



Report of Enter and View Visit

Belvedere House Residential Home Care Home

Report published September 2015



Care Home Visited	Belvedere House Residential Home
Date and Time of visit	10am - 3.30pm Wednesday 15th July 2015
Address	34 Belvedere Road, Earlsdon, Coventry, CV5 6PG
Size and Specialism	Up to 19 residents 14 places are funded by Coventry City Council. Adults 65 + requiring personal care.
Authorised Representatives	Kerry Vieira and Angelina Haselock

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 5 of the 18 residents present at the time of our visit, 1 visitor and 3 members of staff.

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.

Summary of findings

The home was short of space and residents' rooms doubled up to be used for hairdressing and meetings. We thought that some of the decor and furnishings in communal areas could do with being updated and refurbished.

Residents appeared to lack stimulation and some told us they get bored and lonely. Residents also told us that they were happy living in the home.

The home benefits from many bright and spacious residents' rooms.

Many of the residents were hard of hearing which we felt was preventing them from taking part in discussions and activities. This could cause residents to become isolated.

Impressions

Most of the homes decor and facilities were in need of updating and some refurbishment but appeared to us to be fit for purpose. E.g. the stair lift looked old and some of the wallpaper was old fashioned and made corridors and some rooms in the home dark. Use of brighter colours could make it lighter.

Results of visit

At the entrance to the home there were three door bells, we were not sure which one to use. We were greeted by staff who made us welcome and asked us to sign in. Staff appeared to be very busy.

The home was generally odour free but we noticed a strong odour of urine in the entrance hall.

We were introduced to the manager who was in the process of another meeting so showed us into one of the resident's rooms to meet with us.

Corridors were narrow and dark and as they did not have natural light from any windows we felt they should be painted in lighter colours to lighten them up. We were shown some of the bedrooms, which had been recently decorated and equipped with new furniture and carpets. The manager told us that when a resident moves in the staff will decorate their room and try to choose something which the resident will like. If a resident expresses a dislike for the colours or wallpaper used they will try to accommodate their preferences. She also said that some residents like their rooms as they are and do not wish them to be redecorated, this is their choice.

We were given a tour of the home by the Manager, the communal areas, bathrooms, toilets and bedrooms looked clean and tidy. There were handrails along the corridors; all of the residents' doors were brown with room numbers and some had pictures and names on them. Most of the residents' rooms were brightly decorated and spacious with plenty of natural light, especially the upstairs rooms.

There was a staircase with a stair lift; this was the only access to the upstairs rooms. We did not see anyone using the stair lift. A resident told us that if they wanted to go to their room at any time, staff assist them to get onto the stair lift as they could not manage this by themselves.

There was a garden with a decked area, which had a patio table and chairs and a gazebo for shelter from the sun. There was a large pond surrounded by a wooden fence and greenery and containing fish. The sound of the water made the garden feel tranquil. On the day of our visit the weather was hot and we were disappointed to see that the residents were not going out in the garden. The staff told us that the residents refuse to go outside despite them trying to encourage them. The manager showed us that they had recently introduced some flowers, wind spirals and other features to make the patio attractive to the residents for them to enjoy but they still did not go out there. From the decked area was a walkway leading down to a grassed area with a rotary washing line and an uneven path which could be difficult to walk on for residents who are not confident walkers. There were some rubber mats on the wooden decking to prevent slipping.

The hair dresser was visiting whilst we were there and was using one of the resident's rooms to take each resident into and do their hair. We noticed that the hairdryer and curling tongs had been left plugged in and unattended for a long time on the floor in the room and highlighted this to the Manager as a possible fire or safety hazard. Later on we observed that the hairdresser was using perm solution in the bedroom which had a strong odour.

The manager told us that the owner of the home has applied for planning permission to extend the home but has been turned down twice due to objections from neighbours. The home could do with having more space or using its space differently so that it has a separate room to use as a hair salon and also larger communal toilet and bathroom facilities.

We saw four small communal toilets on the ground floor and 3 toilets upstairs, all of the toilets were narrow and would not be accessible for disabled users. The manager showed us that the doors have workable locks but some of the toilets had removable panels in the doors so that staff could get in if there was an emergency. None of the rooms were en-suite but each had a sink and a commode. One of the toilets contained a boiler.

