

Enter and View Visit Report

Provider Name	Coverage Care
Location of Service	Raby Crescent, Shrewsbury, SY3 7JN
Name of Service	Briarfields

Type of Service	Care Home without nursing
CQC Details	Most recent inspection 15 th October 2013 http://www.cqc.org.uk/directory/1-131480319
NHS Choices Service Webpage	http://www.nhs.uk/Services/careproviders/Overview/DefaultView.aspx?id=68545

Date of Enter and View Visit	20 th March 2014
Time and Duration of Visit	10.30 am - 12.30 pm
Authorised Representatives in Visit Team	1. Geraldine Williams
	2. Anthea Fell
	3. Kate Prescott (Volunteer and Involvement Officer)
Type of Visit	Announced

Purpose of Visit	To explore how the individual's dignity is respected in this care setting, and to identify good practice
Stand-alone visit or Part of a programme of visits	<i>Pilot Visit:</i> A series of visits testing Healthwatch Shropshire's newly developed systems for Enter and View visits, and to build the volunteers' confidence and expertise. Pilot visits are not based on intelligence received.

Aims of Visit
We aimed to make observations and speak to residents about their experiences of Briarfields with a particular focus on the practices that promote the dignity of residents. The visit team chose to visit in the morning in order to interact with as



many of the residents as possible in the active period following breakfast and before lunchtime.

Additionally we sought to speak to staff about their understanding of dignity.

Conversations were conducted as informal chats with residents and observations were made as we progressed around Briarfields. Staff were engaged with during the visit when we encountered them.

Focusing on dignity we sought to speak to residents and staff around the following topics:

- Choice: availability and facilitation
- Respect for the Individual
- Personalisation of environment
- Promoting independence and providing a stimulating environment
- Respect for privacy
- Involving family and carers in the individual's care
- Knowing how to complain and facility to do so without fear of retribution

Outline of Visit

The Enter and View team visited between 10.30am and 12.30pm. On arrival we were greeted by office staff and the duty House Manager. We were taken on a tour of the building to familiarise us with the layout, and then proceeded around unaccompanied to talk to residents and staff in each unit, and make observations as we went.

Briarfields is a purpose built care home, situated in a residential area of Belle Vue, Shrewsbury. It provides both long term and respite care. It is divided into three ground floor units with a fourth on the 1st floor for more mobile residents (as it is accessed via stairs and a lift which cannot be operated in emergencies).

Each unit has its own lounge, kitchenette and dining area. The ground floor units are linked by a long corridor running round that begins and ends at the reception area. All residents' rooms facing inwards look out onto a central enclosed paved courtyard area with raised beds, garden furniture, a shed and greenhouse.

Along one length of the corridor, just beyond the Rosewood lounge, kitchenette and dining area, we were shown into the main kitchen where lunch was being prepared, the laundry that services the whole of Briarfields residents, and a Hairdressing Salon that was not in use during our visit.



We spent time together talking to both residents and staff in each of the units. We spoke to ten residents while visiting the four communal areas and were invited by a further three residents to speak to them in their rooms. We also spoke with four staff members, seven visitors and one volunteer.

Data

Choice: availability and facilitation

Food and Drinks

Each unit had a notice-board detailing a '4 week summer rolling menu'. The visit team felt that the font was rather small but the menu for the day was also visible on a dining table in the upstairs unit. The majority of residents we spoke to were asked when they choose their meals and all answered they choose in the morning. One resident said if they wanted something not on the 'rolling menu' they could have it. One resident said they can eat in their room if they want to.

Briarfields has said since the visit that the size of the font on the menus will be discussed at the next residents meeting to see if they want the font enlarged. They said they have not had any concerns raised to date.

The four week menu on the notice-boards stated that fruit, drinks and snacks are available at all times upon request. We asked one passing member of staff which week of the menu we were on: they were unable to tell us but could still explain what the main dish was for lunch.

The visit team were surprised to find the home operating a summer menu in mid-March. One staff member told us that they had only recently moved onto this menu. The Manager explained that menus are decided centrally by Coverage Care and then prepared in the home. The Manager also said that the central Catering Manager gathers feedback on the menu and was due to be visiting the home to undertake a consultation with the residents about the food.

