

# Enter and View Report

*Bennett House*

*Semi-announced Visit*

*16<sup>th</sup> August 2023*



**Engaging  
Communities  
Solutions**

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## What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or highlight good practice.

The Health and Social Care Act allows 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, optometrist 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Telford and Wrekin's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

## 1. Provider details

Name and Address of Service: *Bennett House*

Manager: *Lisa Johnston*

Service type: *Residential Home*

## 2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the staff/residents for their co-operation during our visit.

## 3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on *16<sup>th</sup> August 2023*. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## 4. Authorised Representatives

Jan Suckling

Denice Morgan

Christine Warren

## 5. Who we share the report with

This report and its findings will be shared with the service provider, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

## 6. Healthwatch Telford and Wrekin details

### Address:

Meeting Point House

Southwater Square

Telford

TF4 3HS

Tel: 01952 739540

Email: [info@healthwatchtelfordandwrekin.co.uk](mailto:info@healthwatchtelfordandwrekin.co.uk)

Twitter: @HealthwatchT\_W

Facebook: HealthwatchTW

Instagram: healthwatchTandW

Web: [www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)

LinkedIn: HealthwatchTelfordandWrekin

## 7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one .

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## 8. Purpose of the visit - to look at access

This visit was semi-announced, due to the nature of the feedback we had received around lack of maintenance of the building and outside spaces.



*Bennett House, Park Lane, Woodside, Telford*

## 9. What we did

On arrival there was plenty of car parking available for visitors and staff. There was a large sign visible from the road situated at the entrance to the car park. The front garden needed some tidying although the staff had started this at the weekend, cutting back hedges and trees. Pathways still required some maintenance.

There were security cameras at the front of the home. The home was accessed by ringing a doorbell, which was answered by a member of staff, we explained who we were and showed them our ID badges and asked to speak to the manager.

We were greeted by the manager, we introduced ourselves and explained the reason for our visit.

We were asked to sign in electronically on the secure entry system.

The manager explained that the home was divided into four households, Rosebud, Primrose, Jasmine, and Bluebell. The home can accommodate 45 residents, there were 43 residents on the day of our visit. The home caters for those living with Dementia and other cognitive impairments.

On entering the home there is a large cage which houses the home's resident Parrot, who likes to greet visitors on their arrival.

During our visit we spoke to the manager of the home. We also engaged with 6 members of staff and 7 residents, however there were no visitors at the home to speak to at time of our visit.

The Authorised Representatives split into two groups, with two of them looking around the home and speak to the residents and visitors, and the other one speaking to the manager and staff.

The home has a Manager and Deputy Manager which are on duty Monday to Friday, eight care staff working during the day and five staff working during the night Sunday to Monday. The senior staff cover the management over the weekend. The Activity staff works four days a week, Monday to Friday.

One catering staff on shift, as all meals are a la carte. These are preprepared meals. However, we were informed that this will change in September when all meals will be prepared and cooked within the home. The manager informed us that they had already recruited for these new catering roles.

The home uses agency staff as little as possible, but when the home does require to use agency staff it is mainly to cover weekends.

## 10. Findings:

### a) Environment

#### i) External

On arrival to Bennett House the signage was clear from the road, there was plenty of car parking places at the side of the home.

The outside space around the entrance needed some maintenance as the trees and plants had become overgrown, the work had clearly been started by the staff the previous weekend.

The home has an enclosed garden in the middle which is easily accessible from all 4 Households. It was mainly paved with some patches of grass, flower/vegetable beds. However, the garden needed some maintenance, e.g. dead plants in containers, very little planting, and unused bird feeders. There were benches, tables and chairs, and a few garden ornaments. There was also a wall display for dementia residents, with different types of locks, however there was also a phone on the board that was broken with jagged edges posing a hazard. Which was reported to the Manager at the time of our visit.

We noted there was a cat in the garden we were informed this belonged to a resident.

## ii) Internal

There were 4 Households in the home. Each was self-contained with 2 corridors of bedrooms accommodating up to 12 residents, with one bathroom and toilet per corridor, and a large day room containing lounge seating, dining/craft tables and a kitchen area for making hot/cold drinks and snacks. All are situated on the ground floor. All rooms have access to the garden. We were told residents usually take their meals in the day rooms.

Each Households comprised of an open plan day room, we observed that these were being used by most residents during our visit. There were photographs, posters, and craft items displayed on the walls. In one day room they had music playing, with a resident singing along, and another room had the TV on quietly. We observed some residents were sat in the lounge chairs, while others sat at the nearby tables talking or engaging with staff - playing a card game, chatting, and some browsing a memory book. The listed activity for the afternoon was 'chatting' with residents.

