healthwatch Rutland

Enter and View report

Belton House Retirement Home

18 January 2017

healthwatch

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Belton House Retirement Home, Belton-in-Rutland
Service Provider	Mr David Arthur Salter
Date and Time	18 January 2017 14:00 to 16:00
Authorised Representatives	Bart Hellyer, Bart Taylor-Harris, Phil Hurford, Sarah Iveson.
Contact details	01572 720381

1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

3 Purpose of Visit

- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

3.1 Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Belton House Retirement Home on 18 January 2017 was part of this series of visits.

3.2 Methodology

Approximately ten days before the Enter and View visit the Enter and View team leader met with the manager of Belton House Retirement Home. At that meeting the purpose of the visit was explained and agreement was reached about the timing of the Enter and View visit and how staff residents and their families/regular visitors would be informed of the visit using a letter produced by Healthwatch Rutland. The manager told the team leader that she kept in touch with many families by email.

A team from Healthwatch Rutland visited over a two and a half hour period starting at 14:00 on 18 January 2017.

The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff, residents and visitors using the framework prepared in advance of this series of care home visits.

Following the visit a meeting had been arranged with the manager where key observations were shared.

3.3 Summary of findings

a) Belton House is a retirement home used by privately funded residents and by the council for re-enablement. We were met by friendly staff and happy residents.
b) Disabled access to the building is challenging.
c) Internally the home presents as a converted country house with little evidence of recent redecoration/refurbishment.
d) There is no internet access for residents and only limited functioning electronic security for patients with dementia.
e) Activities for residents and information for residents and their families is restricted but an activities coordinator has been appointed.
f) The absence of a well understood and displayed whistle blowing policy could make the reporting of any lapses of care problematic.

3.4 Results of visit

Belton House Retirement home occupies a large converted country house. It has extensive grounds shared with some retirement bungalows. At the time of our visit there were 20 residents, many of whom had dementia. Most residents are self-funding. The home is also used by the local authority for re-enablement following hospital discharge so allowing patients, who are not well enough to return to their own homes, to vacate hospital beds.

Approach/Exterior

Belton House is in a rural location and on the 747 bus route between Uppingham and Leicester. We were told that the bus service had recently been at risk of closure and saved by a Rutland County Council subsidy.

Access to the home is through automatic electric gates, up a gravel drive and to a sloping gravel car park. No disabled parking bays were evident. The main, signed entrance is accessed via two steps. Doors are locked with keypad egress for the safety of residents. There is a doorbell that is difficult to reach from a wheel chair. Wheel chair access through the main entrance necessitates a member of staff positioning a wooden ramp sequentially against each step. We were told that disabled access at the rear of the building was better but saw no signage to this.

Reception

Visitors were asked to sign in and out of the home using a book on a table by the front door. Staff were friendly and the E&V team was made to feel welcome. A copy of the Healthwatch Rutland letter announcing our visit was positioned next to the signing in book. We did not observe any noticeboards, here or in other public areas, with staff photographs and names, recent CQC reports, etc. There was some limited information about safeguarding and whistleblowing on a notice board, which advised that full information was to be found in policies held in the manager's office. The entrance area had little natural light and was lit with a variety of light bulbs in the same fittings, some giving yellow and others cold white light. (This lighting arrangement was to be seen throughout the building.) A single hand gel dispenser was observed near the front door by one member of the E&V team.

Layout and general environment

The home occupies two floors. There is a wheelchair accessible lift and stairs linking the floors. The main public areas on the ground floor comprise a lounge and dining room. In the lounge chairs are arranged round the edge of the room. There are views through French doors over the gardens. These doors are not wheel chair friendly. A wall mounted TV was on throughout our visit. In the dining room there were a number of individual tables with three or four chairs at each. Water was available at all times from glass urns in the dining room.

