

Enter & View Residential Care Report

Benjamin Lodge

46 Northgate, Cottingham, East Yorkshire HU16 4EZ

Date of visit: 22nd January 2018

Date of publication: 20/3/18

HWERY Representatives: Denise Lester & 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

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

Benjamin Lodge is a residential care home registered to provide care and accommodation for a maximum of 17 people aged 18 to 65 who require support with mental health needs. Accommodation is provided over two floors, all single rooms mostly en-suite; there are also two house bathrooms and one shower-room.

The residents of Benjamin Lodge have access to a lot of external services and their independence is actively encouraged by the staff. Residents say that they feel well cared for and are happy.

Recommendations/Observations

- Residents suggested a wider variety of in-house activities could be offered
- Residents' meetings should be opened up to include relatives.
- For the benefit of older residents handrails or supports should be fitted (particularly in bathrooms) as a fall prevention measure
- Relatives should be included in the creation of care-plans where possible



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?

On arrival at the home we were greeted by a member of staff who immediately asked us to sign in once we had introduced ourselves as Healthwatch staff.

The home was clean in all communal areas with no odours present.

On the noticeboard in the entrance hall we saw evidence of fire safety, infection control, a mission statement and the homes complaint procedure; we were also shown the recent food hygiene rating of 5/5.

There is a call system in all of the residents' rooms. For safety reasons some areas- electric cupboard, medicine's cupboard, cleaning cupboard and staff areas - are kept locked and not accessible to residents. The kitchen was open, however residents are made aware they should not use without staff supervision. Residents' rooms are kept locked with residents each having their own key.

Some areas in the reception hall were in the process of re-organisation; there were books and folders containing the artwork of individual residents which were being stored to allow access to the decorator who was working in that area during the visit.

How effective do service users consider the service to be?

The residents of Benjamin Lodge have access to a lot of external services. A GP will visit the home if necessary; we were informed that the residents are encouraged to register with Chestnut GP practice, the local practice in Cottingham - most residents do. A community psychiatric nurse visits regularly as does the community nursing team three times a week.

A hairdresser visits the home on a regular basis and a chiropodist every six weeks.

The home has a four-weekly menu offering variety for the residents. Residents can offer suggestions for the menu if they would like something specific and ask for alternatives if there is something they don't like; we observed one resident asking for 'vegetable soup' rather than the chicken sandwiches which were being served for lunch and her request was easily acknowledged. The residents also have a choice of where to eat, such as in the lounge or in their rooms, although they are encouraged to eat together in the dining room. There are also facilities made available throughout the day for the residents to make themselves a drink and have a snack such as biscuits and fruit.

As much as possible the home encourages independence through fixtures and fittings and letting the residents make their own choices about how they spend their days; this included going out to work and shopping in the community. On the day of the visit a number of residents were out and about in the local community.

We were told that the home does not work with the falls team due to few accidents and the age and background of its residents; however due to the oldest resident being over 82 it may be important to look at fall prevention around the home especially in bathrooms.

How caring do service users find the service?

As we walked around the home we witnessed many interactions between the staff and residents which were all very positive and friendly; whilst speaking to one of the residents about living there she said 'I like it here, the staff really look after me'.

Each resident has their own room which they are encouraged to arrange as they like and bring in furniture and pictures to make it feel more personalised.

The residents are encouraged to show independence through having access to their own money, being allowed to come and go as they please during the day and the home advertises local job and volunteer opportunities for the residents to apply for.

Benjamin Lodge has two activities coordinators, one 20 hour and one 32 hour who works with service users on an individual basis and in groups. During the week activities such as bingo and crafts are offered, with external visits to the cinema and going to watch the local Football and Rugby team at the KCOM stadium offered at weekends. One of the residents said she 'enjoys the bingo but not other activities and would like to try other new things to do'.

All residents have their own care plans in place which are reviewed on a monthly basis. The residents do not have a named carer in the home however do have a keyworker in place. One relative questionnaire said that they had 'not seen (name) care plan'; the manager clarified that all relatives are invited to share their knowledge and understanding of their relative in order to have input and enhance care-plans, however due to data protection and confidentiality requirements the home is unable to allow full access to care plans. Relatives are also invited to attend family meetings. Currently there are only three sets of relatives who maintain regular contact with their relative at Benjamin Lodge.

Staff from the home are split on whether they have enough time to spend with the residents; from the six responses received, three said they do and three said not - reasons given that time had to be given to other tasks such as cooking or cleaning.

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

Benjamin Lodge will accommodate people for respite care if there are available rooms and this can be booked in advance, they also offer day care. During our visit there was a lady who came for day care and we were led to believe that she often uses this service. The lady also uses the home for respite when her son is on holiday or needs a little time to him-self,

she told us she 'likes going to the home for day care to see friends, have something to eat and a hot drink' and said she's 'always welcome to visit rather than being on her own at home'.