There were 3 shared rooms and 13 single rooms; we were told that all rooms are charged at the same rate. Upstairs there were 9 bedrooms and 7 bedrooms on the ground floor. There is one communal bathroom (upstairs) and one communal shower room (downstairs). Residents receiving bed care have a bed bath every day, there were 4 residents receiving bed care on the day of our visit.

The shared rooms have a dividing curtain down the middle of the room. The manager told us that family and the resident decide whether they are happy to share a room with another resident. We asked the manager what would happen if a resident was not happy sharing a room. We were told that potential residents would have the option to share until a single room comes available but there is no telling how long that may be. Or they can choose to look at alternative accommodation.

We observed that many of the residents were hearing impaired and did not wear hearing aids. One resident told us that they had been given hearing aids but could not get used to them so decided not to wear them.

We saw staff interacting with residents, the staff interacted well and tried to understand their needs, although some residents' whose first language was not English, seemed to be finding it difficult to be understood by staff and explain what they needed. The majority of residents were female and there were 3 male residents at the time of our visit.

The residents we spoke to told us that they were happy at the home. Most were able to dress themselves and some had various stages of dementia and Alzheimer's disease.

One resident told us that they have their budgie at the home, we later spoke to their relative who was bringing the budgie back after cleaning its cage. The relative told us that they are very impressed with the care their mother receives and that she has "really picked up since living there".

We spoke to some residents who described themselves as 'best friends' and they enjoyed a giggle and joking with each other. Both residents told us that they like living there.

Residents told us that they choose what they do and no one tells them what to do. We observed residents sitting in chairs round the edges of the room in the lounge, there was a television in the corner of the room but some residents said they could not see it or hear it clearly. Two residents napped in their chairs.

During our visit a member of staff carried out a resident's meeting in the main lounge, this room had a couple of windows open but was very warm as it was a hot day. She asked the residents if they were happy for us to stay in the room to observe the meeting and none of the residents objected. 9 residents were in the room for the meeting; however one resident continued to nap in their chair and then got up and left the room during the meeting.

A member of staff conducted the meeting and went round the room to each resident asking if they had any problems they wanted to tell her about. She asked them to comment on the salads that had been on the menu and whether they would like to keep salads on the menu or would prefer something else. We observed residents trying to express themselves and other residents calling out and telling them to be quiet, the staff member told them that everyone has a right to be heard.

Residents commented that they did not want to say whether they had any issues in front of the other residents and that they didn't feel there was any point raising any issues as no one ever does anything about it. Some of the residents said that they were hearing impaired and were struggling to hear what was being said because they were sitting too far away. The staff member tried to encourage residents to talk but was distracted by residents calling out and interrupting.

We did not feel that anything constructive was gained from the meeting and it would be better to speak to the residents individually as most of them did not feel comfortable saying how they felt in front of the other residents. This meeting was clearly difficult to manage and required a manager or qualified member of staff to run it.

During the meeting we observed a resident asking for a cushion because they were slipping down in the chair. The staff member told them she could not assist them and went to fetch another staff member to adjust the cushions and make the resident more comfortable.

A resident told us that they felt lonely, that they did not have anything in common with the other residents and miss being independent and able to go out and have fun.

Staff told us that they receive lots of training such as dementia awareness, manual handling, NVQ courses, falls prevention, mental capacity, common health conditions in a care setting and record keeping. We were told that this training is sometimes taken as a group in the home and sometimes staff have to complete it in their own time. The manager told us that staff complete training in house in work time.

The manager told us that there have recently been times when she was away from the home for up to 6 weeks, during this time staff meetings did not take place. We asked staff how they felt about this and whether the deputy could lead these meetings when the manager is away rather than not having them at all. Staff said they feel that the manager needs to be there to lead the meetings. The manager

said that these meetings will be held regularly and they are getting back into a routine.

Staff told us that supervision is held every three months and they receive annual appraisals. They also told us that they find the paperwork very time consuming and they have to record the same thing in four different books which seems unnecessary and repetitive. Each member of staff has to do about 3/4 of an hour worth of paperwork for each resident. If a resident is taken in an ambulance the staff have to complete a blue form, this takes them time to complete and is often lost in the transfer from the home to the hospital and the hospital then call them to go through all the details again.

