



Enter and View Report

Waterloo House
Announced

24th May 2023

What is Enter and View

Part of Healthwatch Bedford Borough's remit is to carry out Enter and View visits. Healthwatch Bedford Borough 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, optometrist 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Bedford Borough's 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 Bedford Borough's Safeguarding Policy, the service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Name and Address of Service: Waterloo House Care Home, 36 Waterloo Road, Bedford, MK40 3PQ

Manager: Sharon Paul

Service type: e.g., Care Home for residents living with dementia, general care needs and complex care.

Client type: generally, for care home

Acknowledgements

Healthwatch Bedford Borough would like to thank the Registered Home Manager, Operational Manager, staff and all the residents for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 24 May 2023. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Tracy Cresswell, Lead Authorised Representative

Shanice Dadhria, Authorised Representative

Who we share the report with

This report and its findings will be shared with the Manager of Waterloo House, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Bedford Borough website.

Healthwatch Bedford Borough details

Address:

21-23 Gadsby Street

Bedford

MK40 3HP

Website: www.healthwatchbedfordborough.co.uk

Telephone: 01234 638678

Healthwatch principles

Healthwatch Bedford Borough's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis.
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The visit was announced and was part of the ongoing work programme of Healthwatch Bedford Borough.



What we did

On arrival to the building, we rang the bell, waited for the staff to let us in and we introduced ourselves. We were asked to sign in and was introduced to the Manager.

We were made very welcome from the beginning of the visit; we were offered refreshments.

We spent time talking to the Manager, we spoke to several residents and their relatives. We spoke to several staff who had varying roles and positions within the home.

The Manager was previously a carer and has been in the care profession for 30 years.

The home is a 24 bedded care home, they are full to capacity. They currently have one resident that is there on respite.

The day is split into shifts, 8am to 2pm (currently have 4 staff on duty), 2pm to 8pm (currently have 4 staff on duty) and 8pm to 8am (currently have 2 staff on duty). They also offer an 8am to 8pm to staff, they have a mix of shifts. In addition to the staff numbers listed above, they also have an activity co-ordinator that works every morning, a laundry assistant, a handyman, domestic staff, a cook and the Manager who also delivers care when required.

Findings:

Environment

External

The home is situated in the middle of other houses. There is on street parking. There is a small gate to the entrance of the home with a ramp leading from the path to the front door. There was CCTV near the doorbell which allowed staff to see who was at the door via a camera in the Manager's office.

Internal

The entrance is bright and airy. The Manager's office is near the entrance. There is a dining area that leads into a communal area. There were several residents sitting in the communal area.

None of the staff wore name badges, this was raised when we spoke with the Manager, who assured us that staff were provided with them. She showed us her badge but was not wearing one.

There were signs on doors; these were in yellow which is easier for all the residents to read.

Essential services

The Manager explained that new residents are given a few days to settle into the home. She explained that the discharge notes are not always correct. When putting the care plans together they speak to residents, their carers and other professionals. All the care plans are still in paper form as the staff have been with the home for several years and are not happy for them to go digital. The Manager explained that they have tried in the past and the staff were not happy, so they will continue with the paper forms.

A staff member explained that when they have the initial enquiry an assessment is completed, then once they join the home, they are given a few days to settle in, however their likes and dislikes are documented. Their

medication is checked with the hospital and any discrepancies are rectified. They are introduced to the other residents.

All the residents and relatives that we engaged with said they “can't fault it at all”, “very happy”. One relative expressed that they “can go home with piece of mind knowing they were looked after”. Another relative expressed that the home is “absolutely brilliant”.

The residents and relatives that we engaged with expressed that they had been in the home from 10 months to several years, with one expressing “it is the best one so far”.

Access

The Manager informed us that she speaks to all the residents every morning. She also assists with taking them to hospital, GP appointments etc. A relative also informed us that the Manager takes their relatives to appointments when needed. The residents and relatives expressed that they can see a GP and dentist when required and every Thursday they have their nails and hair done.

