



Enter & View Visit Report

Details of Visit

Service Name and Address	Bradeney House, Worfield, WV15 5NT
Service Provider	Holy Cross Care Homes Ltd.
Day, Date and Time	Monday 20 th July 2015, 10.30am-13.30pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Vanessa Barrett, Healthwatch Shropshire David Beechey, Healthwatch Shropshire Barry Parnaby, Healthwatch Telford & Wrekin

Purpose of the Visit

Dignity, choice and respect: to explore the quality of life experienced by service users in this care setting.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

This was one of number of visits to Care Homes, as part of a rolling programme of Enter and View Visits. This visit was announced.

There was an unannounced inspection by the Care Quality Commission (CQC) in September 2013 in response to some concerns but their report showed all standards were met.

The home has capacity for 101 residents, divided into five units between two 'wings'. Each unit caters for residents with similar care needs. We were told the majority of residents have some level of dementia. There is a nursing unit, where most people stayed in their own rooms, and were mainly bed-bound. We were told that men with dementia were cared for in their own unit but we did see residents of both genders mixing in the lounges.

The building has been substantially altered and enlarged in the last five years. All rooms are ensuite, with shower facilities. Since the majority of residents have some level of dementia, there are assisted bathrooms in every unit. Some bedrooms open through French windows onto a protected patio area, and many had pleasant views over the grounds. Corridors had hand-rails on each side, but seemed rather narrow e.g. it would be difficult to walk alongside a resident if there was a cleaning or meal trolley in the corridor.

There were two lifts; one at each end of the building, but neither seemed to be functioning fully during our visit.

What we were looking at

- We looked at the level of involvement of individuals in their care; including activities and personalising their own space.
- We looked at opportunities to exercise choice.
- We asked residents about their opinions of living in the home, including the food, the care they received and the activities they enjoyed.
- We observed interactions between staff and residents.
- We spoke to staff about the training and support they received at induction, and in caring for people with dementia. We asked them how they demonstrate care and respect for the dignity of residents in their care.

What we did

When we arrived we were greeted by the Registered Manager, who offered to show us the layout of the building, before we walked around by ourselves to talk to residents. This provided an opportunity to meet staff who worked in the kitchens and the laundry, which we found very helpful.

What we found out

Involvement of individuals in their care

- There were relatively few residents who could communicate with us to the extent of discussing their involvement in their own care.
- We were told by staff that almost all the residents who suffer from dementia are subject to Deprivation of Liberty Safeguards (DoLS). The policy to assess residents' capacity to make decisions and when they need to be restricted from leaving the home for their own safety is well-established in the home, but not all such residents are registered with the Council. If a resident needs to go to hospital, it may require an emergency referral to the Council team, since the DoLS team still has a large backlog of routine referrals to deal with.
- There was always one, and sometimes two, care workers in each of the lounge areas we visited. They were all seen to be interacting with residents in some way. We observed a member of staff sitting next to a resident: they were clearly updating the care plan together.
- We did not see lights outside rooms to indicate a call bell. Nor did we hear any call bell sound during our visit, although the majority of residents, except those in the nursing unit, appeared to be mobile and in one of the lounge areas.
- One person, who had been living for a year in the nursing unit, invited us into their bedroom. The resident told us that 'the home is marvellous'. Other comments we received from residents included: 'this is a nice place'; the staff are 'not bad at all'; one person said the staff are very friendly and they enjoy the food. One resident was very specific about an individual care worker who, we were told, was 'marvellous'. Other staff indicated they found this same care worker very supportive.
- We observed that almost all bedrooms for people with dementia had a 'memory box' on the wall outside their rooms. These often held photos of the person enjoying particular activities when they were younger, war memorabilia and other small items that might help staff start a conversation. This seemed an excellent idea.
- We were told by staff that it is the home's policy for all new admissions to review the first months stay with their family and care team, as to how well the person has settled, before the long-term contract is issued.
- Few residents would be able to make complaints themselves. We were pleased to learn the home is regularly visited by an independent residents' advocate. Staff later told us how much they valued this role as well. We did not see any information on how to make a complaint, but were told this is included in the contract documentation. Where families have raised issues, they have usually been easily resolved.

Activities

- We were told by staff that there are three part-time staff employed as activities coordinators. We observed one supporting five or six residents to enjoy music and engage in moving to the music in one room, but it was understood that most activities are one-to-one. From our discussions with staff, activities coordinators appear to have learned from experience, rather than having received training in specific techniques to engage with older people.

- One activities worker said she takes a 'trolley shop' to every resident each week, and is often requested to obtain specific items for individuals.
- One resident said they really enjoyed watching snooker. They told us that staff always remembered to organise a TV when the big competitions were on.
- We saw one member of the care staff on her knees beside a resident encouraging a painting activity.
- We were told by staff that there are two cars, suitable for wheelchairs, that are used by staff to take residents on outings (e.g. to a local garden centre; one resident was taken by staff to the polling station at the recent election). Family members can also borrow the vehicles to take a resident out to lunch etc. For trips with larger groups of residents, a minibus is hired. One such trip to Cosford Air Museum is planned for later this month.

Personalisation of space

- Every open door showed bedrooms with personal items, photos and small decorative items displayed. In some there were also small items of furniture.
- We were pleased to see that beds and protective rails, although to hospital specification, were made of wood, and looked much more domestic than the traditional metal bedframes.
- There were 'quiet' rooms available. In the library, the internet is for residents' use. We noted the large letters on the keyboard and extra-large mouse to manipulate the screen. We were told that one resident likes to keep in touch with their family in Australia through SKYPE.
- Each unit was secured by coded door releases, but residents were free to move within the unit. We were also told that CCTV covers all the communal areas. Some families request CCTV within the resident's room, and this may be accommodated after a full discussion of the pros and cons.

