

ENTER AND VIEW

Beechfields Nursing Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire 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 Staffordshire 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 Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Tel: 0800 051 8371 enquiries@healthwatchstaffordshire.co.uk www.healthwatchstaffordshire.co.uk **Provider Details**

Name: Beechfields Nursing Home (owned by Tudor Care Ltd.)

Address: 1 Wissage Road, Lichfield, WS13 6EJ

Service Type: Accommodation for persons who require nursing or personal care, diagnostic and screening procedures, treatment of disease, disorder or injury, caring for adults over 65 years.

Date of Visit: 7 March 2017

Authorised Representatives

Name: Jackie Owen

Role: Author

Name: William Henwood

Role: Observer

Purpose of Visit

To assess progress since an inspection by the Care Quality Commission (CQC) in October 2016 which identified a need for improvements in some areas. The focus of this visit is the experience of residents and staff of living and working in Beechfields Nursing Home.

Methodology:

- To speak to the manager, staff and residents about staffing and staff turnover
- To ask residents and any visitors if they feel the care provided is safe and caring, and about activities and staffing
- To ask Manager about actions taken to address issues raised in the November 2016 CQC report
- To speak to the manager and staff about staff training and support
- To observe the quality of verbal and physical inter-actions between staff and residents

Physical Environment

External

Beechfields is a mid-20th century property with a large extension to the rear. The building appeared to be in a very good condition. The grounds include a large lawn and a patio area with seating, accessible to residents. We were shown work in progress on a new garden area with a pond, and raised beds and work tables which residents will be encouraged to use and enjoy. Wide and level access to outside areas from the home was noted.

Internal

All the areas seen - reception area, both lounges, conservatory, dining room and corridors - were bright, attractive, well-decorated, well-lit, and appropriately equipped, furnished and floored. It was noted that the doors to outside areas are kept locked for residents' safety unless in use.

Resident Numbers

The home has 33 registered beds, of which 1 was vacant on the day of the visit. We were told that the home has a good reputation in the area and fills itself with little need for advertising. The majority of residents are local but a small number come from the Birmingham area.

Staff Numbers

The home Manager, has been at Beechfield House for 3 years, she is a registered nurse as is the Deputy Manager.

Care and nursing staffing comprises 6 carers and 1 nurse in the morning, 5 carers and 1 nurse in the afternoon, and 3 carers plus 1 nurse at night.

An activity co-coordinator works 4 days per week (Tuesday - Friday).

Staff vacancies - On the day of the visit, 2 nursing posts (1 day, 1 night) and 1 care assistant post were vacant and being advertised. The manager told us that she was looking to employ another care staff for the morning shift in order to have extra capacity to give residents a good service.

Staff turnover - The Manager described staff turnover as low and the staff as loyal, and including several 'two-generation pairs'. Two 18-year-olds are employed and studying for NVQ level 2. We were told that two of the staff have been in post for 25 years. the home is currently looking at recruiting more mature staff, who are NCQ level 2 and 3 qualified. The home are happy to recruit young people but to give them the time and support they need to become good staff requires a mature staff group around them.

Agency Usage

The manager explained that vacancy cover is provided by block booking with an agency, which ensures continuity of care, to the benefit of residents.

Resident Experiences and Observations

A number of residents have dementia but gave the impression of being comfortable and happy in their surroundings. We spoke to one lady who told us that she had been in the home for 6 years. She said that she was as happy in the home as she could be but had no real choice about being there as she was unable to care for herself physically at the age of 97. The staff were kind and helpful but are busy and do the best they can, but she missed the company of residents who she had been friends with at the beginning of her stay but whose mental health or physical health had deteriorated so were no longer able to converse with her. She said that she did at times feel lonely but kept herself occupied with her crosswords and books and does receive visits from her family at the weekends.

