff were kind, helpful, and approachable, adding that if they had any concerns they knew who to voice them to.

Activities and Enrichment

One resident felt he was contributing by growing seedlings in his room which were then transferred to the garden. The vegetables and salads produced were then used in the kitchen which gave him some purpose in life. Many of the residents seem to be taken out to local shops and cafes by family and friends on a regular basis.

Activities for residents are provided by 2 full time Activities Coordinators. We spoke to one of them, and they exhibited great enthusiasm for her work despite working 40 hours a week - sometimes



including Saturdays. There are daily activities for residents which are listed each day, described as well attended, and geared to the interests of the resident. An example of this would be with the showing of a Fred Astaire musical on the TV, for the benefit of a resident who had been a music teacher.

Other activities included a “Daily Sparkles” paper with stimulating ideas and puzzles for the dementia residents, as well as their family or friends. There is a lot of activity on a 1 to 1 basis, particularly for the dementia residents. It is the Home’s intention to increase the number of sensory objects within their service, such as anxiety blankets and fibre optic lights.

There are regular visits from family pets as well as PAT dogs, Shetland ponies, and the afternoon we visited, owls were due to visit. All animals apparently visited each floor via the lift.

Lunchtime

We observed lunchtime in the dining rooms on the ground and 2nd floor and noted that there was good attendance. On the ground floor 21 of the 28 residents were seated for lunch, and on the top floor 11 of the 18 residents were in the dining room. On the latter floor, some needed assistance from the staff, some had pureed food which included pink cauliflower to distinguish it from the potato puree. The whole environment was calm, composed and quiet with residents waiting patiently for their lunch to be served, or for help and assistance from staff.

We did not observe the use of any hand wipes or hand washing by residents or staff, either before or after lunch.

We were told by residents that there was a good choice of food for breakfast, which was served at 8.0am - 8.30am. Lunch was at 12.30pm offering a choice of menu, and was the main meal of the day. Tea was at 4pm, but there were additional tea and snacks offered at 6pm and 8pm.

Care assistants were on hand during the lunch period to help residents where needed, although the principle is to encourage residents to help themselves as much as possible.

It was noted during lunch that the Chef circulated around the ground floor dining room asking residents if they had enjoyed their lunch and if they would like any more.

The whole lunch experience was all done in a calm, relaxed, friendly manner for the benefit of the residents.

Staff

We spoke to 7 staff members in total, covering Management, Team Leaders, Care Assistants, an Activities Co-ordinator, and a Receptionist.

Following their recruitment, staff take part in an in-house, 4 day induction training programme. One of the training days is devoted to the company’s values of “Love Every day”, “Keep it Simple”, “Do from the Heart”, “Choose to be Happy”, “Every Moment Matters” and “Sort It”.

At the present time there is a full complement of staff which has been helped by the recent arrival of army personnel at Dishforth.

All staff are trained in First Aid, Moving and Handling, Health and Safety, Safeguarding and Dementia training. All staff we spoke to were aware of whom they should speak to if they had any concerns for residents or for themselves. One member of staff said that when any issues arose, they were



dealt with straight away. Another member of staff said that she was regularly requested by various residents to accompany them on appointments outside the Home to the Dr's or dentist. All staff said they support residents to be as independent as they could be, and that they encourage them to participate in the variety of activities on offer each day.

Staff were very positive, saying that they would definitely recommend the Home to family and friends.

Visitors and Relatives

On our visit we only had the opportunity to speak to 5 family/friends of residents, however all of them said they felt that their relative/friend was safe, secure and well cared for in the Home. All said that if they had any concerns they knew who to inform, and on the occasions when an issue had arisen, matters had been dealt with promptly by staff.

One relative had been a Care Worker most of her life and considered that she had the experience to know that the Home was a good one. Another friend said that she made regular unannounced visits to her friend and, if something was wrong, would know how to complain and how to deal with the situation.

Two relatives said that they had been contacted immediately by staff when there had been an issue with their relative, and that they had been kept fully informed of progress. They thought that this reflected a very positive attitude and work ethic.

ADDITIONAL FINDINGS

External Services to Support Residents' Experiences

The Home has facilities for hairdressing, and a hairdresser attends every Wednesday to do this. Further, an optician from Vision Call and an audiologist from Harrogate District Hospital call regularly. A Dietician calls in once or twice per week, pharmacy is provided by Midnight Pharmacy in Bradford.

