



## **Beechcroft Nursing & Residential Home**

Runcorn

5<sup>th</sup> & 13<sup>th</sup> February 2019

**Enter & View report**



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## ACKNOWLEDGEMENTS

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Healthwatch Halton would like to thank the residents and staff at Beechcroft for their time and consideration during our visit.

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## WHAT IS ENTER & VIEW

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People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

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## VISIT DETAILS

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Centre Details	
Name of care centre:	Beechcroft Nursing & Residential Home
Address:	Lapwing Grove Palacefields Runcorn Cheshire WA7 2TP
Telephone number:	(01928) 718141
Email address:	<a href="mailto:beechcroft@hc-one.co.uk">beechcroft@hc-one.co.uk</a>
Name of registered provider(s):	HC-ONE
Name of registered manager (if applicable)	Jennifer Jobber
Type of registration:	Nursing Home
Number of places registered:	67

The Enter and View visit was undertaken over two separate visits the first was conducted on Thursday 5<sup>th</sup> February between 12am - 1.10pm and a second visit was undertaken 12<sup>th</sup> February between 12 am - 1pm

The Healthwatch Halton Enter and View Team were:

- Irene Bramwell
- Ann Coughlin

### Disclaimer

Our report relates to this specific visit to the service, at a point in time, and is not representative of all service users, only those who contributed.

This report is written by Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

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## SUMMARY

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Beechcroft Care Home is situated in a quiet residential area of Runcorn, and within walking distance to a local bus route, church and shopping area. The Home is accessible by wheelchair and there is parking space including disabled car parking spaces at the front of the Home.

Beechcroft has a wide range of staff who were caring for 59 residents at the time of the visit. All staff at Beechcroft Care Home are required to undertake mandatory training which includes local safeguarding and procedures. The Home employs an Activity Coordinator who supports residents to engage in a wide range of activities including activities outside of the Home environment such as Anfield the home home of Liverpool Football Club, Widnes Market

The Home has is currently working towards a schedule of refurbishment as some areas appeared a little jaded, and on the Nursing unit it has been identified that seven en-suite bathrooms are not fit for purpose as they are too small.

Residents have access to a wide range of primary care services which includes being able to keep their own GP.

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## OBSERVATIONS

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### **Location, external appearance ease of access and parking**

The Home is a single storey building situated in a residential area of Runcorn and within walking distance to local shops, churches and a bus route. On the day of the visit, we noted that the exterior of the Home was maintained to a good standard, Car parking space is available for visitors which is adjacent to the Home.

### **Initial Impressions (from a visitor's perspective on entering the Home)**

Entry to the Home is accessed using a doorbell which was answered promptly by a member of staff. The reception area appeared clean, tidy, odour free with pleasant background music playing, displayed in the entrance hall was an up to date CQC registration certificate and Signing In book (with pen) for visitors to use. On entering the Home, we were greeted by the Manager, Jennifer Jobber, and Deputy Manager, Angela Williamson who informed us that she would be leaving early as she was undertaking an assessment of a potential new resident to the Home. It was therefore agreed that we would discuss the care provided with the manager in her office followed by a tour the Home

### **Internal Physical Environment**

Following our discussion with the manager we were given the opportunity to tour the Home unaccompanied. The Home is made up of two units; Residential and Nursing, on the day of our first visit we were told that currently there were 59 residents being cared for in the two units.

We noted on both visits that corridors leading to various parts of the Home were clean, clutter free and appeared wide enough for wheelchair access. Throughout the Home temperatures appeared comfortable, during the tour we felt that there were areas in the Home that appeared a little jaded, however during discussions with the manager we were informed that a formal funded scheduled plan for redecoration had been developed as the Home employs a handyman for general repairs and decoration.

