

Report of Enter and View Visit

Beechwood Gardens Residential Home Report

Published April 2015



Care Home Visited	Beechwood Gardens Residential Home
Date and Time of visit	Wednesday 28th January 10.30am - 3.30pm
Address	71/73 Rochester Road, Earlsdon, Coventry, CV5 6AF
Size and Specialism	Up to 20 residents including 8 Council funded places. Adults over 55 years old with a diagnosis of Dementia
Authorised Representatives	Kerry Vieira and Sharifa Ali

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

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What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to gather the perspectives of those who are using the service. We aim to both make recommendations for development and to look for good practice examples of care through our Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies so we can learn about and share examples from the perspective of people who experience the service first hand.

Reason for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

Methodology

We collected our information by speaking to 2 of the residents and 2 members of staff; 1 visitor also completed a questionnaire and returned it to us via post.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff

member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website for the home to see how it compared with our findings.

We left some questionnaires for completion by visitors which can be posted back to our Freepost address.

Impressions

Entrance to the home was via a front door and staff then let visitors in through an internal door. There were stairs leading up to the first floor and a lift leading up which is large enough to take a wheelchair.

The home was bright and clean. Furniture was fit for purpose with high backed arm chairs in communal areas. There were two communal rooms on the ground floor, one larger carpeted room with a large wall mounted television and chairs placed around the edges of the room. The other was described as the quieter room and did not have a television. The chairs were placed in pairs in a more relaxed fashion in this room rather than around the edge. At one end of each of these rooms were dining tables and chairs.

The kitchen was through a door from the quieter lounge/dining area and we were told there was a strict rule which allowed only one member of staff to be in the kitchen. Staff told us that residents were permitted to enter the kitchen as it was a small space and only one person was allowed in at time.

The home felt to us to be at a comfortable temperature in the rooms we visited and in the communal areas.

We observed that the staff were friendly towards each other and to the residents.

Through a security coded door and down another flight of stairs was a staff area where they store their belongings. The residents' laundry is also done down there.

Summary of findings

We were shown around the ground floor of the home and we were shown one of the en-suite rooms and one of the rooms without en-suite facilities. The rooms were fit for purpose and had a bed, wardrobe and a window. There was hard, wipeable flooring in each of the rooms. We were not shown around the upper floor.

There was only one male resident living in the home when we visited.

The manager and deputy manager have been working at the home for over 13 years.

We observed that at least one staff member was present in each of the lounges at all times during our visit.

The staff told us they were happy working at the home and didn't specify anything which they felt needed to be improved.

Staff commented that they enjoyed working there and felt well supported by the manager. The manager told us that the owners are supportive and approachable.

Staff told us that some residents are confined to their rooms because it is too uncomfortable for them to move from their beds. When we asked what entertainment was available for those residents we were told that they have a CD player or radio in their room but no television.

There was a communal shower room/wet room and two communal toilets on the ground floor.

Some residents relied on wheelchairs or walking frames and others were able to walk.

The residents we spoke to said that they were happy in the home. It was difficult to have conversations with many of the residents due to their dementia.

The website for the home shows 3 images on the home page. These images have been used to depict older people but appear to be stock images and not images taken on the premises. They do not show images of facilities available at the home.

Results of visit

We were told that changes were implemented by the Manager when suggestions were made. The deputy had suggested that another member of staff was required so that there were 5 staff on each shift, this change was implemented.

We were told by the deputy manager that staff have access to lots of training and refresher courses. The home uses a company called Red Crier who supply distance learning courses using training boxes. The management have invested in 10 of these boxes which each provide training for up to 20 staff.

We were told that the Manager operates an open door policy so that staff can talk to her as and when an issue arises. Therefore the management did not feel it was

worthwhile having staff meetings. Appraisals were considered not to be required as there are not currently any opportunities for promotion.

The downstairs communal shower room / wet room and downstairs communal toilets were clean and some of the residents were assisted to use them. There were pull cords in each of the toilets and in the shower room.

We were told by the manager that each resident has a buzzer in their room to alert staff in case of an emergency; however, they do not usually press them because they do not remember what they are for due to their dementia.

Staff told us that sometimes legislation is introduced and what they are expected to do is sometimes impractical and that organisations who introduce changes do not always understand the difficulties that care homes face when they implement these new ideas.

A visitor questionnaire told us that staff are friendly towards visitors and residents. The staff take pride in their work and are attentive.

The visitor rated the facilities 5 out of 5 on our questionnaire and said they have recommended it to friends who now have their relatives living there and are very satisfied. "Never had any cause for complaint."