Safe, dignified and quality services.

All the residents and relatives feel safe, with one relative expressing that was “home from home”.

One relative shared with us that when their relative came into the home, they were unable to wash and dress themselves, however with the support of all the staff, their relative is now able to wash and dress themselves.

One relative who's relative used to be in the home, still comes and sees the staff as they are like family to them, and they are always welcomed and offered refreshments, even though their relative is no longer in the home.

It was observed during the time we were on the visit that all the residents, staff and relatives were happy in the lounge, doing various activities.

Whilst we were talking to the Manager, they received a call from a GP regarding one of their residents. The Manager excused herself and went to speak to the GP in another room, maintaining the dignity and confidentiality of the resident.

All staffs training was up to date and one staff member informed us that if any bespoke training is required for the benefit of their residents, this is completed.

Another staff member expressed that they often come into the home on their days off to see the residents and staff.

The staff expressed that they spend adequate time with all the residents. One staff member expressed that they ensure that all the residents are engaged with even the ones that don't like spending any time in the lounge. They go to them in their rooms, they also expressed that it depended on the resident's mood each day as to if they want to be engaged with or not.

It was observed that the dignity of residents in their own rooms was maintained.

Information

The relatives and residents raise any concerns direct to the staff; these are actioned. One resident expressed "it is a two-way street". The Manager expressed that they are often drawn into family feuds, however their main priority is the resident and what is best for them. One resident expressed that their relative had a toothache. The Manager was very proactive and made an appointment straight away. The communication is good.

Choice

The residents that we engaged with all expressed that they had choice, this was from what food they had, to what they wanted to drink, it was also asked if they had a choice of the time they went to bed. They choose their own clothes to wear and are able to choose what activities they want to do.

One resident expressed about the home that "they bend over backwards for the residents".

If the residents have dietary requirements/needs, the staff work with the GP to ensure that these are managed.

Residents are able to choose the colours of their bedrooms and bedding, however one resident expressed "they needed a bigger bedroom".

Being listened to

The residents/relatives have quarterly meetings, that are hosted by the activity co-ordinator, however if they have any concerns they can speak to a member of staff or the Manager.

One relative expressed that they “come to visit their relative several times a week and stay for 3 to 4 hours, it feels like a second home”.

One relative expressed that “everyone is called by their first names”, however we did notice that none of the staff wore name badges, this was raised with the Manager.

Being involved

All the residents and relatives are able to speak to any staff around any concerns, comments or complaints they wish to make.

One relative expressed that they are able to visit anytime they want, it is accessible 24/7.

They give the residents time to settle into the home, giving them as much time and space as they require.

Current challenges for the home

The Manager expressed that their current challenges was that they stretch themselves with the day-to-day routines, and also the ways of work being changed by CQC.

The management, staff and residents/relatives were asked if they could change one thing what would it be and why.

Several of the staff expressed they would like to have more pay and recognition. The Manager expressed that they are too attached and would like to be able to be a Manager and only to be called to care for residents as and when required.

The residents/relatives would not change anything.

Recommendations

1. Ensure that all visitors, relatives, residents know who the staff by the staff always wearing a name badge and having photos of each staff member and their roles on a notice board. Name badges to be in the format of “My name is” yellow badges.

2. The Manager to consider stepping back from her original carer role and taking a stronger leadership role in terms of the workforce.
3. Consider moving to electronic care plans in the near future, in line with Bedfordshire, Luton and Milton Keynes (BLMK) digital transformation plans.

Provider feedback

Sharon Paul- Registered Manager, Waterloo House

Thank you for your report.

I would like to raise a few points.

-All staff are wearing name badges now although they all did have them, just didn't at that time they was not wearing them.

-Care home will in the near future change to electronic care plans.

-As a Manager I feel I am a strong leader and do carry out a strong leadership role, unfortunately caring is something that comes naturally to me and leading by example is a good way of implementing good care and being a good role model