New Technology

The Home is currently piloting Telemedicine provided by Airedale hospital, where a medical diagnosis can be obtained immediately via a video link at the resident's bedside. This facility is available 24/7.

Care Plans for those in End of Life Care

Although the Home does not have nursing staff they have a specific Care Plan in place for residents in End of Life Care, and receive support and assistance from the local GP, District Nurses and other health professionals. Currently there is a member of staff doing specialist training at St Michael's Hospice, Harrogate in End of Life care.

Use of Wider Skills within Staff Team

The Team Lead on the 2nd floor has, along with her other qualification, a psychology degree and is involved with the University of Bradford in studies on dementia. This gives her insights into the effects on the brain of the disease, one of which is exhaustion, other effects can be frustration, anxiety and depression. It was noted that during lunch on the 2nd floor there was no agitation, aggression or disturbance by residents, all was calm and relaxed. The Team Lead is involved with Bradford University in studies on Dementia.

Transport

A resident commented that the Home has no transport for outings anymore due to difficulties about insurance. Another resident said she would appreciate trips out to Harrogate and York. At the time



of visiting, we did not corroborate whether the Boroughbridge community bus was no longer available to residents.

LINKS TO WIDER HWNY WORK PLAN PROJECTS

Care Plan Approach ✓

End of Life Care ✓

Rural Communities' Access to Health Services

The Patient Experience of Yorkshire Ambulance Service Handover Delays

Young People's Access to Mental Health Services

RECOMMENDATIONS TO CONSIDER

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives felt about the care and the support provided. However as a result of our observations, we are making the following recommendations:

- The Home environment - particularly on the upper 2 floors - could be more consistently dementia friendly in décor and signage, with particular regard to the toilets and bathrooms signage and colour to identify them from adjacent bedroom doors, for the benefit of all dementia residents.
- All residents and staff should have the facility for antiseptic hand gels or wipes in the absence of hand washing to avoid spreading germs and infection. This is particularly true for residents before and after meals, where they are immobile or unable to comprehend, then it is essential this facility is available.

SERVICE PROVIDER RESPONSE

We found the report very fair and balanced. There were some minor inaccuracies that we would wish to clarify in the interests of ensuring the correct information is reflected for both parties.

1. In the summary of findings and elsewhere in the report it makes reference to a lack of hand gel. This is not recommended by infection control, who advise that handwashing is preferable. Staff undertook a training programme via local infection control (HDH). They do recommend the use of Milton for washing walls, door handles etc.
2. We have 18 Deprivation of Liberty orders in place throughout the home (not predominantly on the top floor). We also have applications pending for most other residents.
3. Hi lo beds are used in conjunction with a crash mat which is placed at the side for the resident to roll out onto. This minimises the risk of injury significant and reduces the severity of injury. We also use in conjunction with sensor mat to alert staff that resident requires assistance.
4. District Nurses visit regularly but do not provide specific end of life care 2 x daily.
5. It is noted that residents were not observed washing hands prior to meals. However, there is a toileting regime in place that would undertake this prior to lunch. For dignity and privacy this is done in a bathroom with door closed.
6. Use of the Wider Skills of Staff Team. In relation to this - we have member of staff who holds a psychology degree. She undertook training with Bradford University to roll out training to all staff in relation to a dementia pilot. This has a strong emphasis on not treating dementia people differently but rather on adapting what and how we do things to meet their needs and is a more person centred approach to dementia care.
7. Transportation has been an issue as the community mini bus is no longer available to us. In addition, the inclement weather is not conducive to taking elderly and frail people out in



ENTER AND VIEW REPORT

Boroughbridge Manor & Lodge, Boroughbridge

healthwatch
North Yorkshire

terms of increased risk of infection. This is something we will be picking up and developing as the weather improves.

ACTIONS TAKEN, OR PLANNED, IN RESPONSE TO THE REPORT AND ITS RECCOMENDATIONS TO CONSIDER:

We acknowledge that the signage in the dementia units could be better and will be taking action to address this in the next three months. This will include a consultation with existing residents as part of our inclusion. In addition, we are part of the phase one roll out of the dementia care within the organisation. This will allow us to build on the Bradford University training delivered to staff.