

Enter & View Report

Belgrave Court

12-16 Belgrave Court, Bridlington, East Yorkshire, YO15 3JR

Date of visit: 27 October 2017

Date of publication: 12/12/17

HWERY Representatives: Martin Davies & Michelle Harvey

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

This visit was part of a Healthwatch East Riding programme to carry out a required number of Enter & View visits per year to collect the views of people whilst they are directly using services. This will then contribute to its remit of helping ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care. It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health & Social Care providers, provide opportunity to demonstrate that providers support service user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

Belgrave Court is owned by Vitality Care Homes Ltd. and registered for a maximum of 30 service users. The home has 22 single rooms and 4 shared rooms which are all en-suite. Feedback from residents regarding the care that they receive is mixed, some residents report that they are well looked after, while others report that they are lonely and have little to do. Residents reported that staff are generally helpful but some residents said that they have little time to talk and their requests are not always dealt with promptly. The home has a complaints procedure in place; however residents reported that they didn't like to complain and that they could not recall having residents meetings.

Recommendations/Observations

Healthwatch have made a number of recommendations developed from observations made during the visit and also from comments made by some residents on the day. It is noted however that some residents made very positive comments regarding the level of care that they receive at the home.

- In the absence of the manager or deputy, all staff should be aware who is the senior member of staff or person in charge and safeguarding procedures followed
- Clear access should be provided to activity resources that could be independently accessed by residents and a wider range of activities generally should be implemented that meet the needs of all residents; consultation with residents should take place regarding this
- Residents should be encouraged to be as mobile as possible and have free access to mobility aids such as walking frames



Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

Upon arrival we were allowed access by a member of staff who was unaware of our pre-arranged visit and we were informed that the manager was not on the premises. Following a full explanation regarding the purpose of the visit, the member of staff was unsure of who would be the most suitable senior member of staff to assist us. We were not asked to sign in or asked to provide identification, although both Healthwatch representatives were wearing visible ID badges. The manager arrived back at the home approximately half way through the visit and at the end of the visit asked us to sign-out, we explained that we had not been asked to sign in.

Healthwatch representatives on entry to the premises observed that there was an underlying odour and although most areas appeared to be clean, there were some visible stains and food residue left on the dining table cloths and placemats - there were also some visible stains/marks observed on some staff uniforms; however after speaking to residents they reported that they were happy with the cleanliness of the home stating 'It's always spotlessly clean' and another said 'You don't have to ask, the beds are just changed without asking'.

Hand gel is available for use in the entrance of the home and the home has a food hygiene rating of 5 (the highest score possible).

The laundry area was controlled by a coded lock as were other restricted areas of the home. The kitchen was not locked, but the manager informed us that 'no one goes in'.

The home has a call system in place. An emergency cord (in a bathroom that we were shown) was not within reach of the bath or toilet should a resident find themselves in difficulty, however the member of staff informed us that residents are never left unsupervised in a bathroom. The bathroom also showed signs of wear and tear with the side panel of the bath appearing to be loose/damaged.

How effective do service users consider the service to be?

Residents reported that they have access to the services that they need, a doctor visited the home to see a resident during the course of the visit and a chiropodist visits every 6 to 8 weeks.

Falls at the home are monitored with pressure mats being available if needed. It was reported that footwear is also monitored; however during the course of the visit, only one resident was observed as moving independently and their socks with gripped soles were being worn upside down with the grips being on the top of the feet.

There were no handrails present around the home to support independent mobility but there was a central lift and stair lifts in place. There were a number of walking frames and wheelchairs available, however these were all placed in one corner of a room and were not readily accessible to residents without request from a member of staff. One resident said 'I get frustrated at not being able to get up. I get shouted at and told to sit back down - it's no wonder I get a sore bottom.'

There is a four weekly menu on offer and we were told by a relative that residents can eat where they wish, however they are encouraged to use the dining room. At the start of lunchtime we observed all residents being encouraged to go to the dining room and no-one was heard to have been asked where they would like to eat their lunch. Residents reported that they were generally happy with the food that was on offer, one resident said 'The foods OK most days- some days it's better than others', another 'The food is excellent' and 'I don't have a big appetite, but I always find something to enjoy'.

During the course of the visit, communication between staff and residents appeared to be quite restricted to all but essential conversations such as when residents were told it was lunchtime and needed to be moved to the dining room, or when a resident was told that the doctor had arrived to see them. One resident told us 'The staff don't have time to talk, they have things to do, but if you ask them they're always there to help', another said 'The staff are all good - they don't spend much time person to person, but they're always about'. Other residents made more positive comments such as 'Staff are excellent and very helpful' and 'Absolutely perfect, they take care of everything, the medicine, the washing and the cleaning - everything.'

How caring do service users find the service?

The manager informed us that residents and relatives are involved in care plans.

The majority of residents have their own rooms apart from the two that are currently shared, there is the facility for couples to share a room and some rooms have en-suite facilities. One resident said 'You feel at home when you open the door' another said 'It's OK, not like living at home though'. Each individual residents room is identified by a painted illustration of a different flower, rather than a number or name plate or individual photographs of residents, this appeared to be rather confusing - especially as visitors to the home.

