

ENTER AND VIEW

Barrowhill Hall

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: Barrowhill Hall

Address: Rocester, Uttoxeter, Staffordshire, ST14 5BX

Service Type: Accommodation for persons who require nursing or personal care;
Dementia; Mental health conditions; Sensory impairments; Treatment of
disease, disorder or injury; Caring for adults under and over 65 years

Date of Visit: 18 August 2017

Authorised Representatives

Name: William Henwood

Role: Author and observer

Name: Olivia Farrer

Role: Observer

Purpose of Visit

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager, and visitors

And in particular:

- To check on the administration of “as required” medicines
- To ascertain any recent changes in staffing levels
- To gather up to date information on nutrition and the serving of meals

Physical Environment

External

The main building is a former country house, with extensions and adapted service quarters, set in extensive grounds. A gated courtyard has seating for residents' use. A new detached building houses the Churnet Unit for people living with mild dementia. Our visit concentrated on the main building, which accommodates people living with moderate or severe dementia.

The entrance to the building is well signposted and easily accessible.

The outside of the building appeared well maintained.

Internal

Access to the home is gained via a door bell. There are two bells, one for weekdays which can be heard in the reception area, and another one for the weekend which can be heard in the home.

The home's complaints procedure, Healthwatch Enter and View poster and other relevant information were on display in the reception area, together with a signing-in book and a box for comments and suggestions from visitors.

The only CCTV in the building is in the reception area - there is a sign for this in the reception.

Access from reception to the ground floor lounge area, and to other parts of the ground and first floors, is by electronic fob.

The décor and furniture (including soft furnishings) were all in good condition and the lighting was good. The corridors were clutter-free and the whole environment was clean and odour-free.

We were told there is no differentiation in terms of level of dependency of residents between the ground and first floors. It is the family's choice as to where they would like their relative to be accommodated.

Resident Numbers

We were advised that the home has the capacity for 70 residents, including 24 in the new Churnet Unit. On the day of the visit, 10 places were vacant. There were 11 residents on the first floor of the main building. CQC records currently say that the home is registered for 74 people.

Staff Numbers

These were listed for us as being:

Nurses: 1, 24 hours per day

Carers: Main building: 8 morning and afternoon, 7 evenings, 5 at night
Churnet: 4 morning, afternoon and evening, 2 at night.

Domestics: Main building: 3 mornings, 2 afternoons
Churnet: 1 mornings and afternoons

Catering: 2 morning, afternoon and evening; Churnet 1

Activity coordinators: 2 full time and 1 x 15hrs

Maintenance: 1; Admin: 2 part time; Management: 2

We were told that since the last CQC inspection an additional carer has been allocated to the first floor mornings and afternoons.

The Manager told us that he 'over-recruits' up to 120% of the staffing establishment to allow for holidays and sickness cover.

Agency Usage

On the day of our visit, 3 daytime care shifts were being covered by agency staff, but there would be no agency cover needed that night. One agency is used. The home's last bank employee left recently.

Resident Experiences and Observations

The residents of the main building live with moderate or severe dementia so it was not possible directly to gain their views on life at the home.

All the residents appeared well looked after. We saw person-centred care and good interaction between staff and residents. Staff members seemed to know the individual residents and their needs well, and had time to interact positively with them, including prompting and giving reassurance when appropriate. When one resident seemed to be getting agitated, the staff knew how to de-escalate the situation effectively.

We were told that in the main lounge downstairs there is always at least one carer present and this was observed during our visit.

When asked about the giving of 'as required' medication, the manager said that an additional sheet detailing any administration of non-prescribed medication is now attached to individual records of prescribed medication records for clarity. All nurses know what to do and exercise professional judgment, especially when an episode of challenging behaviour is seen to be developing. A GP visits weekly, and each resident has an individual sheet listing any issues. Staff escort residents to hospital and any other appointments.

Holding meetings for relatives in afternoons instead of evenings seems to be resulting in increased attendance: 6 came to the last meeting. But overall the number of visitors was described as 'quite low'.

Activities

No activities coordinator was present during our visit, but a current calendar of varied activities and outings was seen in the reception area. We were told that about half of current residents can benefit from outings, for which accessible transport is hired.

Family and Carer Experiences and Observations

A relative of a resident living with severe dementia who has been at the home for over a year was spoken to. This relative thought that the home has very good staff delivering a very high standard of care, and provides good food for people with specialised dietary requirements. The relative was uncertain about the home's complaints procedure, but an issue raised had been satisfactorily sorted out by a senior carer.

Catering Services

Following the findings of the last CQC inspection, we observed in some detail the serving and eating of lunch in both the ground floor and first floor dining areas.

We saw menus and menu choices. We asked about the choice of food and were told that residents get to choose what they want. Whilst we were there, there were two different fish dishes and another option for residents if they did not like fish, served with peas and chips, followed by summer fruits crumble.

In the ground floor dining area, a new bain-marie serving station was observed in use. Serving and care staff told us that this had made a big positive difference to the quality and temperature of meals when served. Similarly, a hot box was seen in use in the first floor dining area.

On both floors, the server appeared to know each resident's likes, dislikes and appetite: choice of items, portion sizes, sauces and condiments were individually tailored. There were sufficient care staff present for prompt service, and assistance and encouragement was given to those residents who needed it. The food looked and smelt hot and appetising, and all the residents observed seemed to enjoy their meal. A choice of hot and cold drinks was also offered to residents.

We noticed how when one resident became distressed at having a protective bib buttoned behind his neck, the carer respectfully negotiated an acceptable compromise: bib on his front, but not fastened.

Asked about how information is shared on residents' special dietary requirements, staff told us that this is on a board in the kitchen, and derived from the care plan. The kitchen staff share this information with the carers and other staff, and if someone is on a special diet or has allergies then the kitchen staff also know about this and share this information with the carers. Meals for special diets have individual name labels for certainty. We were also told by care staff that residents' culinary likes and dislikes are in their care plans and regularly reviewed.

We were told that those residents who need them have individual fluid and diet charts and all residents are weighed at least monthly, any significant change being a trigger for closer monitoring.

Staff Experiences and Observations

Staff we spoke to told us that they enjoyed working at Barrowhill Hall.

At the time of our visit the staffing levels seemed satisfactory, and this was endorsed by the staff on duty. They also told us that on the ground floor there are days when they can be short staffed, but that they manage this as best they can.

Following a 'train the trainer' initiative, a member of staff provides continual refreshment and enhancement of skills to colleagues. We were also told that safeguarding is a regular supervision topic.

Summary, Comments and Further Observations

We were impressed by the level and quality of staff relationships and interaction with residents, which were personalised and showed to us that carers had good knowledge and understanding of the people they look after.

Our observation of lunch suggested that the serving arrangements are now satisfactory, with hot and appetizing meals, and sufficient staff on the first floor to allow timely serving and consumption.

We were told of changes to the documentation of 'as required' medication, but as our remit does not include access to individual records, we cannot say whether the findings of the last CQC report in this regard have been fully taken on board.

Recommendations and Follow-Up Action

A future visit should include, or focus on, the Churnet building.

Provider Feedback

We received the following feedback from Barrowhill Hall.

When asked what they felt worked well about the way the Authorised Representatives carried out the visit, they responded.

“Very professional approach, good to get outside views on Home environment.”

When asked were there any aspects of the visit that you felt did not work well or could be improved, they responded.

“No, felt very thorough”

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.

