

Enter & View Residential Care Report

Bessingby Hall

Bessingby, Bridlington, East Yorkshire YO16 4UH

Date of visit: 23rd February 2017

Date of publication: 13/4/17

HWERY Representatives: Denise Lester & William Marr (Apprentice Vol.)

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 measure the impact of previous visits to Residential Care Homes across the East Riding of Yorkshire conducted between January 2015 and March 2016 and check on recommendation progress.

Previous Recommendations:

- gates be put on the stairs that can only be opened by certain individuals
- all staff, including the handyman and cleaners, receive basic carers training so that they can interact better with residents
- more everyday activities such as cooking, gardening and laundry be included in the activities programme
- greater use to be made of the beautiful grounds both for the residents and visitors
- number of showers and baths is increased.

Summary of Key Findings

Progress towards achieving previous HWERY recommendations.

The layout of the home has been changed since the last HWERY visit. There is now a separate dementia wing which does not allow dementia residents access to the main part of the house with the open staircase. All other residents have the capacity and capability to either use this staircase or the lift - there is no stair lift. The nurses' station which was previously situated on the landing half way up the stairs has now been relocated elsewhere.

The manager told us that logistically it was difficult to include everyday activities such as laundry and cooking. Some residents however, helped with cleaning and there were plans to incorporate gardening into the daily lives of the dementia residents. A start had already been made in creating a garden area. There were raised beds and plans to keep chickens.

Most of the bedrooms had en-suite facilities. In addition, there were 7 bathrooms/toilets all equipped with hoists. A walk in shower had also been completed since the last visit from HWERY.

Recommendations/Observations

Bessingby Hall is a care home providing care for up to 65 elderly people, some of whom may be living with dementia as well as people with a physical disability. There is a newly formed separate unit for people with dementia. This unit seemed to be working well at the time of our visit.

We met with the manager, had a tour of the home from one of the nursing staff and were given questionnaires completed by the manager, staff, relatives and residents.

We felt that the manager was proactive in monitoring the quality of care and had a clear vision regarding the future of the service provided and any improvements which needed to be made.

Full Report

Background

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.

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

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to ensure that recommendations for change are heard and responded to by relevant decision makers.

Main Findings

How safe is the setting for service users?

Bessingby Hall is a Georgian building and looked tired in places. However on the day of our visit it was clean and well maintained. There was a slight smell of urine in the dementia wing. An environmental audit conducted recently showed that all fixtures and fittings were safe. All the utilities were behind locked doors only accessible by staff on a keypad.

There was a call system and infection control measures in place.

Robust medicine management systems were in place. No residents were self-medicating. All medicines were kept in a locked clinical room. The manager told us that a medication audit was due.

The busy, industrial kitchen was very clean and had been awarded a food hygiene rating of 5 by the local authority.

How effective do service users consider the service to be?

We were told that residents had access to the services they needed, with a hairdresser, podiatrist and optician calling at the home on a regular basis. A district nurse and GP would call if required. The falls team was used as needed but the manager told us that they preferred to do their own risk assessment and falls prevention.



Both residents and relatives were positive about the caring attitudes of staff. We observed that the staff were kind, caring and attentive to peoples' needs. Residents were encouraged to make decisions and have choice and control over their daily routines.

We spoke with one resident in his room which was furnished largely with his own belongings. He was working on a computer at a desk in the window and told us he was completing a PhD.

Resident's nutritional needs were met. We saw from records kept in the kitchen that their likes, dislikes and special diets were known by staff and were catered for. Three meals were served each day with the menu choices displayed on a wipe clean blackboard in the dining room. A machine serving hot drinks was available in the dining room. We saw that residents were appropriately supported to eat if required.

How caring do service users find the service?

Residents were involved with the nurses and their relatives in writing their care plans and all residents had a named carer.

If appropriate, residents held some money of their own which they used for the hairdresser and chiropody. Some residents went outside of the home with a carer in order to shop.

There was an activities coordinator in post and a variety of activities and social events available. The manager told us that he liked to individualise activities as much as possible and worked hard to maintain a connection with the outside.

From the questionnaires we saw that both residents and relatives were generally happy with the activities on offer.

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

Respite care was not provided at the time of our visit because the home was full to capacity.

Residents did have an end of life plan, which included palliative care if necessary. Relatives, staff and GP's were involved in writing these plans but the manager mentioned that this was a topic about which staff were often nervous.

Residents' meetings were held every 3 months. All staff, relatives and residents were invited to attend.

We were told that there was a full complaints procedure although any complaints tend to go straight to the manager and were dealt with immediately and appropriately.

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

We felt that there was clear organisation and leadership with good communication between the manager and staff. The questionnaires completed by staff told us that they were happy with the training provided for them. We were told that there was a training matrix and that all the statutory requirements were met. The manager told us that they access the East Riding training calendar. he felt that there was a gap however in accessing training for qualified nurses.

Signed on behalf of HWERY	<i>Matthew Fancett</i>	Date: 13/4/17
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