There was an activities board on display in the corner of one of the lounges which displayed planned activities and the manager informed us that there is a mixed take-up of in-house activities; however the vast majority of residents reported that there were very limited activities on offer. There was a written activity folder/log which was available for us to view and evidenced residents taking part in activities, however there were no photographs

of activities that had taken place on display. One resident commented 'We need something to do, there are no activities', another said 'They get me up at 7 and that is it until bedtime, there's nothing to do - you just sit here'. One resident explained 'Because I am blind, there's not much for me to do. Others sometimes do dominoes or cards, but that's no good if you can't see.' One resident reported that they had completed an activity with a balloon once and another said 'Yes, you had to hit it or something didn't you?'

There was a bookshelf in one room stocked with books; however it was situated behind two rows of wheelchairs, making accessibility very difficult. One resident that we spoke to was completing her own puzzle books and also knitted, she reported 'The staff are absolutely superb, I feel lucky to be here'.

A visiting relative told us that there was going to be a fundraising lunch at the home the following week, to hopefully raise funds for resident trips out and that there had been a summer fayre. We were informed that the home offers trips out to the Bridlington Spa for film afternoons, and a trip to the pantomime, also that one resident goes out to a local club. Residents also told us of 'a lady that goes out to the shop and we can sometimes go with her, she is lovely and will always help us'. Others told us that they have not been on any trips or visits out of the home; one resident said 'I have not been out in over a year, I am hoping that I can go out for a walk to the end of the road to look at the sea soon. I have been told that I have to be here a year before they know if I am allowed to go out.' A visiting relative told us that her mother had not been taken out by the home, but she could take her out if she wished. Another resident said that her daughter would take her out once a week if she could.

How responsive to their needs do service users find the service?

The home provides some day care and care plans are reviewed monthly, the home tries to involve relatives in the process. With regard to End of Life Plans, the home finds this difficult as relatives are reluctant to discuss, but they do have some in place.

When asked, all of the residents that were spoken to on the day reported that no residents meetings are held. There is a complaints procedure in place but most residents that we spoke to said that they did not complain. One resident explained 'I'm of a generation that doesn't like to complain - you have to make the best of what you've got and be grateful'.

Not all of the residents felt that their views were listened to and some said that they felt lonely; one resident stated 'It is lonely - sometimes you get to tears. Old people don't say a lot so it is very lonely'. Others received regular visits from family members, one resident reported 'Family come regular, so I'm not alone', another 'My husband and son come very day'.

Not all residents feel that their requests are responded to promptly, one resident said 'The big snag is, if I need the toilet it can take a long time for someone to come'; during the visit while sitting in the conservatory on a sunny day, one resident was heard to tell staff that she was very hot and requested the door to be opened numerous times before anyone offered assistance - a carer eventually told her that she would be going to the dining room soon for lunch and the conservatory door was left closed and locked.

How well-led do service users consider the service to be?

On arrival at the home the manger was not present and arrived approximately half way through the visit.

The manager seemed initially perturbed by our presence and explained that she was not expecting a visit from Healthwatch and believed that the home had not been informed that they would be receiving a visit. The manager was also unaware of the work of Healthwatch and that it was a statutory function of Healthwatch to carry out Enter & View visits. It was explained by the Healthwatch representative (who had also made the appointment) that the visit had been booked two weeks prior by telephone and that this had been followed up and confirmed in writing, along with manager, staff and relative questionnaires that had also been posted to the home. Despite the apparent lack of communication, the visit took place and time was spent talking to residents, a visiting relative and the manager.

There was little feedback received from staff as the manager reported that she had received no questionnaires, so none had been returned and staff were clearly busy at the time of the visit; however the member of staff that showed us around the home said that she was happy working there. There was a staff training matrix in place for all staff.

A maintenance manager attends daily between 8.00 and 13.00 and is on call as required, 24 hours per day; some decorating was being carried out during the visit.

Response from Setting:

The home has offered no response to the report (12th December 2017).

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 12/12/17
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HW Reference: 20180926R
 Time & Duration of Visit: 13.00 - 14.00
 Number of people engaged with: 4

Belgrave Court Re-visit Report

Date of first visit: 27th October 2017

Date of publication: 9th October 2018

Date of re-visit: 26th September 2018

HWERY Representative: Chris Mills

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

Healthwatch East Riding conducted an Enter & View visit at Belgrave Court within the last twelve months. From the visit Healthwatch would make a series of recommendations to help drive improvement based on service user feedback.

COMPLETE	PROGRESS HAS BEEN MADE	NOT STARTED
Recommendation		Progress
In the absence of the manager or deputy, all staff should be aware of who is the senior member of staff or person in charge and safeguarding procedures followed.		
Clear access should be provided to activity resources that could be independently accessed by residents and a wider range of activities generally should be implemented that meet the needs of all residents; consultation with residents should take place regarding this.		
Residents should be encouraged to be as mobile as possible and have free access to mobility aids such as walking frames.		