Most of the residents' rooms are on the first floor. Doors to these rooms were shut. Some doors had sensors fitted. We were told these were not functioning. We used an empty room to meet at the end of our visit. It was decorated in a similar style to the public areas. In the en-suite, the toilet seat was either stained or the surface material had worn through. In the bedroom, some window panes were cracked and there was a mix of light bulb types in the single fitting in the middle of the ceiling. The room contained a small screen TV. We saw no evidence of recent redecoration in this room or public areas. We were told that residents are able to decorate and furnish their own rooms at their own expense.

Externally the grounds are extensive and appeared well maintained. There is a network of paved walkways.

Activities

There is a part time activities coordinator who works five days a week. We observed a game that involved a ball being passed between residents in the lounge. Other residents were reading books or watching the TV. We were told that there are board games and large jigsaws but that many of these are not suitable for purpose.

We were told that residents have their own TVs in their rooms. Residents told us (and it was confirmed by staff) that there is no Internet access available to them, although it is available for management purposes. This seemed to be a particular issue for re-enablement residents.

There is a "studio" in the grounds that, we were told, is used for "making" activities from time to time. When the weather is good we were told that residents can and do use the grounds.

We were not told of any organised activities beyond the home. Residents told us that they had to make their own arrangements to get into Uppingham.

We saw an activities notice board that seemed out of date and/or incomplete.

Residents/families

Residents told us that the number of people in the lounge during our visit was unusually high. All residents and family members that we talked to referred to good relations with staff. The manager was praised, especially by one family member who attributed the improvements since the poor 2015 CQC report to her.

Residents are able to lock the doors to their rooms if they wish. Some re enablement residents spoke of the difficulty of having to live alongside people with dementia for the first time.

Family members told us that they could visit at any time and that the manager and staff were very accessible. Communications with family is by email, letter and meetings. We were told that there are surveys held every six months, the results of which are widely distributed. We did not see the results of any surveys displayed on any noticeboards.

Meals

In addition to the water always available in the dining room we observed residents being offered a drink and encouraged to drink during our visit. We were told that there was always a menu choice, but residents were not told about it in advance. We were told that the food was "OK" but some residents described the food as bland and lacking in fresh fruit and vegetables.

Medical/care

Belton House is a retirement home and not a care home therefore there are no nursing staff. Currently nursing support (injections/wound dressing etc) is provided by District Nurses who were described as by staff as "excellent". This view was not supported by all families. Support from the Uppingham GP practice was also described as very good. Doctors were swift to attend the home if called which

reduced the need for ambulances and possible hospital admission. There is no routine dental support but praise was given to Dentith and Dentith in Oakham who recently agreed to come out to see a patient who was unable to be brought to the practice (dementia meaning he became too agitated).

Care plans are reviewed by the home monthly and by the GP annually. Part of the care plan goes with residents if they are admitted to hospital (meds/DNR and 'This is me' Dementia information). However, we were told that frequently information was missing when residents returned to the home from hospital.

We observed a resident, who we were later told had dementia, being taken to the toilet. The resident asked the member of staff to remain outside. The staff member was heard to tell the resident to pull the bell when they were ready and left. Later we heard the resident calling for assistance. A member of the Enter and View team had to go to find a member of staff to assist the resident.

Staff

The manager told us that staffing is: Manager, deputy manager, 8 senior carers, 4 HCAs (juniors), 2 cooks, activities coordinator, 2 cleaners and a maintenance person shared with the owner's other home in Hallaton. A family member spoke of the need for increased staffing levels, citing the needs of their parent.

The manager has secured extra seniors on staff to allow flexibility and proper support of residents. She spoke of recruitment and retention difficulties. It is difficult for staff to get to the location if they don't have their own transport.

All staff are given a handbook containing all policies and practices when they first start work at Belton House. We were shown a training programme for staff.

The permanent staff we met were smiling and friendly. They told us of their commitment and how they enjoyed working at Belton House. The information they gave us about training was not consistent. We were unable to find any member of staff who was able to describe the whistleblowing policy.

Dementia specific

The manager told us that:

A large proportion of the residents have dementia (some formally diagnosed some not).

