

Beechill Nursing Home Enter and View Report

Contact Details	25 Smedley Lane, Cheetham Hill, Manchester M8 8XB
Visit Date and Time	05/10/2018 10am-1pm
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Disclaimer

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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About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter & View?

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

General information about the service

Name of the Care Home: Beechill Nursing Home

Type of Care: Residential and Nursing

Number of Residents: 21

Description of Facility: Beechill Nursing Home provides accommodation, care (including nursing care) and support for up to 31 people. Conditions cared for include: older people generally / people with learning difficulties / people with physical difficulties / people with alcohol dependence / people with a mental disability.

Specialism: Accommodation for persons who require nursing or personal care, Accommodation for persons who require treatment for substance misuse, Diagnostic and screening procedures, Learning disabilities, Mental health conditions, Physical disabilities, Substance misuse problems, Treatment of disease, disorder or injury, Caring for adults under 65 years, Caring for adults over 65 yrs.

CQC Rating*: Requires improvement

See Care Quality Commission (CQC) website to see their latest report on this service.

** Care Quality Commission is the independent regulator of health and adult social care in England.*

Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

Executive summary of findings

Overall, it is important to share with staff the positive feedback from residents following this Enter and View visit and to celebrate the areas of good practice identified in this report. Based on the observations of authorised representatives and conversations with residents, relatives and staff, we can say that:

The main areas of good practice identified were:

- Overwhelmingly positive relationships between staff and residents.
- High quality person-centred care offered to residents by staff.
- Staff training and skills development.
- A broad range of organised activities.
- Multilingual staff.

The main practices that did not appear to work so well were:

- Communication with residents regarding meal choices.
- Engaging residents in organised activities.
- Allowing residents with mobility issues unrestricted access to the garden.
- Communication with relatives to attend residents and relatives meetings.

Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the Independent Age Report). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- Have good knowledge of each individual resident and how their needs may be changing.
- Offer a varied programme of activities.
- Offer quality, choice and flexibility around food and mealtimes.
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

Methodology

This was an announced Enter and View visit.

Prior to the Enter and View taking place

A system for assessment enabling prioritisation through a scoring matrix was used to give an overall rating of the service prior to the visit. The system pulled together results from past Enter and View reports, previous feedback from users on Healthwatch Manchester's Feedback Centre, and other information about the service such as CQC inspection reports.

All Enter and View representatives were fully trained in how to carry out an Enter and View. They were also checked through the Disclosure and Barring Service (DBS).

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

The date and time for the visit, as well as the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input taking into consideration meal times, visiting times for carers and families etc.

The provider was contacted to see if there were any individuals who should not be approached or are unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of 3 hours. The visit date and times are shown on the front cover of this report.

During the visit

The visit consisted of a team of Healthwatch Manchester representatives who spent time talking to the staff, residents and a family member using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to a total of seven residents and one family member and conducted short interviews about their experiences of the service using guided questionnaires in the communal lounge, dining room, smoking room and reception area. Three members of the staff team were also interviewed.

Following the Enter and View Visit

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced within **10 working days** of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

Enter and View Observations

The external environment

Positive aspects:

- **The driveway** - This is well lit.
- **The burglar alarm** - This appeared functional.
- **The air quality** - There were no unpleasant odours.
- **The level of noise pollution** - This was low at the time of the visit.
- **The gritting barrel** - This was in the driveway, which was beneficial since the drive was very steep.

Negative aspects:

- **The car park** - It was small and difficult to negotiate, and when we visited it was busy, making it difficult to park. Since we know there was only one visitor that day (other than us), these factors could delay an emergency vehicle from accessing the building. Also, we did not see a dedicated disabled parking space.
- **The razor wire** - it had been vandalised in one corner allowing entry over the wall.
- **The garden** - The view of the garden was not appealing. It was very small and unkempt with an uneven lawn. The flower pots would have benefitted from replanting.
- **The ramp from the sun lounge** - This is very steep and ends with a pavement lip which is difficult to negotiate in a wheelchair.
- **The driveway** - It is very narrow, uneven and therefore dangerous to negotiate on foot or in a wheelchair.
- **The waste pipe** - This was cracked and leaking leaving a pool of grey water in the centre of the driveway.
- **The front drive** - This was small with bins and lots of trees and foliage overhanging.
- **Debris** - A pair of surgical gloves were left on the floor outside

Neutral aspects:

- **The plastic bins** - These were well away from the garden.
- **The satellite dishes** - There were wires hanging down but these were out of reach.
- **Outdoor seating** - There were three park benches.
- **The brickwork** - There was some minor damage.
- **The building itself** - The overall appearance was acceptable but could have been made more appealing.