We were told the us that residents can furnish their rooms to their own personal taste, if residents or families are unable to help with decorating the rooms, staff will support the resident to do this. Jennifer explained that in the nursing unit bedrooms were en-suite, however Jennifer felt a total of seven were not fit for purpose as they were not much bigger than a cupboard. During our tour of the Nursing Unit we noted that each resident's rooms had an A4 sheet of paper attached with the resident's name printed on it to aid orientation. In addition, there was a memory box attached to the wall with memorabilia such as photographs and ornaments that were personal to the resident

We saw that some residents were having lunch and tables in the dining room were set. We were informed by the manager that on the residential unit the residents themselves had

decided to have separate male and female dining rooms although on the Nursing Unit the dining room was both male and female.

We were told that if residents did not like what was on the menu they could have other choices of meals within reason. The manager further explained that all dietary needs including allergies could be met. We noted that the menu and allergens of residents were displayed at the entrance of the Dining Room. We were also told that residents can also access drinks and snacks on an 'as and when needed' basis as well as the set meal times.

During our visit we saw that small smoking room is available for residents on the Nursing Unit. We also noted that hand gel dispensers were available throughout the Home for residents' staff and visitors to use.

In the communal lounges there appeared to be comfortable seating available for residents. During our visits TV's were switched on and volumes were at an appropriate level. However, in the Nursing Unit several residents were sleeping in armchairs, whilst in the residential unit a small number of residents chose to watch television whilst eating lunch.

We looked at the communal toilets and bathrooms on both visits. They were odour free, clean and uncluttered.

We also noted the garden was well furnished, however at during our visits residents remained inside as the weather was not appropriate to sit in the garden.

## **Staff support skills and interaction**

The staff at Beechcroft were extremely welcoming to us. Jennifer explained that the Home was not currently at full capacity. Beechcroft is registered to care for 66 residents with 41 beds in the Nursing Unit and 25 beds in the Residential Unit. Jennifer explained that staffing levels are adapted depending on bed occupancy at the time of the visit. told the team the Home is currently working at under occupancy as there were only 59 residents living at the Home.

Staff on the residential unit staff were currently caring for 23 residents, therefore staff ratios on the unit consisted of one senior carer and two support staff, which is reduced at night time to one senior and one care assistant. At the time of our visit there were 36 residents cared for on the nursing unit, therefore staff ratio on the Nursing unit consisted of two nurses and six care staff during the day which was reduced to one nurse and three care staff at night.

We asked about staff training procedures and were told by the manager that she was currently working towards all staff being trained. All staff training was documented and at the time of the visit approximately 75% of staff had completed full training including safeguarding.

We discussed Deprivation of Liberty Safeguards (DoLS)<sup>1</sup> with Jennifer who told us that at the time of the visit there were 7 residents with DoLS in place.

Throughout the visits, over the two days, we observed that interaction between staff and residents was calm, friendly and dignified, and staff knocked on residents' doors before entering residents rooms.

### **Residents' social and emotional and cultural welfare**

The manager explained that Activities at Beechcroft were organised by Barbra Stoddart, the Activities Co-ordinator, who works 36 hours per week to engage residents in several activities. Activities include chair exercise on a one to one basis, library visits and reminiscence activities. During the tour of the Home the team observed a notice board located in the corridor highlighting a range of activities.

This was also evidenced when a team member on the second visit to the Home engaged with a resident, who explained that she enjoyed the activities provided by Barbra and proudly showed the team member paper masks she had made for her grandchildren ready for when they visited.

We were also told that Musical entertainers visit the Home such as a local ukulele band which residents enjoy as they sing along to the music. Beechcroft has its own mini bus which is used for trips to Widnes Market which is popular amongst residents or visits further afield such as Rhyl, New Brighton and Anfield the Home of Liverpool FC, as both the Handyman and Cook double as drivers for the Home. Jennifer explained that she is happy for the wider community of Palacefields to use the mini bus.

With regards to spiritual needs, there is an open-door policy with a local church which is in the same area as the Home. The local priest visits the Home to attend to the spiritual needs of residents whilst local school children attached to the church will also visit the Home.

