



Enter and View visit report
Beechcroft Residential Home

24th Sept 2015

Contents

Acknowledgments	3
Disclaimer	3
Visiting Team	3
Purpose of the visit	4
Methodology	4
Summary of findings	6
Additional findings.....	6
Recommendations.....	6
Results of Visit	7
Residents.....	7
Staff	7
Environment	8
Interaction between Residents and Staff	10
Promotion of Privacy, Dignity and Respect.....	10
Involvement in Key Decisions	11
Assessments of Needs, Care Planning	11
Concerns/Complaint Procedure	12
Food.....	13
Activities.....	14
What is Enter and View	15



Acknowledgments

Healthwatch Sandwell would like to thank the management of Beechcroft Residential Care Home, staff, residents and visitors for their contribution to our Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date of our visit. 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.

Visiting Team

The team of authorised representatives carrying out this visit were Khushvinder Chahal, Rachel Collins, and Geoff Tranter. They were accompanied by our staff support officer Paul Higgitt.

Purpose of the visit

- A program to examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell
- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings. Capture the experience of residents and relatives and any ideas they may have for change.

Methodology

The visit was announced in the morning of the 23rd September with the visit taking place at 10am on the 24th September.

Whilst our team were in possession of the latest Care Quality Commission (CQC) Inspection Report, we were not basing our visit on the content of this report.

Beechcroft is a residential home for adults with dementia, and frail residents with social care needs.

At the time of our visit there were 49 residents and 1 empty room which was in the process of being occupied by a new resident that day.

The home is owned by Carlton Care Group which has a number of homes across the West Midlands.

There are 2 floors at the home. We were informed that where possible if rooms become available downstairs, then those residents who were most frail would be given the opportunity to be moved.

On arrival at Beechcroft we were met by Chris Lawton (registered manager) who welcomed our visit. During our interview with Chris Lawton we were impressed with his knowledge of the home and the care standards required by the residents.

We were initially given a tour of the home, communal areas, summer area, kitchen, laundry and bathrooms.

First observations were that the home was clean and warm with a homely feel. We initially observed residents relaxing in two of the communal areas.

Majority of the residents living at Beechcroft were residents of Sandwell, however there were residents originating from Birmingham and Dudley.

We also gave friends and family members the opportunity to put their views forward regarding the level of care. Anonymous questionnaires were made available at the home with self-addressed envelopes. We had one response which was positive and complimentary.

Summary of findings

At the time of our visit, the evidence we observed:

- That Beechcroft provides a good quality of care to its residents
- The planning of care is well organised and care plans are comprehensive and in the process of being computerised.
- Activity Co-ordinators ensured that group social activities were provided.
- Nutrition is well maintained with direct support to those with eating and drinking difficulties is given
- Paperwork on policies, procedures and guidelines were comprehensive and we were able to see any of these documents at the time of our visit.
- Staff were aware of processes and were trained to ensure residents were safe.

Additional findings

- There was a clear fire evacuation policy and the necessary equipment and building requirements.
- Staff were given a comprehensive training programme and the opportunity to progress within the Carlton Group.

Recommendations

We would recommend that the proprietors of Beechcroft consider looking at the refurbishment or upgrade of the lift within the building.

Results of Visit

Residents

On the day of our visit residents were involved in a variety of activities in a number of the communal areas, they were also happy to talk to us freely and most seemed happy and comfortable.

Staff

During our visit we also had the opportunity to talk to a Lead Carer who has been at Beechcroft Residential Home for 6 weeks moving from Grange Hill House which is also part of the Carlton Care Group.

Staffing levels in the day consisted of 8 care staff, 2 domestic staff, 1 laundry staff, 2 kitchen staff, 1 admin staff member and 1 manager. Night time staffing levels equated to 3 members of care staff.

In our discussions we were told that the home is run very thoroughly and that staffing relationships are very good. One to one supervisions are undertaken whilst staff have the opportunity for career development. It was however felt that at times it can get fairly busy and that an increase in care staffing levels would be desirable.

The home prefers to employ staff with NVQ qualifications and employees who have previous care experience. We were informed of a comprehensive training programme which included DoLS, Health and Safety, Fire Safety, Manual Handling, Abuse, Infection Control, Food Hygiene, First Aid, Mental Capacity, Equality and Diversity, Medication, Dementia and Nutrition. The Manager also showed us a list of upcoming training, dates and which staff members will be attending.

All staff are employed by Carlton Care Group and no outside agencies are used. The staff are required to have some degree of shift flexibility in order to cover holidays and absences.

We were shown a comprehensive list of policies and procedures including emergency evacuation plans and fundamental standards compliance.

We were informed by the Lead Carer that the main priority 'was the care of residents in the home'.

Environment

Beechcroft has a very welcoming and homely atmosphere throughout the home. The home was very clean and tidy whilst the communal areas were designed to have a homely feel for residents. There were no objects obstructing pathways and equipment was kept clearly out of the way.

Bathrooms and shower rooms were clean and tidy.

On using the lift to access the 1st floor we found it to be fairly bumpy once it arrived at the first floor. The lift was quite dark with limited lighting and it felt closed in. It is however fully functional and the lift is regularly maintained whilst there is a contract with a local company for repairs and maintenance.

Beechcroft Residential home has a detailed fire evacuation procedure. We were informed that doors were 30 minute fire doors in the corridors and we also noted an evacuation slide for those on the 1st floor if necessary to be used. Each individual room was on an automatic fire closure system.