The internal environment

The care home appeared to be clean and well maintained. The reception area was bright and welcoming. The photo gallery of residents on the walls gave the reception area a homely feel.

The communal areas felt warm and we observed several thermometers on the walls throughout the care home. There were secured side rails along all corridors and in the dining room, WCs and bathrooms; however they were not in a contrasting colour to the walls and seemed to be constructed from picture rail.

We observed call bells in place for residents in the bathrooms, WCs and lounge.

There were wet floor signs in use on the stairwell and we observed the use of non-slip lino in the bathroom.

An alarm sounded next to the dining room whenever the entrance door was opened. In the lounge we observed several unusual things, including a clock on the wall which did not

display the correct date, some unidentifiable plastic bags left on the floor, a used tissue and half a cup of cold tea left on the table.

Staff

During the visit we were given a tour of the care home by the deputy manager who was very pleasant and amenable, introducing us to staff and residents who walked past. During an interview with a Polish resident about eye tests, the deputy manager assisted with the language barrier by producing documented evidence of the resident's last check-up.

Staff morale seemed high with all staff we interviewed saying that they felt supported by the management, that they enjoyed their job, that they had enough time to care for the residents and that they were encouraged to develop their skills.

Staff had access to online dementia training but it was not clear as to what level all staff were expected to reach. One family member we spoke to was unsure if staff had the required skills to care for their relative with dementia.

Signage

There were no visible welcome signs in the reception area and everything was written in English only, despite there being residents who do not understand English.

Signage was generally ok, with words and pictures for accessibility purposes, but we could not see any directions to the WCs or other facilities and we felt the signs might be too high up for wheelchair users to read easily.

There was no visible information about how to give feedback but several residents felt they could speak to staff or management if there was any problem. There was no photographic notice board of staff and no information about which staff or how many were on duty that day or night.

We noticed that some staff wore name badges but many did not. Antibacterial hand gel was available in the reception area and throughout the care home although the small sign asking visitors to use it could easily have been missed.

Responding to people's needs

Residents requesting help were responded to promptly and appropriately.

Social Activities

We did not see any residents taking part in any activities during our visit, however there was photographic evidence of Valentines craft and birthday celebration activities having taken place.

There was a meeting room, which we were told also doubled up as a sensory room, but we did not see anybody using it. One resident commented that there could be more games in this room such as playing cards, or a complete game of jenga (the current one is half missing).

We observed residents watching television in the communal lounge and there was background music playing in the reception area.

We saw a notice board displaying a broad variety of activities available to residents with something being scheduled for each day.

A large white board in the reception area advertised the activity on offer the day we carried out the visit.

Activities were organised by a dedicated staff member who told us that they spoke to each resident before trying out different things including games, bingo, board games, paints, pub lunch, hand and foot massages, going to church, trips to the cinema, shopping, excursions.

Dignity and Care

We observed positive interactions between staff and residents throughout our visit which seemed natural and genuine. Staff were patient, caring and friendly towards the residents. We observed someone sleeping in their bedroom with their door wide open to the corridor although we did not ask about it.

Overall Atmosphere

The atmosphere throughout the care home was calm.

Findings from speaking with residents, friends or family members, and carers

General feedback from residents about the staff was extremely positive and complementary and this was backed up by our own observations throughout the visit. Some residents commented that “They look after me very well”, “Couldn’t be improved”, “The staff are nice and friendly and despite the language barrier the English speaking staff do try and communicate”.

Residents described examples of person-centred compassionate care that made them feel safe, secure and well informed about their health. One resident was appreciative of how the staff had encouraged him to socialise at mealtimes and since then he has enjoyed coming to eat in the dining room.

Residents and staff knew each other by name. All residents knew the care home manager by name and considered him to be very friendly and helpful.

All residents felt the continuity of care during shift changes was fine, except one, who felt that half an hour for a handover meeting left him waiting.

Residents had mixed reviews about the communal activities, with four residents saying it was easy to join in but three residents saying they did not want to join in or there needed to be more options.

Our findings suggest that residents are either not aware of the range of activities on offer or that they are not letting staff know the activities they would like to do.

