

Enter & View Visit Report

Name of Service: Barnfield Nursing & Residential Care Home

Service Address: Barnfield Close, Heath Road, Holmewood
Chesterfield, Derbyshire S42 5RH

Date of Visit: 27th September 2017

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

1. Visit Details

Service Provider: Hill Care Ltd

Time of Visit (From/To): 14:00 -18:00hrs

Authorised Representatives (ARs):

1. Shirley Cutts
2. Jacquie Kirk

Healthwatch Responsible Officer: David Weinrabe (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07399 526673

2. Description & Nature of Service

Barnfield Care Home is a purpose built centre which provides nursing and residential care for older people as well as more specialist care for those with long term health conditions including dementia and learning disabilities.

The home consists of two floors both of which contain bedrooms, a dining room and lounge. There are 31 single rooms with 25 being occupied at the time of our visit.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement

6. Strategic Drivers

During 2017/2018, Healthwatch Derbyshire invited local health and social care organisations to nominate services where an Enter & View was considered suitable and would benefit both the service and the provider and/or commissioner of that service. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence, Insight and Action Group (IIA) to determine whether an Enter & View appears appropriate and justified.

Hardwick CCG nominated a range of Care/Nursing Homes for Enter & View and this visit has been arranged as a consequence.

7. Introduction/Orientation to Service

On arrival ARs met Unit Manager, Alison Riley and a representative from Hill Care Ltd, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on circumstances that they should be aware of and/or may reasonably restrict any aspects of their visit. These were outlined and acknowledged as being:

1. The manager has only been in post for two months and has plans to implement many initiatives
2. The activities co-ordinator is also new into post and is in the process of developing a programme of activities

ARs were also advised as to which residents were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process. ARs were advised that they could meet with any residents in the communal areas, and that the visitors present

would be happy to talk to us.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

- The ARs observed 23 of the 25 residents within the communal areas
- The ARs interviewed three residents, seven visitors and two members of staff
- All the residents and visitors were very positive about the standard of care provided
- The staff commented positively on recent developments at the home.

10. Detailed Findings

10.1 Location, external appearance, ease of access, signage, parking

Barnfield Care Home is situated on the main road to the motorway and is well signposted from there to its location in the village of Holmewood. The home shares the site and car parking facilities with another Hill Care Ltd home, Holmewood Care Home. The two homes are managed separately but share certain activities and events for the residents.

Being in the centre of the village there is easy access to a range of shops, the church and a social club.

Access to the home is wheelchair friendly with the entrance being open but access to the home itself is secure.

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

The home is purpose built and consists of two floors both of which contain bedrooms, a dining room and lounge but are very different in atmosphere.

Some areas are in the process of being redecorated but in other areas the décor on the walls and skirting boards is worn and scuffed. Access to the different areas is keypad controlled.

A lovely feature is the ‘conservatory corridor’ which links the dining room with the lounge and provides access to the recently refurbished garden area. However, ARs noted an unpleasant odour being apparent throughout the home which was brought to the attention of the manager during the visit feedback. The manager stated that they had already arranged for the carpets to be replaced.

10.3 Facilities for and involvement with family/friends

Visitors are welcome at any time and are encouraged to have meals with their relative. The ARs were told by relatives that information regarding care is available when requested. The manager described additional plans to improve communication with relatives.

On the ground floor there are a number of small seating areas as well as the main lounge, providing opportunities for privacy. There is also a more private dining area where families can eat together.

The first floor is less spacious, but there are two lounges, one of which is the ‘quiet room’. The ARs were told that this room gets very crowded, especially at weekends, making private conversations difficult. Movement between the floors is facilitated by a lift, but the ARs were told that the residents and their visitors rarely take advantage of this.

Privacy is available in the residents own rooms, but some of these are quite small to accommodate additional people such as visitors.

On the ground floor there is a kitchenette which can be used by visitors to make drinks and purchase cakes for a small donation. The ARs also observed visitors making drinks from a flask kept on a trolley in the lounge. Squash was also freely available.

10.4 Internal physical environment

10.4.1 Décor, lighting, heating, furnishing & floor coverings

As indicated under 10.2, in most areas the décor is worn and scuffed. Despite this the corridors are made pleasant through the use of posters and pictures which are relevant to the social era of the current residents.

The areas which have been redecorated e.g. the dining room on the ground floor and the conservatory corridor are light, clean and inviting. All furnishings and floor coverings are clean and well maintained.

10.4.2 Freshness, cleanliness/hygiene & cross infection measures

The previously mentioned pervasive odour was the most unpleasant feature. Despite this the home generally looked clean, with no stains on furnishings or carpets.