When residents first come to Beechcroft, the personalisation of their rooms is encouraged and supported. Residents are welcome to bring in small items of furniture and are given a choice of floor coverings.

The Manager informed us that they were in the process of changing confusing room numbers for ease in association with the residents care plans

During our visit we observed maintenance repairs being undertaken in one of the bathrooms in order to box in hot water pipes.

We found the communal areas to be very welcoming. We also visited a communal room which had multipurpose use i.e. visitors, parties, training or holding meetings.

We observed the laundry room and the entrance and exit procedure was explained to minimise infection control.

Looking around a number of the bathrooms they were all clean and spacious with the necessary equipment for moving and handling residents safely.

Controlled drugs were locked up in a high reach cupboard in the reception area along with the other 2 medicine cabinets which were also locked.

The décor in a few of the corridors were showing signs of wear with wallpaper along corridors and in entrances to bedrooms torn. As this is a well trafficked area something more suitable could be considered. Although some of the corridor décor needs maintenance however this does not affect the level of residents care.

Interaction between Residents and Staff

There is an Activity Co-ordinator employed by the Home with the main role of engaging residents in exercise, movement, health and beauty activities. The Activity Co-ordinator also arranges for residents to go out on day trips.

We observed staff talking to residents in a caring and courteous manner. Residents were regularly asked if they were ok and whether there was anything that they needed.

Promotion of Privacy, Dignity and Respect

We observed some of the resident's room's doors being open. However we were informed that this was for staff to be able to observe the more vulnerable residents, however residents do have a choice if they want their doors left open.

Staff were talking to residents in a caring and respectful manner.

All residents observed in the communal areas were dressed well in day attire. Residents told us that staff supported them to select the clothes that they wanted to wear that day.

Involvement in Key Decisions

During our visit we were also introduced to Mrs Jenkins who is one of the proprietors of the home. She explained to us that she ensures residents are given a good quality level of care and their needs or requirements are of high importance. Mrs Jenkins visits Beechcroft weekly to discuss residents care and management of the home.

Relatives were regularly kept up to date with the health and condition of residents. Residents and family were also involved in care decisions, and in relation to any end of life decisions. The home encourages family and friends to take residents out for short visits and trips.

Assessments of Needs, Care Planning

80% of residents were under one General Practitioner and we were informed that there was a good working relationship. Majority of medicines and prescriptions were provided by Lloyd's pharmacy.

There were 2 other assigned General Practitioners.

Residents were showered or bathed on weekly basis or more often if a resident requires this, however residents were given a full wash down every day.

Staff at Beechcroft will visit new residents on referral to ensure that Beechcroft would be a suitable home for the client's needs.

We were informed that a patient from Edward Street had been discharged too soon and that Beechcroft home was not fully made aware of the patients care needs when returning. Chris informed us that Continuing Healthcare Care funding had been applied for to support the lady however it was unsuccessful and we were told that the process of accessing CHC funding was very difficult.

We were given access to individual care plans which were regularly updated and kept a comprehensive record of individuals care requirements.

All residents are also weighed monthly. However those residents that were on a specialist diet / MUST Score monitoring would be in place and residents would be weighed more often as part of the monitoring process.

Staff worked closely with a wider multi disciplinary team of health and social care professionals where necessary.

Medicines and any controlled drugs are issued by senior care staff and drug monitoring checklists are double staff signatories.

It was highlighted that Beechcroft home had been closed to members on the public for a week earlier in the year due to an outbreak of Norovirus. The home was on close as part of the infection control procedure and none staff members were told to stay away.

The care plans we observed highlighted risk assessments which were undertaken to prevent the risks of falls, accidents to residents.

Concerns/Complaint Procedure

There is a complaints hierarchy procedure for residents who can raise issues with care leaders, the manager and if the resident is not happy then issues can be raised with the proprietors.

The manager showed us a copy of the complaints procedure. Residents that we spoke to all said that they were aware of the complaints process and they felt that they had the confidence to speak out or make a complaint if necessary.

Any complaints are discussed and reviewed with residents and their family members and by the manager.

Food & Fluids

There were 2 catering staff on duty at the time of our visit.

In speaking to 2 residents we were informed that they would like more fluids in the room. They had also mentioned that the food was good however they would like to see more choice. This was not the view of the majority. However if a resident wants something different to eat which is not on the menu, staff will accommodate where possible.

There are a number of breakfast, lunch and dinner options with a 3 course meal in the evening. If residents don't feel hungry staff will offer other options where available.

We were informed that food menus are changed on a 4 weekly rota system.

Staff are now working with Dudley Dietician Team who are advising on changing some of the nutrient drink supplements, towards the home making homemade milkshakes and more choice of soups. This is particular for residents who are being MUST score monitored. The dietician shall be training staff and providing advice.

We observed juice and water available in communal areas and in some rooms.

Early this year the home had received a 5 star rating for food hygiene through 'Scores on the Doors'.

The manager has asked for students training in health care to come in to assist residents with their eating. Resident's fluids are maintained and a tea trolley does an am and pm round.

Activities

Beechcroft home has a hairdressing salon in house where residents can access the service. The salon is also used for chiropody, and hearing test.

Some of the activities included pet therapy, exercise, reminisce work and day trips.

Family and friends are also welcome to visit residents outside of meal times and up to 9.30pm.

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 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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