Food and drink

We were advised by the manager that we would not be permitted to observe lunch time by sitting in the dining room as the staff felt this would be disruptive and would create a problem for the residents. Therefore we observed lunch time via a CCTV monitor which was located in the Manager's office. This meant that we were not able to hear what was happening around the home during this time. We would have preferred to have been in the room.

Via the camera we saw that some residents fed themselves and others received assistance with eating. Some residents had to wait for a carer to finish helping another resident before they had their meal. For those residents who were waiting, their food was brought to them when a staff member was available to help them eat.

The residents we spoke to say that the food was "ok". They also said that they just eat what is given to them and they aren't given a choice or a menu. We observed that the menu is displayed on the wall outside the kitchen along with a picture of the food. The menu showed that there was one option of beef casserole followed by one option of dessert. Following the visit we spoke to the Manager to ask why there was not more than one choice of meal. We were told that due to the residents having dementia, if they ask them earlier in the day what they would like to eat, they will not remember what their choice was by the time the meal is ready. They will then usually see other residents having something different and

ask why they haven't got the same. This creates confusion and much more work for the staff.

One resident said that she is a fussy eater and there was not always something on the menu that she liked but they always gave her something different as they knew her preferences.

Staff told us that one resident doesn't like fish and chips which they have every Friday so they do steak for her.

A resident told us that their favourite meal is fish and chips which they have on the menu every Friday.

Residents told us that the staff serve tea and coffee during the day and they can ask for a drink if they want one.

Meals are at set times and the residents told us that they do not have snacks between meals. They sometimes feel hungry.

Residents told us that breakfast is served at 8.30am and the staff come and get them up and gather everyone in the communal dining areas for breakfast.

Staff told us that some residents would be too uncomfortable sitting on a dining chair and they are served their meal in their arm chairs or beds and assisted with eating if required.

A visitor questionnaire told that they think the food is "homely" as is the atmosphere within the home. Their relative's food is liquidised and prepared fresh.

Care

We observed some residents enjoying cuddling teddies. One resident was wandering around and becoming disruptive, a carer noticed that she was wandering around and looked like she was getting frustrated. The carer persuaded her to sit next to her with a teddy to cuddle, she spoke calmly to the resident and this calmed her down.

We observed staff taking some of the residents to the toilet in wheelchairs before lunch started.

A resident told us that they have to take pain relief such as Paracetamol for back pain, the staff provide her with this at intervals throughout the day.

Two of the rooms were shared rooms, however, we were told by staff that one resident is receiving bed care and has the room to herself now. Staff said that in order to preserve this resident's dignity, this room will not be shared as it would not be fair to introduce a stranger into the room with that particular resident now that she has been used to having the room to herself and needs a lot of personal care.

Resident's choices were respected. One resident told us that they all have photographs on the door to their room, however, she did not want her photo taken and put on her door so therefore she does not have a photo on her door.

The manager told us that if a resident doesn't want to do something they do not force them. Chances are if staff approach them again later on the same day with the same question, such as "would you like to have a shower", they may be more amenable. All staff are encouraged to work in this way because residents with dementia can become agitate or upset if they feel they are being forced to do something they are not ready to do.

Activities

A singer came and performed for the residents while we were there. Residents and staff gathered together in the communal lounge. Some residents were brought through in wheeled armchairs.

Staff and residents told us that hairdressing was available.

We were told by staff that only one resident has a television in her room. The staff member thought this could be because each resident is required to apply for a television licence. However, we were informed by the manager that all of the residents are entitled to a free licence as they are over 75 years old.

A staff member showed us a poster with activities displayed on it such as Jumping Jacks (gentle exercise), visiting acts such as a guitarist and singers, musical bingo. We thought this looked like a good variety of activities available for residents to take part in and were told by staff that most of the residents will join in with activities.

We observed staff interacting with residents and looking at books, playing with board games and shape sorters.

We were told by staff that a visitor and the owner of the home bring their dogs in and do pet therapy with some of the residents.

There is a large sliding patio door which leads out into an attractive, well maintained garden with a grassed area, bedding plants and a paved area with patio furniture. The garden looked safe and secure with a fence around it. Staff told us that during the summer the garden is utilised for playing games.

We were told by staff that reminiscence sessions were sometimes provided but that some residents were finding this distressing because it was taking them back to times when they were younger and they were struggling to adjust and return to the present, becoming confused and upset.