Two residents felt their mobility problems hindered their access to the garden - the raised footplate of the door frames was cited as one reason.

Resident feedback regarding food was mixed. Two residents were happy with the choice available, describing the food as “lovely” or “very good”, and some residents knew they could choose a sandwich if they did not want to eat the hot meal at the set time.

One resident thought the meals were very good although the portions were too small and two residents highlighted their enjoyment of the breakfast choices on offer. Many residents, however, felt that there was no choice in food or when you eat and that more choice was needed.

One resident described the food as “Boring. It’s the same food every week” and this took away their enjoyment of mealtimes. Of those that felt the choices were limited, one could not read the menu, one required a translator to understand the menu and just ate what was given, one wanted to see curry on the menu and one had never tried asking for a different choice.

One staff member informed us that the care home would still cater for residents’ requests even if it was not on the menu, but this message does not seem to have been circulated to the residents. The menu itself had the meal choices written out in English, but not the meal times.

One staff member told us the midday meal is served at 11:45am and the evening meal is served at 3:45pm.

Findings from speaking to staff

We were informed that there are residents and relatives meetings (arranged by the deputy manager), with times displayed on the notice board, but most of the relatives never came. One relative we spoke to felt they had “no say at all” about what happens in the care home.

It is not clear why these meetings are poorly attended, but we noted that the meetings seemed to be quite ad hoc and the other staff did not seem to know when they were held each month.

Other Challenges

There are occasional problems with the GP reception. The care home cannot always get through to the doctors quickly for urgent cases. There is a potential need for the receptionists at the GP to receive training in working with care homes.

Referrals to physiotherapy can be an issue. The care home cannot refer directly and have to go through the GP which can take a while. If a letter is sent to the GP for a referral, the care home must keep chasing them, even for urgent physiotherapy appointments.

Recommendations

- Improve the current system of feedback and action regarding meal choices and activities.
- Display the feedback survey form visibly in the communal areas.
- Arrange residents and relatives meetings at a regular time each month. In addition to having the meeting times displayed on the notice board, actively notify residents, relatives and staff about the meetings in advance to improve attendance.
- Equip the sensory room with more games.
- In the lounge, provide paper or plastic cups for refreshments.
- Improve the current signage to include:
 - Staff name badges to be worn by all staff.
 - Signs and menus to be written in the languages used by all residents.
 - Place signs slightly lower so they can be read by wheelchair users.
 - Put up directions to the WCs, bathrooms and communal areas.
 - Move the fire extinguisher sign in the reception area so it is next to the fire extinguishers.
 - Put up a welcome sign to Beechill Care Home.
 - Move the sign requesting visitors use the antibacterial gel next to the gel and make it more prominent.
 - A photographic notice board of staff.
 - Clearly displayed information about which staff and how many are on duty that day and night.
- Identify and tackle issues surrounding residents with mobility problems and access to the garden.
- Replant the flower pots outside to improve the aspect and cut back the overhanging trees in the front car park.
- Create a dedicated spot in the front car park for an emergency vehicle.
- Identify and tackle issues that impact on residents seeing the GP or obtaining a physiotherapy referral quickly in urgent cases.

Response from service provider

The following is an extraction from the provider's response. There were other comments made which are not featured in this report.

The external environment:

- There is a sign at the front of the building stating that visitors should park to the front. The rear car park used is for only staff. Emergency vehicles use the front car parking area during their visits and they have never complained about parking or accessing the building during their numerous visits. There has never been a demand from staff, visitors for a disabled parking place and this is kept under review. However, we have about 6 car parking places to the front of the building that can be used for this.
- The razor wire - Please note that the razor wire is the property of the neighbouring properties. The home has never experience illegal entry over the wall since construction.
- The garden - The garden maybe uneven but it is maintained by the gardener and there are no flower pots there but rather large planters with flowers in it.
- The ramp from the sun lounge - this is not very steep as wheelchair users have never complained and are always aided by staff when required.
- The driveway maybe narrow or uneven but it is not dangerous to negotiate on foot or in a wheelchair. We have never had any issues or complaints regarding this.
- The waste pipe - This was cracked and leaking leaving a pool of grey water in the centre of the driveway.
- The front drive - This is a parking area and the overhanging foliage are from the neighbouring properties which are regularly trimmed.
- Debris - This should have been brought to our attention.

The internal environment:

* Communication with residents regarding meal choices.

We have a meal choice form and all residents are asked for their choice by kitchen staff in the morning at breakfast and dinner time.