The manager told us that Benjamin Lodge organise activities with their other homes which expands people's social networks; they have a senior activity coordinator who works more intensively with some service users who are more reluctant to engage in social stimulation. A structured re-ablement programme is in place which is implemented when individuals wish to work towards less restrictive living or enhance their daily living skills to become more independent within Benjamin Lodge.

Bi-monthly residents meetings are held and the manager is currently working on ways to get relatives involved; from the relative questionnaires we received, comments suggested that they would like to support such meetings. At recent meetings the home started a 'two wishes' scheme where they asked residents what would they like to see in the home if they had two wishes. The wishes included more activities, personalising their room doors and a trip to Disneyland.

Whilst we walked around the home with the manager we saw that in response to the feedback, the hall and stairs were being decorated and the next step was to offer residents a picture or plaque on their room doors rather than numbers.

We saw that there is a complaints procedure in place and residents know how to use it. However the manager told us that the residents know they can talk to her or the staff with any niggles they have on a one to one basis and they will try to resolve if it's a reasonable request.

We were told that not all residents have end of life plans in place or do not attempt resuscitation; however this is something that the new manager is putting in place going forward. Some staff members believe there are no end of life plans being in place and others believe there are, which should be clarified.

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

On arrival at Benjamin Lodge we were taken to see the home manager who helped us gain an understanding of the home, its residents and the staff; we were given a tour of the home, before talking to residents. The manager had also collated questionnaires completed by the manager, staff and relatives (provided by Healthwatch prior to the visit) so they were ready for collection.

Both residents and staff spoke very positively about the home. 'It's perfect, I'm very happy here' one resident told us; we also spoke to a staff member who had started working there straight from college, she said 'I love working here'.

The home appears to be adequately staffed; there are two staff, the manager and at times the activities coordinator on duty during the day and two staff on duty at night - there are also bank-staff who support when needed.

All staff are encouraged to have ongoing training and an up to date training matrix is kept. Some staff have completed NVQ qualifications and all complete the statutory training using an online system. Staff can become "champions" in particular areas and then cascade the training to other staff.

A robust induction process is in place for new staff with flexible support and training given as necessary.

The manager was interested in our suggestion of contacting "Worklink" who provide training and work opportunities for adults with learning disability.

We were told that the home has Quality Assurance systems in place and residents are often involved particularly around issues to do with the environment.

Response from Manager:

Thank you for the report following your visit on Mon 22nd January, which I felt was beneficial. The report reads positively, with some recommendations I am now in the process of implementing.

Since the visit, I have undertaken Falls Prevention training and arranged for hand rails in the bathrooms. Training information will be disseminated to the staff group.

A member of staff is now training in 'End of Life' and to disseminate information to colleagues.

| | | |
|---------------------------|------------------------|---------------|
| Signed on behalf of HWERY | <i>Matthew Fawcett</i> | Date: 20/3/18 |
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HW Reference: 20190322B
Time & Duration of Visit: 10:30 - 12.00
Number of people engaged with:
Managers name: Kay McCormick

Benjamin Lodge Re-visit Report

Date of first visit: 22nd January 2019

Date of publication: 17th April 2019

Date of re-visit: 22nd March 2019

HWERY Representative: Steve Mottershaw

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 Benjamin Lodge within approximately 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 |
| Residents suggested a wider variety of in-house activities could be offered | | |
| Residents' meetings should be opened up to include relatives | | |
| For the benefit of older residents, handrails or supports should be fitted (particularly in bathrooms) as a fall prevention measure | | |
| Relatives should be included in the creation of care-plans where possible | | |

Summary of Key Findings & Progress towards Recommendations

The home has increased the number of outings and events for residents; the home will try and source any individual activities that residents wish to pursue based upon individual requests. Residents meetings are open to relatives, but they prefer one to one meetings; the home has also tried a variety of different methods such as coffee mornings and afternoon tea to get relatives to engage more.

The upstairs bathroom has had handrails and supports added to help residents get in and out of the bath and to aid fall prevention. The downstairs bathroom is to undergo renovation soon and will have supports in place when finished; however there are currently no residents that require the use of additional supports to use the facilities.

The Relatives are involved in the creation of care plans when the resident wants the relative to be involved - this is sometimes not what the resident wishes to happen and has to be respected.

Impact and Additional Observations

Management liked the different approach of an Enter & View and would recommend it to other homes; they liked the patient/resident perspective and found the Enter & View process of great benefit.

Residents said that they liked the trip and activities that the home has put on since the visit.

Signed: *M. Harvey*

Date: 17th April 2019