Summary of Key Findings & Progress towards Recommendations

The home provided a copy of an action plan that had been compiled following the initial E&V visit which is attached to the end of the Re-visit Report.

There is always an assistant manager or care manager on shift in the absence of the registered manager. The senior member of staff changes throughout the day and is highlighted on the rota; handovers are in place from one care manager to the next at shift change.

Good progress has been made with regard to activities; there is an activities calendar on display in the dining room with planned activities for both AM and PM for the week ahead. There is an activities coordinator employed by the home that has placed activities boxes in the communal areas which residents have access to at all times. The home has also invested in some new software called 'Caredocs' which helps with the planning of activities. All existing residents' information around likes and dislikes is input onto the software to help plan suitable activities for them. All new residents' information is obtained at pre-assessment and added to the system upon arrival.

Handrails are visible throughout the corridors and on stairs all around the home for ease of mobility around the home. Three residents were witnessed to be moving freely around the home with the use of walking frames during the visit. The manager and owner also

informed us of their openness to install additional aides to resident's rooms who need some extra help.

Impact and Additional Observations

The manager and owner were on hand for the visit and were welcoming, taking on board any advice given during the course of the visit however; on initially entering the home the member of staff who allowed access did not request that I signed in, another member of staff shouted down the corridor at her to request this.

A lot of work has been made towards the recommendations from our previous Enter & View visit. I was informed that the home also invite an external consultant to visit the home annually to look at their practices and offer advice for improvement; the owner asked if Healthwatch would possibly offer additional advice.

I was given a copy of the homes action plan from our last visit with clear points to address any concerns that were in our report. The home also have an ongoing development schedule to improve the internal areas of the home. The schedule includes redecorating rooms, replacing doors and windows, replace fire alarm system and introducing dementia friendly carpets.

It was pointed out that there were some inconsistencies with fire directional signage, fire door signage and dementia friendly signage should be introduced to the communal areas such as dining room, lounges, conservatory, toilets and bathroom, because of the increasing number of residents with memory impairments or dementia.

I was told of the external activities that take place or are planned; these include, knit and natter club at the library, coffee mornings at the Spa, school children coming into the home at Easter and Christmas and a singer coming to the home every other month.

Signed: *M. Harvey*

Date: 9th October 2018

Healthwatch Action Plan

All staff are clearly informed who the care managers are through daily hand over's and on the weekly rota. On the occasion when management is absent they are to inform the Care Manager or Senior carer on shift. The Care Manager or Senior carer will inform the staff when they are in charge.

The activities co-ordinator has placed activities boxes in the communal areas which residents have access to at all times. Residents are asked daily in the morning and in the afternoon what activities they would like to participate in and provided with different activities daily to promote stimulation and interest.

To encourage and enable residents to utilise the library the wheelchairs are to be kept in individuals bedrooms and only two wheelchairs are to remain in the communal area for emergency. This will enable resident to have constant access when they wish.

Residents who are independent and safe to mobiles without the assistance of the carers have their mobility aids next to them for free access at all times. Residents who are deemed unsafe to mobiles safely without assistance have their mobility aids placed in a communal area and provided on request to ensure safety and well-being.

The activities co-ordinator provides the residents with one to one support to ensure that the activities are tailored to residents needs, preferences and abilities. The activities co-ordinator reviews every resident on a regular basis and makes appropriate amendments when needed. This will be evidenced in monthly activity evaluations for each individual resident. A meeting was held with management and the activities co-ordinator and the importance of providing person centred approach activities was discussed in detail.

The Home Manager undertakes residents meetings on a monthly basis and records the outcome of the meetings in which the residents have expressed and implements any actions raised.

All carers have been informed that all visitors are required to sign the visitors book and show identification at all times. Once the visitor has signed in then management is to be informed immediately of the visit, in the absence of management the Senior carer on shift will be informed and will assist the visitor.

Care Managers and Senior carers have been informed on every shift the dining room is to be cleaned and tidied as soon as the dining room is clear. Care Managers and Senior Carers have been asked to ensure the carers are providing a person centred approach and ensure all residents are provided with a daily choice regarding their meal preferences and where they would like to sit.

All carers have been informed to ensure the home is safeguarded and when visitors are visiting relatives they are to be accompanied by a carer and shown to their residents bedroom to minimise confusion and ensure safety. The regular visitors are confident and able to find their own way and carers are aware of who they are.

The medical professionals provide particular residents with medical concerns regarding their feet with universal socks with grips on. By being universal this enables the individual to mobiles with the confidence of remaining safe and not slipping.

Each employee have been provided with a sufficient amount of uniforms to ensure they are clean on every shift.

All staff have been informed and asked to ensure that all residents are being prompted and provided with full support to maintain a high standard of continence care at all times. The Care Manager or Senior Carers will inform the carers of any daily changes regarding incontinence needs and ensure carers are aware that particular individuals requires constant monitoring. The Home Manager confirmed the importance of ensuring dignity and respect is withheld at all times and ensuring all residents are able to go to the toilet at their will.