They have visiting singers such as "Sentimental Journey". This lady was visiting while we were there and sang songs from the era of the residents. Some of the

residents were singing and swaying along with the music. She then handed round some shakers so that residents could shake them along to the music. Residents were enjoying this activity. One resident was not sure what to do with the shaker and started trying to eat it. The staff had to take it off her and suggested to the singer that she should provide something larger that would not pose a choking hazard. The resident was encouraged to clap their hands instead.

The deputy manager told us that they sometimes take some of the more physically able residents on days out in the summer.

Dementia Friendly Design

The furniture, walls and carpets had contrasting colours.

There were dementia friendly signs with words and pictures for each communal room. These were placed on the doors to each room, including both toilets and the shower room.

We were shown that doors to residents' rooms were painted green so that they contrasted with the magnolia walls and made it easier for residents to recognise where there was a door.

Healthwatch Recommendations

Following our visit we would like to recommend:

- Residents expressed that they would like more than one meal choice at lunch time. We recommend more options being available such as jacket potatoes or sandwiches so that residents are offered more choice.
- We recommend that annual appraisals be introduced to:
 - Demonstrate that management recognise and are able to establish the strengths and weaknesses of individuals
 - Promote good communication
 - Discuss any training needs
 - Reflect on any training which has been undertaken.
- Some staff may not feel comfortable raising issues unless given the opportunity. We recommend that staff meetings be introduced to open up the channels of communication between staff and management.
- Assist/encourage residents or their family to apply for a television licence so that it is easier for each resident to have their own television in their room. We appreciate that it may not be suitable for all residents to have a television in their room. However, this should be decided on an individual basis.
- More entertainment/activities made available for those residents who are confined to their room in order to increase stimulation and prevent them feeling isolated.

Comments from Care home

The initial response Healthwatch received was very long and provided comment regarding much of what we had written, so we wrote back to the home asking if they would like to revise this.

There is a difference of opinion between the Home's owner and our Authorised Representatives about what we were told when we visited. We make notes as we go along during a visit in order to record observations and things we are told.

There were 2 Authorised Representatives on the visit and they went around together. Notes are taken during the visits both of observations and things were told. Authorised Representatives then agree the content of the report based on what they have made notes of.

From the Homes Owner

Thank you so much for your response to our rather long email of 30.3.2015. You are quite correct in saying that we felt that some of the comments made in the above were criticism. We do feel that there are differences between what is reported as having been told and what was actually said. As far as we can ascertain, most of the information came from the manager and the deputy manager, but their recollections of what was said differ considerably from what is reported, i.e. residents not being allowed in the kitchen due to health and safety issues, which is patently not true, so why would we say it. This can be proved from daily recordings. Neither did we say it was too small. The kitchen is quite a good size.

The reason we gave so much information in our response is not that we felt the report was negative, but we felt we needed to give reasons why things are done the way they are in the home, not for our benefit but for the benefit of the residents.

There also appears to be an amount of contradiction. i.e. on page 5 a resident says they don't have a choice or a menu, but a menu was observed on the wall outside the kitchen. Further down a resident states that if she doesn't like what is on offer we will give her something different, as we know her preferences. This negates the recommendation that we should possibly offer jacket potatoes or sandwiches since choices are always available. Sometimes residents do not really want savoury food and will refuse it, but love the puddings on offer and will request more than one portion, which is fine. We do not like the comment "much more work for the staff" as that comment was never made and is patently untrue. It is what we are here to do.

The matter of only 1 person having a television in her room is incorrect. The deputy manager did not say that it is because each resident is required to apply for a licence. She was asked how a tv licence could be obtained and she explained it

to them that the family could apply for the licence and indeed there were 2 present at that time.

ACTION PLAN

1. Mealtimes

I feel that we have demonstrated that this is already the case and that residents are offered choice.

2. Appraisals

As stated in our previous response and accepted in your letter that these are to be commenced in November.

The Healthwatch letter said *'It is good to hear that work is ongoing regarding staff appraisal'*.

We do however feel the November is some way off.

3. Television licences

This is what we already do, in fact another lady is currently on bedcare and her family is organising a TV in her room and the licence has been applied for.

4. More entertainment/activities for residents on bed care

A lot of information was given to the inspectors regarding the high level of pertinent activities/entertainment provided every day, together with explaining about their high levels of frailty both physically and mentally. They receive high levels of interaction throughout the day and night and are far from isolated. We are regularly commended on the high levels of care we provide from healthcare professionals. We feel that there is little more useful work that we can currently do on this. We are not closed minded, or think we know it all, but it needs to be constructive.

Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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