Choice

- A hairdresser visits three times a week. One resident said how much they appreciated this service. Everyone we saw was dressed well. Many people had smart hairstyles and it was observed that the spectacles on people who wear glasses were always clean, without smears. Several people had nicely-painted finger nails. We thought this indicated a good attention to detail and caring attitudes.
- In the kitchens, we were shown the four week menu, which changes each quarter. Residents and their families contribute to its planning at the joint meetings. There were two options for both main course and dessert every lunchtime as well as diabetic variations as appropriate.
- We observed some residents during lunchtime. In the lounge/dining areas, they had chosen whether to sit with others or to have their meals at an individual table. We observed a care worker take a lunch tray to a bedroom, return with the dessert on the tray, and go back immediately with a pot of yoghurt.
- We observed that residents were offered drinks at regular intervals, and assisted to drink if they found it difficult.

Conversations with staff

- We received smiles and friendly greetings from staff wherever we went in the home.
- We called into the laundry, to ask about the system for getting personalised clothing back to the appropriate residents. The two laundry staff were smartly dressed and obviously took great pride in doing their work well.
- We spoke to several members of care staff of all grades. Qualified staff did not appear to have heard of the Butterfly Approach to caring for people with dementia, although it was apparent that reminiscence is encouraged by all staff.
- A care worker, who has worked at the home for about two years, told us about the induction programme and ‘shadowing’ a more experienced care worker when she started. Although working with people with varying stages of dementia, none of the care workers we spoke to said that they had received any specific training in managing these residents.
- Staff stated that on admission to the home a personal profile of a resident’s previous social history is completed with relatives. This gives an insight to the person’s life history, likes or dislikes and interests. This helps the activity officer and other staff develop and maintain interests and enhances communications with those with dementia.
- Care staff said they demonstrate respect for the residents by treating them as individuals: people have an interesting past that they want to talk to them about. Staff said they thought they knew more about people’s life histories in the areas where there were larger numbers of people with dementia than the other (e.g. nursing) units.
- In contrast, we were told by the manager there had been a session on dignity recently and that all staff receive dementia training.

Additional Findings

- There are two local GP practices that serve the home. Each practice holds a primary care ‘surgery’ once a week at the home. Usually the same doctor attends from each practice, so they get to know the individual residents really well.
- We had observed the corridors are too narrow to wheel patients in their beds in an emergency. On every floor there is a large number of wheelchairs in store rooms off the corridor. We were shown the fire alarm board and told that the fire evacuation procedure had had to be tested fairly recently. The policy is to move people at risk behind two fire doors on the same level. Apparently the exercise went smoothly, but Healthwatch Shropshire Authorised Representatives are still concerned at the idea of staff having to get people up from their beds and into wheelchairs, or having to move them on their mattresses, in the event of a fire emergency at night.
- During the visit to Bradeney House, we observed that both lifts were not working for part of the time. We raised this with the manager, who said she would ask the engineer to check them

- There were two friendly cats freely wandering through the ground floor. Because they seek to provide as homely an environment as possible, we were told the home welcomes residents' pets, although they undertake a 'pet care plan' to ensure the safety of the pet, the owner and other residents.

Summary of Findings

- Throughout the home there was a calm, friendly, relaxed atmosphere. We observed numerous examples of positive staff interaction with residents. We also observed attention paid to people's comfort and personal grooming, which we thought demonstrated caring attitudes.
- The large majority of residents were not able to communicate their thoughts and wishes easily, but staff appeared genuinely committed to understanding and supporting them. We commend the 'memory boxes', developed with families' help, which provide opportunities for real engagement in reminiscence.
- Those residents who did talk to us were complimentary about the home and the staff.
- The home is regularly visited by an independent residents' advocate.
- Staff are employed as activities coordinators, but find it difficult to engage with more than one person at a time. They appear to have 'learned on the job' and might benefit from some structured learning.
- En suite bedrooms were personalised and domestic in scale, although fitted with beds to a clinical specification.
- All residents we met in the communal areas were clean and well-dressed, and many showed signs of being helped to maintain personal grooming with smart hair styles and painted nails.
- The building design results in some narrow corridors, making it difficult for people to pass each other, much less manoeuvre around trolleys.

Recommendations

Staff of all grades may benefit from some structured learning about managing people with dementia.

We were impressed by the Memory Boxes. We wonder whether the home has written up their experiences of using this approach to share with others.

Service Provider Response

In response to the recommendations Jane Welsman-Jones (Proprietor) has provided the following information:

Staff of all grades may benefit from some structured learning about managing people with dementia.

‘All staff receive dementia awareness training as part of their induction programme and have yearly updates as part of our mandatory training. We also had the psychiatrist from The Redwood Centre deliver training on challenging behaviour. We also have training materials in this area sent to us from memory clinics.

Our activity co-ordinators are working towards a qualification with therapeutic activities.

Life Maps have been renewed.’

Staff training is ‘ongoing’.

We were impressed by the Memory Boxes. We wonder whether the home has written up their experiences of using this approach to share with others.

‘We do not have any experiences written up at this time but can confirm that residents are observed to orientate to their rooms by the material in the memory boxes.’

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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