We were told by staff that if they think something needs to be changed they feel able to make suggestions to the manager or deputy manager.

Food and drink

Residents told us that they thought the food was "okay". During our visit they were given a choice of beef and mushroom or toad in the hole with mash, cabbage, carrots and gravy. Dessert was a choice of lemon meringue or apple crumble with custard. Nine residents sat in the dining room to eat their lunch and seemed to be enjoying their food. Some residents were receiving assistance with eating and were sitting in the communal areas with trays.

Lunch was served at 12.30pm and we sat and ate with the residents in the dining room, we observed some residents talking to each other but most residents only interacted with the staff.

One resident did not eat the main meal; a carer offered encouragement, fed them some potato and put the cutlery in the resident's hands. However, after the carer walked away the resident put the cutlery down, did not eat anymore and told me that they did not like it. When the dessert arrived the resident picked up the spoon and ate all of their apple crumble and custard.

Drinks of water and orange squash were served in small plastic cups which were worn and could do with replacing. Residents were not offered a hot drink with their meal but a couple of the residents asked for a cup of tea after their meal and were provided with one.

One resident was joined in the dining room by her daughter who treated her to a cream cake after lunch.

We heard staff and residents say that they have fish and chips on Fridays. One resident told us that their favourite food is fruit and this is available at the home every day. Another resident told us that they just eat what they are given because they don't believe in wasting food. We asked what they would do if they did not like what they were given; the resident said they would just leave it rather than ask for something different and added, "if they want to bring me something else they can."

Another resident told us that if they don't fancy something that is offered for lunch they tell the staff and they will make them something else. They also told us that sometimes it is hard to get a cup of tea as often as they would like because the staff are very busy.

Care

A relative told us that they are very pleased with the standard of care their mother receives and that they are 'very good with her'.

We were told by the manager that district nurses come in regularly to see residents, more frequently for those residents who are most unwell or receiving bed care and that there are three GP practices who they have good connections with and they call in to see their patients at the home or can be contacted any time if needed.

The manager told us that there are 25 members of staff altogether including 3 cooks, 1 admin, 1 deputy, 1 manager, 17 carers, 1 domestic and 1 laundry. Care staff work shifts (1 manager/deputy and 2 carers 7am - 2pm, 2pm - 8pm, 4pm - 8pm - 2 and 2 carers on a waking night shift 8pm - 7am). There is a mix of male and female staff.

A resident told us that she does not like men but male staff are ok, she doesn't mind them.

We were shown a shared room occupied by two residents who were confined to their beds due to illness. The home does not provide nursing care but the manager told us that community nurses come in to care for these residents and have assessed that they are able to have their needs met at the home and can remain living there. We were also told that these residents could not be turned due to their conditions but that staff and community nurses regularly check them to make sure they haven't got any bed sores and they receive a bed bath daily. The manager spoke to both residents but they were not able to show any response.

We observed two members of staff trying to help a resident to get from a chair in the lounge and into a wheelchair so that they could take her into the dining room. This was not done well and we felt that staff needed some additional training in moving and handling. The resident was clearly nervous and felt that she was going to fall, she struggled to support herself and expressed that she did not feel safe, calling out "I'm going to fall". Staff tried to reassure her that she was safe and did eventually manage to get the resident safely into the wheelchair and into the dining room.

A member of staff told us that they feel the staff work well as a team. They also told us that they felt some residents needed to be reassessed and moved into specialist accommodation which would better suit their needs, especially those with dementia.

The manager told us that residents are assisted with bathing or showering once or twice a week depending on their preference but if they request to have a bath or shower more often, staff will assist them to do so.

Activities

The manager told us that one of the residents has been saying how much they used to enjoy dancing and they are trying to arrange for a befriender from Age UK to take the resident dancing once a week. Some residents have an advocate/befriender come in from Age UK who plays cards with them.

We observed a lady doing a music activity with the residents in the lounge after lunch. She played music and gave the residents instruments to shake. She also did an activity with a balloon and residents passed the balloon around the room. One resident was dancing, this was a noisy and interactive activity and residents were taking part and smiling. We observed that the TV was still left on in the room during this activity but none of the residents were or could watch it as the activity was taking place in the centre of the room in front of the TV.