Staff commented that the home is very warm but the residents were comfortable.

10.4.3 Suitability of design to meet needs of residents

The building is designed to meet the needs of residents with mobility problems. The corridors are wide to accommodate wheelchairs and walking frames, the communal areas are spacious to facilitate ease of movement, bedroom doors are wide and a lift is in place to facilitate movement between the two floors.

The corridors however are all similar in colour with no distinctive feature to aid orientation/location however there are grab rails on the corridors painted in bright colours which aids recognition/identification. In addition it was noted that all the doors are painted in different and bright colours.

10.5 Staff support skills & interaction

10.5.1 Staff appearance/presentation

Staff wear a uniform which is colour coded to reflect their role and status. All the staff the ARs met and observed were polite, friendly and helpful to the residents, their visitors and the ARs themselves.

10.5.2 Affording dignity and respect

The staff the ARs observed, behaved and responded in an appropriate manner to all residents and their visitors. Staff appeared to be aware of the capabilities of the residents and ensure that their needs were met with respect, privacy and dignity.

Visitors told the ARs that they are confident that their relative's needs are identified and met.

10.5.3 Calm, empathic approach to care giving

The ARs observed staff in a variety of interactions with the residents and their visitors. It was apparent that they understand the individual needs of the residents and they respond accordingly. The ARs noted that they promote the use of touch to guide and reassure the residents whether providing direct care or assisting with mobility.

10.5.4 Attentiveness and pace of care giving

Staff told the ARs that the residents appreciate one-on-one attention. A new initiative to promote this is the 'Chatter Jar'. The aim is to encourage staff to spend one-on-one time with residents that is not spent in care delivery. All the residents' names are put in a jar. When they have time, staff will pick out a name and spend that time in an activity with that resident. The ARs observed one resident going for a walk into the village and one resident receiving a manicure as a result of this initiative

10.5.5 Effective communications - alternative/augmentative systems and accessible information

Signage around the home is large, clear and appropriate for residents with dementia. Communal spaces and facilities are clearly labelled with words and pictures. However as previously noted (10.4.3 refers), corridors might be better designed using discriminatory colours to aid orientation.

Most of the residents' rooms have a picture on the door which might be a photograph of themselves or pictures showing their previous occupation.

10.6 Residents' physical welfare

10.6.1 Appearance, dress & hygiene

All residents were dressed in their own preferred style and appeared clean and well presented. One male resident was wearing a cap. His daughter told the ARs that he has always worn a cap and was pleased that this was respected by the staff.

Most of the rooms are described as being en-suite but with the facilities consisting of a toilet and a sink. The ARs did note that the majority of these rooms are large enough to accommodate a shower. One room the ARs saw does not have en-suite facilities and instead of a toilet, a commode is in place albeit located discretely.

There are three communal bathrooms, two on the ground floor and one on the first floor. One ground floor bathroom is spacious and contains a large bath with plenty of room for the hoist, the other contains a wet room style shower. The first floor bathroom contains a wet room style shower. All the bathrooms are spacious but very sparsely decorated and have a somewhat uninviting 'clinical feel' to them.

10.6.2 Nutrition/mealtimes & hydration

The dining room on the ground floor is pleasant and inviting with small tables which seat four people. There is plenty of space for those in wheelchairs. There is also a smaller area alongside which has two tables and is regularly used by visitors who wish to eat with their loved one in a more private environment.

The dining room on the first floor is light and pleasant but has a less private feel as it has to be used to access the large lounge. All the tables had tablecloths and condiments with a copy of the week's menu displayed.

Meal times tend to be fixed but residents do choose where they want to eat. The ARs did not observe a meal time but residents and visitors told the ARs that the food is plentiful and very good. The food is prepared in Holmewood Care Home and transported over in a heated trolley.

There is a kitchenette on each floor which is used to make drinks and snacks throughout the day. On the ground floor this is attached to the dining room which provides a homely feel as staff wash the crockery there before it is taken back to Holmewood Care Home for industrial washing. It is open and available for use by visitors to make their own drinks and snacks. A trolley is also available in the lounge. On the first floor access is restricted, but visitors and residents are encouraged to move between floors.

There is a trolley in the lounge which contains a jug of squash, a flask of hot water and tea, coffee etc. The ARs observed visitors making drinks and were told that residents also use the trolley.

10.6.3 Support with general & specialist health needs

A GP visits the home every week and staff identify the residents who need to be seen. One visitor did say that this left him feeling a little out of control, but he was very happy with the support received by his wife. He said that she had been incontinent at one time but with staff support she was now continent again. Another visitor told the ARs that her father's health is better than it has been for years.

