

Enter & View

Report

The Boat House
Fazeley, Tamworth

27 February 2020



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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.

Provider Details

Name: The Boat House
Provider: Pharos Care Ltd.
Address: 24-28 Lichfield Street, Fazeley, Tamworth, B78 3QN
Service Type: Nursing or personal care, learning disabilities, adults under 65 years
Date of Visit: 27 February 2020

Authorised Representatives

This visit was made by three Authorised Representatives of Healthwatch Staffordshire.

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The Boat House is clearly signed from the busy Lichfield Street in Fazeley. Access, parking and turning space are all tight and, on the day of our visit, the presence of extra vehicles for refurbishment work and on-site meetings put space at a premium. We wondered how they would manage if emergency services vehicles needed to attend.

We were told that the building is about five years old and was purpose-built for its type of resident. The overall appearance and design details appeared to be of high quality and in a satisfactory condition. The establishment comprises an eight-bedded care home and 12 single supported accommodation units. Our visit related only to the former.

It was not immediately obvious to us where the main entrance was. The glass of the front doors bears large hand-written letters spelling 'Welcome to the Boat House', but this is not legible from a distance, and there are other front doors to supported living units. A sign or arrow pointing towards reception would make things clearer.

There is no garden, but an archway from the car park leads to a pleasant secure terrace directly beside the canal at Fazeley Junction. Robust plexiglass panels allow views across the canal while ensuring safety. The towpath is on the opposite bank.

Internal

Access is gained by doorbell. In the entrance lobby, we saw a current CQC registration certificate, the company whistleblowing procedure, signing in/out books for staff and visitors (which we were asked to use), and hand sanitizer.

Closed circuit television, viewed from the manager's office, covers the car park and the front doors of the home and the supported living units. There is no CCTV within the home.

We were told that since the last CQC inspection, redecoration and refurbishment has been undertaken, but the nature of the resident group means that this is a continuous process. Routine maintenance and repairs are undertaken promptly. We were shown the current maintenance log and list of outstanding jobs.

We were shown a very spacious and bright lounge and dining area, adjacent to the kitchen, and a second quiet lounge, which was also roomy. We were told that plans for new furnishings and decoration in the quiet lounge are being discussed with residents, in ways that will enable them to contribute to the choices made.

The kitchen was large and well-equipped, with adjustable height equipment and surfaces. Some of the cupboard doors bore pictures of their contents. Although clearly well used, its overall condition appeared satisfactory. We were told that residents are encouraged to make a drink and to help prepare food under supervision. Support workers pointed out some equipment that was due for replacement.

The lift to the first floor is accessed by key. Under appropriate supervision, we were shown two resident's bedrooms. These were spacious, with en-suite facilities including a flat floor shower. The position of the window in one room made it rather dark, but we thought this might be appropriate to the needs of one or more of the residents. We were also shown a large separate bathroom with a fully equipped accessible bath at its centre.

The decor throughout looked acceptable, if worn in places, and we noticed several pieces of art on the walls, of kinds likely to provide visual stimulation to residents. All the flooring that we saw was in good condition and washable where appropriate. All the furniture and soft furnishings appeared clean and satisfactory, though clearly subjected to heavy use. No odours were detected anywhere in the home.

Resident Numbers

On the day of our visit all 8 registered places were occupied (in 7 single en-suite bedrooms and 1 self-contained unit) by adults with severe learning difficulties or autism. Among these, 3 were from Staffordshire, 2 from Warwickshire, and 2 from Birmingham.

We were told that a person living with dementia referred to in the last CQC report had left the home a fortnight prior to their inspection visit.

Staff Numbers

The staff complement was listed for us, and we saw the current rota:

Carers: 8.00am-10.00pm, at least 8 (providing 1:1 support); more if one or more residents is assessed as needing 2:1 support. 10.00pm-8.00am, currently 5, again varying with the assessed needs of individual residents. The carers devise and deliver activities tailored to the needs of the resident they support. The carers also do cleaning, cooking and laundry. Where practicable, the residents help to clean their own rooms and assist with doing their own laundry. There is also a staff rota for undertaking deep cleaning of the building. There are therefore no separate activity coordinators, domestic or catering staff.

The full-time manager also undertakes administration, but not while on shift.

We were told that the company has a good two-person maintenance team who attend promptly when there is a problem.

Agency Usage

Agency staff are used when needed to cover sickness and other absences. During the previous week, 7 hours of agency staff time had been used.