The sensors on resident's doors do not function so some residents can wander at night. Residents are allowed to lock their room doors.

While there are alarm cords in rooms these can't be relied upon for residents with dementia – hence physical checks and other safety measures.

Crash mats by beds are available if required and there are a limited number of sensor mats.

Belton House uses 'This is Me' dementia books completed by relatives to understand residents' likes/dislikes/interests etc.

Two hourly physical checks are carried out at night by staff.

3.5 Recommendations

- Accessibility for those in wheel chairs should be reviewed both in terms of those visiting residents and the full access of residents to external spaces.
- Attention should be given to the physical environment; in the first instance considering issues such as lighting and the arrangement of furniture and equipment, and in the longer term considering the relationship between the colours and textures of surfaces and the well being of those with dementia. There has been significant published research by nationally recognized bodies.
- As part of a review of activities and the communication needs of residents, the internet access, currently available for administrative purposes, should be extended to residents.
- The effectiveness of the recently appointed activities coordinator should be enhanced through a review of activity equipment needs and investigation of possible activities beyond the immediate environment.
- Electronic security and alert equipment should be explored as a cost effective way of securing the safety and well being of residents.
- In order to promote the well being of both staff and residents the improvements that have already taken place should be further built on by enhancing whistle blowing understanding (and making this available to everyone without having to go through the office), improving communication through notice boards and signage, ensuring that all staff (including temporary staff) are aware of the varying needs of residents and how best to meet these.

3.6 Service providers response

The provider should be given the chance to provide a response here once the draft report has been written. Did the response include any immediate service improvements?

The service provider is asked to write any comment here. NB the response of the service provider will be published as part of the report

We have some comments and clarifications to make on the findings of the report:

3.3 (b) A removable wheelchair ramp is available, stored next to the front door. Removed when not required as clients with limited mobility have found access difficult or dangerous with the ramp in situ. People are supported on entry and exit to the home. The rear doors into the secure yard is wheelchair accessible, with a secure gate into the grounds if clients wish to tour the gardens / grounds, supported by staff if required.

3.3 (c) Refurbishment and redecoration is carried out when necessary, depending on affordability.

3.3 (d) Internet access is available to residents in the upstairs hairdressers room. Because of the age of the building, wi-fi is very difficult to provide to all bedrooms, due to wall thickness, listed building. Every resident has the option of having private phoneline / internet if they require.

3.3 (e) We have a full time (30hrs) activities co-ordinator who arranges internal and external activities, records of activities are available. A wheelchair friendly minibus is shared with our sister home for trips out or activities. Residents are supported to go out if they wish , and 2 company vehicles are available to transport them in company of the activities person. The activities co-ordinator is booked to attend Activities Memory Plus Training in Feb 2017.

3.3 (f) Whistleblowing is covered on both induction training and refresher training. Notices giving LCC and CQC contact numbers is displayed in reception and the carers office. Policies are available for access by all staff at any time.

Disabled Parking is not possible due to a gravel car park and 24 hr access which is required to coach houses and Mews cottages in the grounds.

Notice boards are displayed in the reception area with CQC report, Service User guide, Complaints Procedure and H&S information. Further information is on display in the carers office with safeguarding / CQC contacts.

Natural Lighting in reception is difficult due to being a listed building and is well lit by low energy lamps at all times.

Survey forms are on display in reception, and are published around the home in the summer months following yearly resident and family surveys in May of each year. Available on request.

A meal picture board is displayed in the dining room with the meals/ choices for the week for residents information. Fresh fruit and vegetables are on the menu every day.

Hand Gel is available at reception and in the visitors WC off the reception area. Hand wash and gel dispensers are provided in each bedroom, but not in lounge and dining areas due to safety concerns of residents with memory problems and COSHH regulations.

Due to the age of the building and the high costs of installing a nurse call system and all other improvements, have been put on the future improvements list to be done as financial constraints allow. Assistance call bells are provided in each resident bedroom and area.

Ellen Whiffin
Registered Manager