Each of the four units has a kitchenette for use by staff and residents. We observed fruit, jugs of water and squash, in many of the residents' rooms.

Activities

There is an activities cupboard, but residents informed us that at present the post of Activities Coordinator is vacant.

The home has a minibus and eight residents told us that they had had many trips over the last few years, including going on the canal, visiting Ellesmere and attending a show at Bayston Hill, but said that recently they hadn't been anywhere.

In one unit five residents explained that since there was not an Activities Coordinator



at the moment they did activities themselves, for example throwing a ball to each other whilst seated, playing higher-lower with a pack of giant playing cards, and doing keep fit exercises. They said they had tossed fake pancakes on Shrove Tuesday and that two cats had visited the unit the same week of the visit. They said there was an animal man who visited but was unsure when this had last happened. They also said singing and music as activities that occasionally took place.

On the notice-boards in each unit there was a schedule for activities displayed for a two week period: activities listed included bingo and pamper sessions. The names of people who recently won at bingo were also on display. Asking residents about the types of activities available ten said that bingo was available. For one resident this was the only activity, other than gardening, they could think of, and they said do not participate because they do not like bingo but they do not mind it taking place.

The hairdressing salon was closed during our visit but a staff member and a resident explained that when it is open appointments have to be made, and the resident said the hairdresser was very kind.

In one unit two staff members were engaged in caring for residents' nails. Initially two residents were having their nails painted at a table: we observed very little interaction between staff and them. Another resident, in an armchair nearby, appeared to be woken by a staff member and told he was to have his nails cut. During this nail cutting we observed little interaction between the staff and resident, and afterwards the staff member put the cardboard dish for the clippings in the bin, but this was not done discreetly.

The Manager told us that they have raised beds and the equipment for residents to do gardening in the courtyard if they wish, but said that no one had expressed an interest recently.

Two residents explained they had once walked into town on their own but hadn't repeated it. One of the two said they walk around the building most days.

Respect for the Individual

We asked eight residents if staff treated them with courtesy and dignity: all said yes they were. We asked whether staff explain what is happening when delivering personal care, again residents said yes and that they were shown their care plan to agree.

In one of the lounges we approached a resident and it quickly became clear that they were agitated and unhappy, and slightly confused. They believed they were sitting in wet trousers and had been ringing the call bell. We indicated their distress to a member of staff in the unit and simultaneously the resident started to call out for to the staff member for assistance. Initially the staff member did not stop the washing up task that they were doing, and speaking directly to the visit team, explaining that the individual was confused and upset, that they weren't wet and had been asked to sit in the lounge whilst their room was cleaned. Once they had explained this to the visit



team, and the individual was still calling out, the staff member stopped the cleaning task and walked over to the resident, talking across the room to them as they approached. The visit team all felt that the staff members' response was brisk and not fully engaged; it did not appear to be a convincing attempt to reassure the individual and did not immediately succeed in this aim. The visit team did not see or hear the conclusion to this incident, but as we left the staff member had crouched down to the resident's level.

Personalisation of space

Residents are able to decorate their own rooms with pictures and their own furniture, thereby personalising it. We observed that the contents of residents' rooms varied depending on what they owned and had brought with them, for example photo collages, bookcases, armchairs, chests of drawers etc.

Promoting Independence and Providing a Stimulating Environment

We did not observe any CDs or DVDs for residents to use in the communal areas, although there was a bookcase of second hand books available to buy in the reception area. The reception area also had an Easter themed raffle table, and on another table there were cards, sweets and gifts for sale. There is a seating area with a table displaying photo albums of residents' activities including a recent Elder Abuse Awareness Day, a Halloween event and an Olympics Day.

The reception area had a large fish tank, home to a variety of fish, and there was another, smaller tank in the communal lounge of one of the units; in another unit there was a budgie in a cage.