The GP can also be contacted outside the arranged visiting times and the surgery is close by.

10.6.4 Balance of activity & rest

The ARs observed that TVs were playing in all of the communal areas. For the residents in their rooms the majority had music playing. The activity coordinator told the ARs that this was to provide a feeling of company.

The activity coordinator has been in post for two months and is in the process of developing a structured programme of activities. Recent events have included local schoolchildren visiting the home to read with the residents - this was reported in the local paper. There has also been a visit from 'Petting Pets'. The manager told the ARs that the residents were very engaged with this event.

The ARs also observed the use of the 'Chatter Jar' referred to under 10.5.4.

10.6.5 Ensuring comfort

The home has a sense of calm and friendliness about it, both staff and visitors describe it as 'friendly'. Visitors told the ARs that the 'feel' of the home was responsible for them choosing it for their relative.

There is space downstairs for residents and their visitors to find a quiet space. All are furnished with comfortable and appropriate chairs and footstools. Upstairs is less spacious but movement between the floors, via the lift, is possible although it seemed to the ARs that it is rarely taken advantage of.

Under development is a salon area where hairdressing and other beauty treatments will take place. This area can also be used as a quiet area.

10.6.6 Maximising mobility & sensory capacities

As indicated under 10.4.3, all the corridors are wide enough to accommodate wheelchairs/walking aids and are fitted with grab rails painted in contrasting colours so are easy to see.

No evidence was gathered about support for the needs of residents with any hearing impairments e.g. audiology checks, hearing aid maintenance or availability of hearing loops within the home.

10.7 Residents' social, emotional and cultural welfare

10.7.1 Personalisation & personal possessions

The majority of the residents that the ARs met have dementia and require help and support to participate in activities. One resident told the ARs that his favourite occupation is playing dominoes with the activities coordinator. As mentioned previously, a programme of activities is being developed and those events which have recently occurred have been received favourably by the residents and their visitors.

10.7.2 Choice, control & identity

Residents are encouraged to personalise their own rooms and the ARs saw plenty of evidence of this such as displays of family photographs and pictures of previous occupations.

As noted under 10.3, ARs mentioned that some of the rooms are quite small which did limit the opportunities to bring in large items and to rearrange the furniture.

The ARs noticed that while the bedroom doors are brightly painted in different colours and have door knockers and letter boxes, they do not have locks. This was not an issue for the majority of residents and visitors that the ARs spoke to. However, one resident had objected to another resident entering his room. The staff had provided the solution of a 'double handle' which requires a precise sequence of movements to open the door. This was effective and the resident was very happy.

One resident has a kettle and a small fridge in their room provided by their family. Staff told us that the bedrooms have been improved with new furniture

10.7.3 Feeling safe and able to raise concerns/complaints

Residents meetings take place regularly. Visitors told the ARs that their views, ideas and concerns are listened to and acted upon, e.g. the redevelopment of the garden areas.

One visitor told the ARs that she is very confident about her relative's safety, welfare and security, and this was one of the reasons that she chose this home. She was very positive about the staff's approach to and support of his desire to walk frequently around the home.

10.7.4 Structured and unstructured activities/stimulation

As mentioned in previous sections activities are currently taking place and a more structured programme is under development.

One resident was due to participate in the Alzheimer's Society Memory Walk in a local country park with the activity coordinator. Their aim is to raise money for activity developments in the home.

The ARs discussions with the manager and the activity coordinator gave the ARs confidence that they are sensitive to the needs of the residents, taking into account the impact of their individual dementias.

10.7.5 Cultural, religious/spiritual needs

The local church is a few minutes' walk away from the home

10.7.6 Gardens - maintenance & design/suitability for use/enjoyment

The garden areas have recently been re-modelled. Some of the relatives have been actively involved in this project, providing planted raised beds and some ornamentation. The installation of artificial turf has meant that all garden areas are now wheelchair friendly.

The ARs were told that one resident had grown cucumbers and tomatoes during the summer.

11. Additional Issues

11.1 Comparisons with previous Healthwatch Visit(s) where applicable
(completed by Enter & View Officer)

N/A

11.2 Comparisons with the most recent CQC report
(completed by Enter & View Officer)

The CQC last visited the home on 23rd November 2015 and published the report on 4th March 2016 attributing a rating of "Good" overall with the domain of "Well Led" deemed as being, 'requires improvement'. This element related to the CQC's view of the manager not being sufficiently proactive in monitoring and improving care. This is not an area that Healthwatch would normally examine specifically and this visit did not generate any evidence of serious concern. However, the recommendations do include elements that may be considered to be related to some limitations in being proactive mainly in relation to design/décor issues.