Staff told us that there is an art and craft activity on Fridays but only 4 of the residents usually take part. There is a music and movement activity once a week, also a lady sometimes comes in and plays the organ and someone also comes in and plays the guitar.

The manager told us that they have someone come in to sell clothes a "clothes party" every couple of months and a reflexologist also visits the home to do treatments for the residents.

A resident told us that they sometimes have their nails done and a hairdresser comes in once a week.

Staff told us that only one of the residents goes out in the garden occasionally. A visitor told us that they have tried to encourage their mother to sit out in the garden but she refuses and they don't want to force her if she doesn't want to go out. We asked a resident whether they go outside in the garden, they told us they don't bother, "there's not much out there."

Staff said they have tried to get residents to go out and make use of the garden but they just don't want to. They don't know why this is. The manager said that in the past residents have gone out there but this particular group of residents won't go out no matter how much the staff and relatives try to encourage them. We asked staff if they have any ideas of ways that they could utilise the garden more and get the residents out, such as doing activities out there. The manager told us that they do sometimes do art and crafts outside but only a handful of residents usually take part. If the doors and windows are kept open, residents complain that it is cold or draughty and usually say they are cold if they go outside.

Staff, residents and the Manager told us that the home does not arrange outings as they have done so in the past and none of the residents wanted to go.

Residents described feeling bored and lonely and appeared to lack motivation and stimulation. We asked a resident whether they take part in activities at the home, they told us "they do not do things I like". Some residents told us they used to enjoy knitting. Another resident told us that they miss being able to go out and miss the company of family and going dancing with friends. Staff told us that they discuss resident's likes and dislikes and this is recorded in their care plan.

We were shown some pictures on the walls which were done by one of the residents. These were cross stitched, unfortunately this resident's health has deteriorated and they can no longer do these.

Dementia Friendly Design

We did not see any dementia friendly signs on any of the rooms.

The manager and staff told us that they staff have completed dementia awareness training.

Healthwatch Recommendations

Following our visit we would like to recommend:

1. There needs to be one door bell and other door bells removed or covered up so that visitors know which bell to ring at the entrance to the premises.
2. Many of the residents' were hearing impaired and not wearing hearing aids. This could make them feel isolated and could also be one of the reasons that they do not join in with activities, interact and go outdoors. We would like to suggest that the manager organises a visit from a hearing aid specialist to provide some support (NHS or private for those who might be interested), guidance and encouragement for those residents to get used to wearing their hearing aids and finding the right hearing aids for them. Being able to hear more clearly could increase confidence, help residents to interact more, prevent them becoming isolated and feeling lonely.
3. As there are residents with dementia, there should be clear signs to indicate what rooms are so that they can be more independent around the home where possible. These signs should contain large print text and a picture on a coloured background.
4. Residents' bedrooms should be for residents, not used for other purposes. The home should dedicate a room as a hair salon. The manager explained that planning permission for extending the home had been refused. We recommend the owner and manager of the home look at better utilising the

existing space to benefit the residents', this may mean reducing the number of resident rooms in order to accommodate this.

5. Healthwatch Coventry does not support the use of shared rooms other than for co-habiting couples, and would like to see such shared rooms in all homes phased out
6. Bathrooms, toilets and corridors should be made more suitable for wheelchair users.
7. Staff should hold regular one to one discussions with residents to establish what they are happy or unhappy with in the home, rather than resident's meetings. If resident's meetings do continue to take place, how and where (maybe in a smaller room such as the dining room), these are conducted and who by (a manager or qualified member of staff) needs to be addressed and re-evaluated.
8. The narrow corridors should be decorated in lighter shades as there was no natural light and they were dark.
9. We were told that staff had received manual handling training but observed that some staff were in need of some additional training or support with this.
10. An ongoing effort needs to be made to explore new activities which can be introduced that residents may be interested in.
11. A plan needs to be put in place so that staff supervision and meetings can continue to take place if the manager is away for long periods of time.
12. Residents need to be regularly reassessed by the manager and social services if their condition or needs change, to ensure that Belvedere House is the right environment for them and can adequately meet their needs.

Response from Care home Manager

Regrettably Healthwatch did not receive a response from the management of this home within the 28 day time frame we gave, despite our chasing this up.

Copies of all Healthwatch reports and recommendations made following each care home enter and view visit are shared with the commissioners of care home services at Coventry City Council.

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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