



# **Enter and View**

## **The Glades Care Home**

**Announced Visit**

**19<sup>th</sup> December 2023**

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## 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 Staff 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 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.

## Provider details

Name and Address of Service: 3 The Glades Care Home, Bromham, Bedford, MK43 8HJ

Manager: Acting Manager Emily Horne (Registered Manager: Caroline Earey)

Service type: e.g. Residential care home providing personal care.

Client type: residents living with Dementia, Learning Disabilities and Autism aged over 18 years.

## Acknowledgments

Healthwatch Bedford Borough would like to thank the Registered 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 on 19<sup>th</sup> December 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

Sandra Mabbott, Observing Authorised Representative

## Who we share the report with

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

## Healthwatch Bedford Borough's details

Address:

21-23 Gadsby Street

Bedford

MK40 3HP

Website: [www.healthwatchbedfordborough.co.uk](http://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 service:** 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, the gate was open that led to the entrance of the building, the Authorised Representatives (ARs) rang the bell, and were greeted by

the Acting Manager. The ARs showed their ID badges, the Manager invited them, however they were not asked to sign in.

The ARs were made very welcome from the beginning of the visit and refreshments were offered.

The ARs spent time talking to the Acting Manager, the residents with the support of staff.

The Acting Manager explained that she was currently waiting for her registration to go through with the CQC and that she had worked in care for a long time, with 10 years working with the current Manager. She explained that she is receiving ongoing development support to become the Registered Manager.

The Acting Manager explained that they had lost a lot of staff during the pandemic and currently have 10 staff with 4-5 regular bank staff. They have 4 members of staff on shift in the morning and 4 members of staff in the afternoon. They have 1 waking staff member during the night who can call for assistance from a neighbouring home at 1 The Glades. The shifts are 7 am to 2.30 pm and 2.30 pm to 9.30 pm, with 2 staff rotating the night shift. They do not have a Housekeeper; these duties are carried out by the staff as part of their core duties.

The ARs were informed that the home is an 8-bed care home caring for learning disability residents, residents living with Dementia and residents with Autism, with a range of communication needs. They currently have 7 residents living in the care home.

# Findings:

## Environment

### External

The home is situated in a residential area with off street parking. The entrance was through a gate that was left open, which was not well signposted. The ARs mentioned the gate being open to the Acting Manager who explained they have a resident that opens the door and gate to greet visitors, staff and residents.

The Acting Manager explained that the gate is locked at night. The home did not have CCTV.

## Internal

The entrance had 2 small offices on either side of the front door. Immediately in front of the entrance was the corridor leading to the kitchen/dining area which was light and airy. There were bedrooms that led off via a corridor from the kitchen/diner. From the reception area on the other side, was a small lounge with more bedrooms leading off it.

Once inside, it has a warm friendly feeling. We spent time talking to the Acting Manager in her office.

The ARs spent time talking to residents in the kitchen/dining area, the ARs observed the residents being cared for by the staff.

None of the staff wore uniforms. The Manager explained that they wanted to make it as homely as possible for all the residents and not have a clinical feel to it at all. The ARs did not observe any of the staff wearing ID badges, when the ARs asked if they had badges, the majority explained that they did. All the staff were friendly, happy, and welcoming throughout the visit.

## Essential services

The Acting Manager explained that they work at the home 2 days a week, with the Senior Support Worker as their deputy.

The Acting Manager expressed that the home has difficulty getting face-to-face appointments with the GPs for the residents. She advised that they have to push for face-to-face appointments if the management insists that it is necessary. All the residents can retain their own GP when residing in the home.

The Manager explained that when they receive a referral, they invite the resident for multiple visits into the home, the residents can stay for the day and overnight to see how they interact with other residents. The Acting Manager explained that they see if the needs of the residents can be met, and they look at previous support plans if they are moving from another care home environment. They meet with the family to find out their likes and dislikes.

The Manager explained that they had started to transfer the care plans over to the online platform "Echo" with the support plans still to be transferred. Staff input the care plans daily, and the Manager explained that there are still hard copy files available.

Staff explained that they go through the support plans at the start of each shift and read the staff communication book and sign each time to say they have read it. They check the care plans for updates and use the Risk Assessment as a guide if required.

The staff expressed that they spend adequate time with the residents, however communicating with the residents' family members can be sometimes challenging. The member of staff expressed that one of the residents had been admitted to the hospital and they struggled to contact the family members to inform them.

The ARs used symbols to ask the residents questions and with the support from the staff, the majority of the residents said they *"like living here"*.

## **Access**

The Staff expressed that they support the residents attending GP appointments, hairdressers and/or barbers. The ARs observed one of residents asking the carer to go to the shop, the carer explained that they would take them once they had finished talking. One of the residents explained that they liked going to *"My time"*, they had been during our visit and when asked what they had done there, the resident said they had done some paperwork (the staff member expressed it is what the resident calls work).

## **Safe, dignified and quality service**

The ARs used symbols to ask the residents questions and with the support from the staff, the majority of the residents expressed they felt *"happy and safe."*

The ARs observed a resident who asked if they could have a drink, whereby the resident was observed making a drink and sitting at the table.

ARs observed a resident in the lounge in the dark. The Acting Manager explained that the resident likes to be in the dark and goes around turning all the lights off



and closing the curtains. To ensure they get some daylight, one set of curtains in the lounge does not close. The Acting Manager knelt by the resident and asked if the ARs could ask them some questions, but the resident did not want to talk to us as they were enjoying their snacks.