All units had large wall mounted televisions that were on during the visit: in one unit this was the case even though no one was watching it. In one unit residents had the remote control and opted to turn the volume down whilst we spoke with them. In another unit two residents asked us to speak up because they couldn't hear us over the TV, until a visitor found the remote and turned it down.

We observed the Manager walking around the circular corridor with one resident, encouraging them to walk with her.

One resident asked us to their room to view their artwork. The individual told us they are hoping to have an exhibition in the lounge and that negotiations were on going with the manager.

One resident said last year they (the individual) had grown plants in their room and the visit team observed some seedlings growing on the windowsill.

In one of the communal areas a resident suddenly wanted to move seats and staff swiftly helped the individual to where they wanted to go.

One resident told us that they felt that in the short time they had been at Briarfields their independence had been reduced: they noted that their mobility was



deteriorating due to medical reasons but their 'mind was still there'.

Respect for privacy

We did not observe any staff entering a resident's room and so were not able to observe how they approached the situation.

We asked a staff member what dignity meant to them and they explained it meant knocking on doors, covering residents' legs and knees and being respectful when doing personal care.

Involving family and carers in the individual's care

We spoke to seven visiting friends and relatives during the visit. All said they were always welcome to visit the home regardless of the time of day. However two visitors told us, when asked, that they are not offered drinks or other sustenance, and commented that there is no private area apart from residents' rooms.

Making Complaints

About ten residents were asked if they had a problem or a complaint who would they talk to: they all said their care was good but they knew who the person to take their complaint to was. In a couple of instances this was a particular carer.

Senior Staff photos are displayed in the entrance, with their position in the home together with photos of three Dignity Champions and their mission statement.

A noticeboard between the reception and the lounge area for one unit had a poster on Safeguarding, as well as another poster asking people to report any concerns to the manager or via an confidential number: this poster has been noticed by Healthwatch Shropshire at other Coverage Care services.

Other Findings

- Noticeboards in each unit had posters on Safeguarding, reporting concerns and the Butterfly Approach (a technique for caring for people with dementia).
- Each of the chairs in the units had ripple cushions which appeared to be in good condition.
- One staff member told us that staff know which clothes belong to each resident so doing laundry in large amounts is not a problem.
- The handyman gave a cheerful hello to the visit team as we passed. We observed him chatting and engaging with residents whilst he was collecting trolleys.
- The district nurse was visiting the home during the visit.



- A member of staff rang the call bell for assistance to reposition a resident, a two person job. The staff member remarked that they always had to do this. By the time we moved on no assistance had arrived. The staff member had to approach the problem differently and persuade the resident to move cooperatively in order to reposition them on their own.
- One resident said he was quite content there and another said they were comfortable. A respite resident said they enjoyed Briarfields whichever unit they were in.
- We observed in one resident's room that there was a full urine bottle on the bedside locker. When asked about this, staff said it was an oversight as until recently his urine output was being monitored.
- Five residents remarked that meals were very good.
- There were staff in the corridors performing cleaning duties.
- The majority of residents' room had the doors open wide during the visit. This included where residents were absent from their rooms and where residents were asleep in their rooms. Since the visit took place Briarfields have added that it is the individuals choice as to whether the doors to rooms would have been left open or closed, occupied or not.
- We observed that the garden courtyard in the middle of Briarfields looked neglected. Staff said that since a volunteer had left, the courtyard hadn't had much attention. As we were leaving we observed the handyman in the courtyard pruning a rose. The manager said there is talk of turning the shed into a bar for the gentlemen, which has been done at another of Coverage Care's services. Since the visit took place Briarfields have added that they agree the courtyard is in need of attention: this has been highlighted with the Maintenance person and will be actioned with immediate effect.
- A bedridden resident said they enjoyed the daffodils in the outside garden that they can see from their window.
- There was a volunteer present in one of the units, who was there as part of a course. They were sat away from the residents, studying at a dining table during our time in the unit - this may have been because the unit was quite small and there wasn't much room whilst the visit team was also there. Briarfields have commented since the visit that the volunteer was with them for 14 weeks and they felt they were very good and a pleasure to have. The individual was dedicated and worked extremely hard, and at quieter times sat



reading their notes for their course work. The volunteer normally took their breaks with the residents.