In all other respects the overwhelming positive findings of the CQC report are reflected within this one from the Healthwatch findings.

11.3 Other observations/findings of note

None

The ARs had a lengthy meeting with the manager and a Hill Care Ltd representative and had the opportunity to discuss their observations, particularly about the internal décor. They shared with the ARs their plans and commitment to address all of the issues raised.

Staff had commented positively to ARs on recent developments, citing improvement in the care plans as a specific example.

12. Elements of Observed/Reported Good Practice

- Visitors are welcome at any time and are encouraged to have meals with their relative
- Relatives and visitors are involved in developments in the home
- The installation of artificial turf in the garden has made it wheelchair friendly
- The use of posters and pictures around the home which are relevant to the social era of the current residents
- The 'Chatter Jar' initiative to facilitate residents receiving 1:1 social interactional time with staff.

13. Recommendations

- 13.1 To attend to the décor such as walls and skirting boards which are worn and scuffed. (10.2, 10.4.1)
- 13.2 To confirm that the pervading unpleasant odour throughout the home has been addressed and remedied (10.2, 10.4.2)
- 13.3 To review the adequacy and location of areas where residents and visitors can suitably meet in comfort and privacy (10.3, 10.7.2)
- 13.4 To consider re-painting of the corridors to enable them to be more dementia friendly (10.4.3, 10.5.5)
- 13.5 To advise of any plans to up-grade bedrooms to being fully en-suite and with particular re-consideration of the room(s) where no proper toilet facilities are available (10.6.1)
- 13.6 To review the décor/decoration of all communal bathroom facilities to make them more attractive and less 'clinical' in appearance (10.6.1)
- 13.7 To ensure that all relatives are fully involved with the health/medical interventions needed or planned for with their loved ones (10.6.3)
- 13.8 To confirm that services and support for residents with hearing impairments is suitably in place (10.6.6)
- 13.9 To review the current situation of there being no locks installed on bedroom doors (10.7.2)

14. Service Provider Response

This report was sent out to the service on November 18th by e-mail attachment asking for a response to be submitted to Healthwatch Derbyshire by December 15th. The Healthwatch Office received a call from the Home Manager on December 4th maintaining that they had not received the report and requesting a further copy to be sent which was done immediately by e-mail. The response from the Home Manager was eventually received on 27th December after, over the intervening period, several prompts, e-mails, telephone calls and finally contact with the Hillcare Head Office in Chesterfield.

The Home Manager added the following statement along with the responses to the recommendations below: I can confirm the visit was positive well lead and informative. There was a delay in receiving the report but I managed to speak to the Healthwatch

Office Manager who was very helpful and re sent the report straight away. I can confirm the whole experience uplifted the home, the staff and the residents

No.	Recommendation	Service Response
3.1	To attend to the décor such as walls and skirting boards which are worn and scuffed. (10.2, 10.4.1)	The home does have a decorating plan in place to address this
13.2	To confirm that the pervading unpleasant odour throughout the home has been addressed and remedied (10.2, 10.4.2)	Since the visit the company have purchased 2 machines to remove any unpleasant odours from the areas , all carpets have been deep cleaned and some carpets have been replaced
13.3	To review the adequacy and location of areas where residents and visitors can suitably meet in comfort and privacy (10.3, 10.7.2)	A small snug area has been developed where individuals can meet in private, they are able to make drinks and have a cake if required
13.4	To consider re-painting of the corridors to enable them to be more dementia friendly (10.4.3, 10.5.5)	The redecoration has started, the bedroom doors are being painted white and the hand rails will be painted a colour to reflect the specific area
13.5	To advise of any plans to up-grade bedrooms to being fully en-suite and with particular re-consideration of the room(s) where no proper toilet facilities are available (10.6.1)	The home has a redecoration plan in place to address the appearance of the home but I (the Manager) will discuss this with my (line) manager in the new year regarding toilet facilities
13.6	To review the décor/decoration of all communal bathroom facilities to make them more attractive and less 'clinical' in appearance (10.6.1)	This area is on the decoration plan
13.7	To ensure that all relatives are fully involved with the health/medical interventions needed or planned for with their loved ones (10.6.3)	This is now in place as the home has a full complement of staff and reviews are on-going and the manager operates an open door policy
13.8	To confirm that services and support for residents with hearing impairments is suitably in place (10.6.6)	Support is always available for any resident with any identified problem
13.9	To review the current situation of there being no locks installed on bedroom doors (10.7.2)	This has not been a problem previously but if the question is asked we will address it at the time