The Manager explained that they have a training matrix to follow and explained that they can request additional training if identified. The staff explained that they had received Dementia awareness training and that end-of-life training could be requested.

The ARs observed staff engaging with all the residents in the communal area, however, the ARs did not observe interaction with residents in their own rooms.

The Acting Manager explained that they had regular supervision and daily conversations with the Registered Manager, that they received reassurance and guidance from the Area Manager, and regular contact with the Service Director. The staff had monthly supervision with the Team Leader and management. The Senior Leadership Team are always available for the staff.

The ARs observed that one of the residents had been out and when they came back, had spilt something on their shirt. They were guided to change the item of clothing, which they did.

The Acting Manager informed the ARs that there was only 1 staff member that was on shift during the night and that they had a contingency plan with a sister residential home along the road if assistance was required.

## **Information**

The staff expressed that if they receive any concerns or comments, they pass them onto the Team Leader or the Manager. The Acting Manager explained that they have bi-annual person-centred reviews, including statutory reviews, where relatives are invited. Monthly reviews are completed, and residents can attend.

The ARs asked how staff and residents/relatives are notified of staff changes. The Acting Manager explained that staff receive a letter explaining the change and relatives are officially written to re the notification.

## Choice

The ARs used symbols to ask the residents questions and with the support from the staff, the majority of the residents expressed they *"had choice"*. When asking a resident if we could talk to them, they were able to acknowledge the ARs by nodding their head. The staff member was there to support when needed. When asking the resident if they had a choice of a bath or shower, the resident shook their head and seemed a little distressed by the ARs question, as they thought they had to have a bath or shower. The staff member explained to the resident that the ARs were asking them questions and it was not time for them to have a bath or shower. They calmed down, which enabled us to continue to have a conversation with them.

The resident was indicating to the staff member and Acting Manager that they wanted their bag. The Acting Manager went and got their communication book and the resident showed the ARs the pictures and names in their book of family members. The resident was still wanting their bag, and the staff member explained that they like to write down all the names of the people that they speak to.

The Acting Manager asked the resident if they would like a drink. the resident was asked to use the communication book to say what drink they wanted.

All of the residents that the ARs spoke to expressed that they were *"happy"*, and *"had a choice"* This included the time they went to bed, what they had to drink and eat, and what clothes they chose to wear.

## Being listened to

The Acting Manager explained that the communication was adapted according to the needs of the residents and that they used books, facial expressions, and Makaton to support them.

The ARs were informed that staff meetings are held every 2-3 months, with an aim to move them to monthly. The Acting Manager explained that they have themes as part of the teams' supervision, for example safeguarding, finance etc. Staff explained that if they are unable to attend the staff meetings, they read the minutes.

The majority of the residents said expressed that they *“like the staff”*. The ARs observed a resident smile at the staff member when asked.

## Being involved

The ARs observed the resident in the dining area writing their Christmas cards with the support of a staff member. One resident gave the ARs a Christmas card.

The Acting Manager expressed that they had been responsible for organising a “Sparkle Ball” for the company. They explained that they are planning lots of new activities with the residents.

Staff expressed that it has been difficult to contact relatives. However, they have resolved this by ensuring that they have up-to-date contact numbers. Relative meetings are difficult to arrange. They have started to use different forms of communication such as MS Teams to hold the meetings.

## Current challenges for the home

The Acting Manager expressed that the location of the home is a challenge, especially for the recruitment of new staff, as the home is not close to a bus stop. As many of the staff do not drive, they either take taxis or rely on other members of staff for lifts. This was confirmed by the staff.

Getting face-to-face appointments with GPs for the residents is another challenge, as described above.

# Recommendations

### Recommendations made from findings

1	Ensure all visitors are asked to sign in when entering the home for fire risk and safety.
2	Consider holding the staff meetings at various times of the day/ days of the week to accommodate all staff including those working evenings and/or weekends.

3	Ensure all staff have ID badges and wear them throughout their shifts. The home may want to consider the addition of a noticeboard, displaying photographic imagery of all of the staff members, displaying names and job titles.
4	Consider restarting the relatives meetings to ensure regular feedback is captured and decision making involves residents and their family members.
5	Consider having more than 1 staff working throughout the night. The ARs understand that a contingency plan is in place, however due to the layout of the home, there were concerns regarding how 1 solitary member of staff would be able to hear from one end of the home to the other.
6	Consider keeping the gate to the home closed at all times due to health and safety risk.

## Questions to the Manager

1. Have all staff received Oliver McGowan training as per CQC recommendations July 2022.

*A: All staff have completed Oliver McGowan training, it is now included as part of our induction programme, so all new staff complete this also, see below*

2. Do you have CCTV inside / outside of the building?

*A: No, we don't have any CCTV inside or outside the building.*

# Provider Feedback

All established staff members have completed Tier 1 Oliver McGowan training, aligning with CQC recommendations for July 2022. New staff complete Oliver McGowan training as part of their induction process, ensuring compliance with CQC guidelines.

- Presently we are actively planning dates for all staff to undergo Tier 2 Oliver McGowan training.
- There is no CCTV inside or outside of the property.
- Team meetings are held during the day between 1-2pm on varying days to ensure we capture morning and afternoon staff.
- Staff members are provided with a zoom link to attend meeting from home if they are unable to be present in person.
- All staff are required to read and sign the minutes from the meetings.
- Night staff meetings are held periodically and are conducted over zoom between 9pm and 10pm
- We have previously explored notice boards with staff photos in the past, however faced challenges with this as the service users residing at the service would take them down and dispose of them in bins.





# healthwatch

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