One particular agency is used and found to be very responsive at short notice. It also offers consistency, with the same people being used, familiarity being to the benefit of residents.

The home currently has 5 bank staff.

Management

Quality Indicator 1 - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

The manager joined The Boat House in December 2019. On the date of our visit, she was awaiting accreditation from CQC. Her previous experience includes 9 years working with people with a learning disability and 10 years supporting people with acquired brain injury. She explained that she was inducted in an associate home before taking up her post at the Boat House. She believes that she will be fully up to speed within six months and mentioned improvements that she would like to introduce to help the home run even more smoothly.

She told us that while she now knew all the residents, she recognised that she was still learning about their individual characteristics and behaviours.

We observed her easy interaction with support workers, who seemed relaxed and happy.

Also present was the Behaviour Support Officer, who divides her time between various company homes, working with individual residents. She was able to supply us with additional background information.

We found both the Manager and the Behaviour Support Officer to be more than helpful.

Comments

The recently appointed manager recognised that she was still on a learning curve but was also clear about her priorities and her desire to make further improvements at the home.

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

Brief conversations were held with several of the support workers. One had worked at the home since it opened. Others had been employed for a year and one for two months. For another, it was her first day working at the home. From observation we concluded that as support to residents is provided on a 1:1 basis, and 2:1 if required, there were enough staff on duty. They appeared to have the time and resources to provide appropriately high levels of care and support.

All told us how much they enjoyed their work, the positive atmosphere in the home, and the high level of teamwork and mutual support.

We were told that company has a pro-active training strategy and employs a dedicated staff trainer. Induction of staff is a mixture of face-to-face, e-learning (using Citation Atlas) and Care TV. Shadow shifts are worked by new support workers to observe and learn from experienced staff.

Safeguarding training for all staff is delivered on induction and by e-learning.

All staff receive NAPPI (non-abusive, psychological and physical intervention) training, to ensure that physical restraint of residents is used only as a last resort after diversionary and de-escalation methods have been tried and exhausted, and then as little and as briefly as possible. This training is delivered in-house but is externally certified.

We were told that regular 1:1 meetings are held with staff, and that there is also an annual staff forum with a representative from each group within the company present.

Comments

All the staff we saw and spoke to showed genuine enthusiasm for their work, and demonstrated by their interactions with residents their commitment to giving them support that enhances their quality of life and maximises their opportunities to exercise choice.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

A number of 1:1 support workers were spoken to. They all appeared relaxed, and were able to describe to us the personalities, behaviours, likes and dislikes, and physical and emotional needs of the individuals they were supporting. This included, for example, whether eye contact by us would be appropriate and welcomed, and whether approaching directly or too close might be found disturbing.

All residents have personal files maintained by and accessible to staff, containing care plans and review details.

Medication is held in an individual cabinet for each resident, and individual records are also kept.

Comments

By their explanations and actions, the support workers (with the understandable exception of the new starter) all demonstrated in-depth knowledge and understanding, both of the person they were supporting and of the other residents.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

We were told that appropriate activities are individually assessed for each resident by their support worker, reflecting their interests, ability, and sensory needs, and involving the resident, for example by use of 'talking mats'. The activities are then delivered 1:1 by the support worker.

Pictorial planning boards with a section for each resident were seen in the kitchen and elsewhere. It was explained to us that these include 'now' and 'next' pictures to help the resident understand what they will be doing now and next. A pictorial activity board for each resident was also observed.

The home appeared 'busy', with residents doing things all the time. The residents appeared generally calm yet stimulated.

Residents who are willing and able are encouraged to accompany staff on trips to local supermarkets and shops to buy food and other items.

We were also told of outings by residents to go bowling, use swings, and visit Drayton Manor Park.

Comments

The level of dependence of most of the residents made it hard for us to gauge to what extent the activities we observed were meaningful to them, but all appeared to be content with what they were doing, whether organized or spontaneous.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

It was explained to us that all catering in the home is carried out by the support workers and the residents, with a menu being mutually decided upon for each week. Shopping for food is done in local supermarkets, and residents who are willing and able are encouraged to accompany the staff member.

The support worker for each resident produces their meals, with supervised assistance from the resident as much as possible, accommodating their preferences while having regard to their health needs and individual health action plans. Breakfast is personalized, the other meals having set menus but with options.

Specialized and culturally appropriate diets are catered for. Among the current user group, gluten-free meals are provided for one and halal meals for another, the latter being prepared by a support worker who is appropriately qualified for the task.