* Engaging residents in organised activities.

We have evidence of ongoing activities; they were seen by your staff through provided records to them on the day of inspection. However, some residents do not like to participate in any activities, despite the encouragements. Their main activity choice is T.V in their bed room like MS, PK and LH. WS also does not like to participate in any activity, his main activity is alcohol.

* Allowing residents with mobility issues unrestricted access to the garden.

They all have access to the garden and there is no restriction. But on the day of the visit, it was cold so no one went out.

* Communication with relatives to attend residents and relatives meetings.

Only two residents have visits from their family members. BB and MS. BB comes every day and always attends residents meetings. However, in future we will inform MS family members. The notice of the meeting is always displayed on the visitor board.

Staff had access to online dementia training but it was not clear as to what level all staff were expected to reach.

How can this conclusion be drawn when we were never asked for the detailed staff training matrix, which is available for inspection at any time.

One family member we spoke to was unsure if staff had the required skills to care for their relative with dementia.

The family member referred to visits daily and has never raised any concern or issues regarding our care provision. How did your visit arrive at this conclusion?

There were no visible welcome signs in the reception area and everything was written in English only, despite there being residents who do not understand English.

Please note that all residents understand and speak English, although they may not be proficient at it. In such cases, staff with other language skills are deployed when necessary.

But we could not see any directions to the WCs or other facilities and we felt the signs might be too high up for wheelchair users to read easily.

There are signs and pictures all over the home for all rooms, including bathrooms and residents are able to find this with minimal efforts. We have never received any complaints of not knowing where these facilities are located, as they are opposite all bedrooms.

There was no visible information about how to give feedback but several residents felt they could speak to staff or management if there was any problem. There was no photographic notice board of staff and no information about which staff or how many were on duty that day or night.

Complaints policy is located on the residents board and all residents are aware of this and who to complain to. We do have a folder located in the nursing station that informs you of the number of staff on duty but we were never asked for this; yet it is contained in your report.

We noticed that some staff wore name badges but many did not

All staff have been informed to wear their badges all the time.

We did not see any residents taking part in any activities during our visit, however there was photographic evidence of Valentines craft and birthday celebration activities having taken place.

The timing of residents daily activity is between 1pm to 3pm. Your visit was early in the day and you left at 1pm. So, how can you see the ongoing activity? However, it was displayed on the notice board what that day's activity will be.

One resident commented that there could be more games in this room such as playing cards, or a complete game of jenga (the current one is half missing).

The resident who made the comments is WS, who refuses and never participate in daily activity, but he always provides his comments to all visitors to the home, that there is no activity ongoing. We have written documentary evidence of how many times he was encouraged to participate in activities, together with his declines.

We observed someone sleeping in their bedroom with their door wide open to the corridor although we did not ask about it.

Please note that it is the choice of this resident to leave the door open and we respect that choice. You should have asked why, otherwise, don't put it in your report as a statement of fact with negative connotations.

All residents felt the continuity of care during shift changes was fine, except one, who felt that half an hour for a handover meeting left him waiting.

All residents are afforded appropriate care, support and time even during handover, whenever they alert the staff by pressing the nurse call system; staff are instructed to leave the hand over process to attend them as a matter of policy.

One resident thought the meals were very good although the portions were too small

The resident who made this comment is DM; who is on weight management measures to help him to reduce his weight. He agreed to have small portion in terms of food in order to help him to reduce weight.

One resident described the food as "Boring. It's the same food every week" and this took away their enjoyment of mealtimes. Of those that felt the choices were limited, one could not read the menu, one required a translator to understand the menu and just ate what was given, one wanted to see curry on the menu and one had never tried asking for a different choice.

Residents are always asked for their menu choice and more choices is now been offered.

One relative we spoke to felt they had "no say at all" about what happens in the care home.

This is BB's family member who visits daily and we always ask for her input into the care process until she was once spotted by a staff shouting at BB. At which point, we had a discussion with her that if it continues, she we will take appropriate actions.

* Display the feedback survey form visibly in the communal areas.

This will now displayed visibly in communal areas.

* Arrange residents and relatives meetings at a regular time each month. In addition to having the meeting times displayed on the notice board, actively notify residents, relatives and staff about the meetings in advance to improve attendance.

We will display meetings memo more prominent locations and also will inform family.

* Equip the sensory room with more games.

We have plenty of games but they were never asked for by residents.

Acknowledgements

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