Key Findings

The visit team were struck by the way that each resident's room was clearly personalised to them. We met a few residents who had hobbies that they were continuing to do at the home.

All eight residents asked were able to say that they were involved in their care and had seen their care plans.

Residents were not able to articulate many activities that had taken place recently. This may be related to the Activities Coordinator vacancy currently at the home.

Residents articulated a trust in the staff, and all of those we spoke to were able to explain how they would complain if they wished to. One resident also explained they felt the staff were excellent.

Unfortunately the visit team did not see a large number of interactions between staff and residents during the visit. Of those we did see, although we saw some examples of good staff-resident interactions, such as the manager walking the resident around the circular corridor, we saw a number of incidents where staff were not fully engaging with residents whilst providing care. Including: staff not interacting with residents whilst doing their nails; what appeared to be a staff member waking a resident up to have his nails cut; and the distressed individual that a staff member seemed reluctant to attend to.

We were also concerned by the call bell not being answered.

Recommendations

Based on residents' comments about what range of activities used to take place, Briarfields residents would benefit from having a wider range of stimulating activities available.

Although residents seemed generally happy at Briarfields, we recommend that the home looks into taking action to prevent future occurrences of the passive care we witnessed during the visit. This includes unenthusiastic staff interactions with residents and the failure to answer a call bell.

Visitors to Briarfields said they felt welcome but that they are never offered a drink. Briarfields should look at the provision of drinks for visitors.



Response from Service

Activities

In one unit five residents explained there was not an activities advisor and they liked to exercise by throwing a ball too each other, play cards and do keep fit, which they organise themselves. The residents on this unit are very independent and they do these activities themselves and would continue to do so even if they had an activities co-ordinator.

Throughout the home Care staff are currently taking on this role [activities coordinator] until the post is filled. Within the last 2 months there have been numerous activities and events including a Mother's day celebration, raffle and quiz, pancake making and tossing, cake decorating, manicures and beauty sessions, hairdressing, bingo sessions, regular musical matinees, monthly extend exercise classes and every other month varied entertainment is brought into the home. It was also mentioned that there didn't appear to be any CDs or DVDs: these are kept in the office as they get scratched or misplaced, quite a number of new ones were only purchased this year by the manager after a meeting with family members who discussed what their parent used to love to sing along too. The manager ensures these are put on often and all units are invited to join in. These events are photographed and can be seen displayed around the home.

Interaction by staff

No resident should be spoken to briskly and across the room and staff are aware that this is something we will not tolerate. Staff were spoken to individually after the care home received the report initially, and were made aware that this behaviour is never tolerated by Coverage Care, and if it had been witnessed internally disciplinary action would have been instigated. This will also be reflected upon in Supervisions.

Senior staff are aware of the need for observation and to monitor the interaction between service users and staff and to action immediately anything they feel the need to address. They are also aware of the safeguarding process and the referral route. Carers are inducted at head office and on day 2 of this induction they cover Dignity, Care Practices and Abuse Awareness. Staff receive mandatory and continuous training in Dignity, Professional Boundaries and Abuse Awareness.

Call Bells

If a call bell was not answered as quickly as it should be we would like to think that it's because all staff are being occupied or engaged with other. We did check the call system print out for the day and the longest length of time that a call bell rang was for 1min 45 secs.

Drinks

We were concerned that two family members said that they were never offered refreshments. Drinks, light meals and cooked meals are offered to families on a



regular basis and a lot of families feel comfortable enough to help themselves.

NOTE:

The response from the Care Home expressed the wish that the Enter and View Team had spoken about their concerns about some examples of care observed at the time, or when feedback was given at the end of the visit. They said “it would have made it easier for us to address, discuss and investigate”.

Healthwatch Shropshire appreciates the opportunity given to us to visit Briarfields. While this was a pilot visit, primarily to test our systems, and it would not be appropriate to report all incidents observed, it is reasonable to expect Healthwatch Shropshire to provide constructive feedback at the time of a visit.