Family and Carer Experiences and Observations

The husband of a resident admitted in summer 2016 who lives with severe dementia was spoken to (with and without her present). After reviewing CQC reports and other evidence the family had chosen Beechfields because it was local and because of its ambience. This was contrasted with a nearby home which 'scored higher on paperwork' but whose atmosphere had seemed much more institutional. He was very happy with the choice and spoke of 'great care; lovely and thoughtful staff; everything well-planned'. He described being alerted immediately when his wife's health had become of concern. He feels very welcome in the home and comes daily for $3-3\frac{1}{2}$ hours. He often takes meals with his wife and is able to feed her, which he finds very comforting. He could think of no problems or concerns about her care.

Catering Services

The cook and a kitchen assistant (mother and daughter) were spoken to. They described long service at the home and happiness in their work. They showed a folder with individual dietary preferences and needs, and lists of residents on solid/soft/pureed diets (including vegetarian). Hot lunches were observed being plated for serving - these looked and smelt attractive and with choice. The day's lunch menu options were observed on a blackboard in the dining room. The staff outlined some flexibility of mealtimes but pondered if, after a large breakfast, a later lunch than 12.30 might be a good idea for some residents.

Staff Experiences and Observations

Staff interaction with residents was observed in one lounge. The staff appeared and sounded cheerful, approachable, conversational, respectful and caring, knowing and having good relationships with individual residents. Appropriate manual handling techniques and use of equipment when needed were also seen. Staff spoken with spoke well of the home as a place to work and of the manager whom they felt well supported by. One staff member spoken to had worked at the home previously and had left to work elsewhere but had returned to the home as it was a better place to work. There are generations of staff eg. Mother/ daughter working at the home.

Activities for residents

The work of the activities coordinator was discussed with him and with the manager.

He provides a wide range of activities, one-to-one or in small groups, as appropriate. This includes activities for residents who are in bed or otherwise in their rooms. In addition, a number of singers regularly perform at the home, and talks are given, using the projector and screen equipment provided in one of the lounges. Access to a Community Transport minibus has been lost, but local outings to the park, lakes and shops still take place. A monthly hamper draw contributes to the activities fund but this is topped up by the home's owner when needed.

A detailed programme of the current week's activities was observed on whiteboards in both lounges.

We were told that staff do come in in their own time to help with activities and with taking residents on outings into town on a regular basis.

Summary, Comments and Further Observations

Discussion with Manager on issues from the November 2016 CQC inspection report

The new training supplier on MCA and DOLS has re-trained all staff. The Manager attended a manager's course in January. Updates are due by the end of March. The Manager described how the training had led to changes: she now understands the limits of her competence and that of the staff; individual forms for each resident are now being used; staff have more in-depth understanding and awareness, and have certificates detailing areas of MCA and DOLS covered in their training.

Staff induction has been improved: a new induction booklet has been produced; the probationary period is now 6 months instead of 3; competences are recorded on a spreadsheet with signatures.

Infection control training has been completed for all staff including domestic and kitchen employees.

The Manager and Deputy have delegated staff supervision to Heads of Department. Formal supervision is 6-monthly, though this is to be further reviewed.

A nutritional needs tool is in place, with individual weight charts and BMI checks all done. A weighing hoist has been purchased and is in use.

The Fire Risk Assessment has been completed by South Staffordshire Fire Services

The individual personal emergency evacuation plan for each resident is now reviewed monthly.

Care plans are now reviewed monthly by a nurse and audited 2-monthly by the manager.

Residents' records are now securely stored.

Relatives group

The manager explained that while a relatives' group had been set up, nobody has yet attended. However, families regularly attend events at the home (for example a Mother's Day party is to be held later in March), and staff come in voluntarily on their days off to help with events.

The conclusions drawn from this visit was that the home is striving for continuous improvements and does take seriously and acts upon recommendations for improvement. The manager gave us confidence that her expectation is of a high quality service to residents and she is taking a strong leadership role to ensure that this happens.

Recommendations and Follow-Up Action

We did not feel it necessary to make any recommendations or follow-up actions.

Provider Feedback

We did not receive any feedback from the provider.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

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