We did not observe a meal being consumed, but we saw tables being cleared and washing up being done after lunch. All the plates were empty! These included 'eat well' divided plates which we thought helpful to the residents.

We were told that support with eating and drinking is given by the support workers where needed. This includes cutting up food, giving special attention to residents who have difficulty swallowing, and providing encouragement to eat when a resident is disinclined to do so.

Snacks are available to residents between meals, under supervision, again having regard to their health status and needs.

We were told that nutrition and hydration charts are maintained for those residents assessed as needing them.

Comments

The personalized approach to catering and eating appeared to us to well meet the needs of the residents.

Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

We were shown an example of the Health Action Plan kept for each resident.

GP services are provided by two local practices.

A local dental practice is used. Visits to the home are available if needed, including the services of a specialist dentist for people with learning disability or autism.

A local optician is used, and a local ophthalmologist with specialist knowledge of the resident group visits the home and provides what is felt to be a very good service.

Chiropody for some residents is provided by family members. For others, a visiting chiropody service is accessed.

Transport and escorting to appointments are provided by the home's vehicle and staff if needed, though family members often transport their relative themselves.

Comments

Access to health services appears to be satisfactory, and we were pleased to learn that the home is able to procure the services of professionals who have specialist knowledge of, and understand the needs of, people with a severe learning disability

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

Because of the level of disability of the residents, it was not felt appropriate to enter their personal space and possibly appear to be a threat to them.

The nature of the residents and the 1:1 support being provided also meant that we observed little inter-action between residents, but all appeared content both as a group and as individuals.

Some residents were non-verbal, and we were told that Makaton is taught and used by the staff, although we did not observe it in use during our visit. We saw two charts on a wall bearing basic Makaton signs.

We were told that residents have choice over dress, food, drink, personal care, and bedtime - one current resident chooses to go to bed at 2.00am. All appeared well looked after and smartly turned out.

Two current residents have independent advocates. Family members advocate for others.

We were told that preferences for religious observance by residents are sought and respected. One current resident attends a local Sikh Gurdwara (temple) weekly. Another has been offered but declined the opportunity to attend a local Mosque.

No regular act of worship of any faith is arranged within the home. We were, however, told that special events marked in the home include not only birthdays and the major Christian festivals, but also others such as Eid Al-Fitr and Eid Al-Adha.

Comments

From what we observed and were told, it appeared to us that the individual lifestyles and cultural norms of residents are well understood and respected.

Family and Carer Experiences and Observations

We were told that family members and visitors are welcomed at the home at any time, day or night. We were also told that all the current residents receive visits from family members and others.

Some families seek and receive daily reports by telephone or email. Others get a weekly email. They can also meet with staff or management if they wish to.

We did not have the opportunity to speak to any family members or visitors. During our visit, the parent of a resident arrived, but on observing their interaction we felt it would not be appropriate to interrupt this to seek their feedback about the home.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and used.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

Family members attend annual meetings to discuss the progress of each resident.

We were given a copy of the home's complaints procedure and were told that this is sent to the family when a resident is first admitted.

When we asked about any changes that had taken place following representations, we were told that a family member had recently expressed concern about the activities available to a resident. Several meetings were held with the family member, who then observed the activities being delivered for their relative. They then expressed satisfaction and the matter was resolved.

Comments

The level of dependence of the resident group underlines the importance of family members being involved, having influence, and being able to raise issues, with confidence that they will be listened to and any concerns resolved.

Summary, Comments and Further Observations

We considered the Boat House to be providing a well-designed, well-managed, well-staffed and caring environment for a group of people living with severe disability.

Nothing we saw, heard, or were told left us with any concerns.

We are grateful to the staff and management for their hospitality and their openness with us during our visit.

Recommendations and Follow-Up Action

We make no recommendations for immediate action.

Clearer identification of the main entrance would be helpful.

A relatively high level of wear and tear on décor, furniture and equipment was observed and explained to us. On any subsequent visit, a check should be made that regular redecoration, refurbishment and replacement has been taking place, and continues to be so, to ensure an ongoing safe, comfortable, and stimulating environment for residents.

Provider Feedback

The manager provided feedback about the visit and the report as follows:

“The authorised representatives were very considerate of the residents at the Boathouse and did not impose on their structure or routine. They spent time with both myself and the staff and observed the residents within the home.”

“Any ideas or suggestions on ways to improve the service we provide is beneficial for the people we support, families, the staff team and visitors so is welcomed not only by me, but by the company.

I have looked at the comments made and I have shared the draft report with our QA team who have already devised an action plan for improvements which have been suggested. “

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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