Residents within the Home have access to a Hairdresser on site as a Hairdressing Salon is available in the home, we were told that some residents choose to have their own preferred Hairdresser or Barber.

### **Resident's physical welfare**

During the visit we were told by Jennifer that all residents special dietary needs can be catered for within the Home and that residents have access to a choice of meals. If residents did not like the menu on offer, an alternative meal would be provided within reason. This was observed during our second visit, when a resident sitting in the communal

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<sup>1</sup> The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.



lounge requested a sandwich and glass of water for lunch as the resident had not wanted what was on the menu during lunchtime

We discussed hospital admission and discharge from Hospital with Jennifer we were told a member of staff will try accompanying a resident to hospital however this often proves difficult due to resident to staff ratios. We were informed that there have been no problems with regards to Hospital discharge, that they have only had one incident with Warrington Hospital when a DNR was not returned to the Home. However, following a phone call to the ward this was rectified. Jennifer discussed the Red Bag Scheme initiative with us and told us that she felt it needed re-energising.

With regards to late discharges of residents from hospital back to the Home we were told that the Home refuses to be pressured by hospitals to receive returning residents back at night. We asked about local primary care services and were told by Jennifer that residents can keep their own GP if they chose to do so. However, as part of the GP and Care Home alignment initiative, Beechcroft was assigned to Weavervale and Brookvale GP Practice which Jennifer described as excellent service and initiative.

We asked how the administration of medication worked within Beechcroft. Jennifer explained that senior carers are trained to administer medication. During the second visit we observed a senior carer (Jake) preparing medication. Jake told us he was a senior carer but he did not wear a tabard to alert staff that he was administering medication and not to be disturbed. Jake expressed that it should be considered when administering medication. We further discussed this with the manager prior to leaving the Home, she informed us that tabards are worn on the on the Nursing Unit.

Jennifer told us about pharmacy provision for the home. She maintained that end of life drugs were hard to source, although she was very satisfied with the service provided by Boots Pharmacy.

We were told that other primary health care professionals visit the Home. These included chiropody, optical and dental professionals to provide services to residents. Residents receive these services in their own room to protect their dignity and privacy.

During our visit we noted that residents appeared relaxed, well cared for and dressed appropriately. We spoke with a family visitor in the main lounge to gain their experience of the Home. They told the us, *'staff worked very hard and cared for residents, the manager was very good as she listened to any concerns'*. They gave an example of how their relative's needs had changed and this was addressed and monitored immediately. A reassessment was sought with regards to his relative's medication and this was currently being monitored to ensure the appropriate levels.

### **Facilities for and involvement with family / friends**

During the visit we engaged with staff, residents and a family member. Jennifer explained that visiting is open and there are no rules or regulations with regards to visiting. We were told that resident and family meetings are poorly attended despite offering various times and refreshments. To try and counteract this Jennifer has an open-door policy and

additionally holds a manager's surgery which is held on the 1<sup>st</sup> Wednesday of every month 2pm - 7pm in order to engage family members, times of meetings were displayed on both units at the time of the visit.

All residents (and families) are provided with a copy of the Complaints Procedure when they join the Home. Residents' families are also encouraged to get involved with monthly or six-monthly review of a care plans which is not taken up by all families as some families engage whilst others choose not to. We asked if a resident is very ill or dying is there any opportunity for a family member to stay overnight? We were told that whilst the Home does not have a designated room, they are happy to accommodate family members overnight.

At the end of both visits we thanked the manager, staff and residents for answering our questions and showing us around the Home.

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## RECOMMENDATIONS

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- 1.** Provide Senior Carers responsible for dispensing medication on Residential Unit a Tabard to alert staff, visitors and residents that their full concentration is required to reduce risk.
- 2.** To implement the scheduled plan of redecoration of areas of home and to make good the issues of 7 En-Suite rooms not fit for purpose as outlined in this report

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

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## SERVICE PROVIDER RESPONSE

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No response was received from the service provider.

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