It was observed that the walls required redecorating, and there were several posters partly falling off the walls, the furniture appeared to be in reasonable condition and the kitchen areas in the day rooms appeared well-equipped for making drinks and snacks, with plenty of storage and space.

The communal rooms felt fresh, with the windows open and there were no unpleasant odours throughout the home.

However, there were many official signs displayed (health and safety etc) on the walls which distracted from the homely feel.

The bathroom and toilets were clearly signed with brightly coloured doors, appropriate for those living with dementia, also the garden was well signposted.

As several of the residents were not in their rooms, we were not able to observe these, however we were informed that all rooms had a wash basin in them. We did observe that the rooms had memory boxes outside on the walls.

It was observed that when you entered the building the large day room was being used to store a lot of items including furniture that were not being used and the kitchen area which had several boxes stored making it unusable.

We were informed that the residents use that room for some activities. However, it was observed the couches were worn and the room needed redecorating.

## b) Essential Services

A staff member informed us there used to be a hairdressing room within the home, but now residents go to the shopping centre very close by to the hairdressers. Staff expressed that they felt this was better as it enabled the residents to get out and into the community. Some residents mentioned going to the supermarket which is across the road.

We observed that the Households kitchen areas had kettles and facilities for making hot drinks - a staff member informed us some residents were able to make their own drinks, and others with supervision, some of the residents enjoyed taking turns to wash up and dry. We observed residents being offered refreshments including hot / cold drinks and biscuits.

We spoke to several members of staff. One said, “I love it here”, find senior staff helpful to talk to and felt supported during family issues and an illness that required time off work. “I feel rewarded because I know I can help.... put a smile on their faces “Another staff member also said, “that management are helpful including when they have issues”.

Another said, “there were good and bad times, but generally OK and they enjoyed their work.” A further staff member loves the job but is going to attend college to train for a career but has arranged to stay working at the home 2 days a week while they are at college.

We were informed by another member of staff who said that “most of the food “comes in frozen” so is heated up. They said a new provider is taking over soon and they will start to cook fresh food from scratch”. They informed us that resident dietary needs are catered for, we also heard staff asking which residents needed a soft food diet.

Staff were asked about training “they said it was mainly E-Learning e.g., first aid, dementia awareness, and they were sent reminders when they needed to do, or redo, a course”.

We were informed that staff have started the Oliver McGowen training.

Staff also receive quarterly supervision.

Staff will start wearing name badges in September, these have all been ordered ready for the new provider.

## c) Access

The manager informed us that they had no issues with their local GP or pharmacy they have a good relationship with both.

All the residents we spoke said they had no issues with the home. One felt it was inconvenient to only have one bathroom and toilet per unit, but another said they had no problem with this, but appreciated their room's washbasin.

#### d) Safe, dignified and quality services

One resident said “it is very good here.... I'm pretty well looked after really”. However, they said they were not given any notice of having a bath or shower, and they would prefer more control over, or pre-warning of this”.

We observed that most residents were in the day rooms of the units, staff were spending time talking and engaging with residents. In each unit there were generally 2 carers, with one engaging with residents most of the time. The atmosphere was friendly and informal.

Member of staff said, “they do not feel rushed, and have time to interact with the residents, and feel well supported by the management”.

#### e) Information

There were informational posters and notices on the wall, including an activities timetable. There was a menu displayed, but the font was small.

#### f) Choice

Residents were given two options at each mealtime. One of these was sandwiches for tea. Lunch items included Shepherd's Pie, Quiche etc. Residents are asked for their choices the day before. Most said the food was “mixed” but generally they did not expect to like everything every day (it was “normal” not to) and could always request a sandwich. On being prompted, one said there could be more fresh fruit and vegetables available

#### g) Being Listened to

One resident said they had been moved to a better bedroom (i.e., closer to the day room) on request, once it was available.

Staff were observed activity talking and listening to the residents in the day rooms.

The manager and kitchen staff have been putting together a new 4-week menu in consultation with the residents.

The home is restarting their residents/relative meetings in September, the home takes on board any comments/concerns they have in place learning logs and the management do audits.

#### h) Being involved

There are two activity coordinators at the home, and they regularly plan 3 group activities a week, individual activities as well as outings including:

- *Bingo*
- *Darts*
- *Arts and crafts*



- *Knitting*
- *Games*
- *Sing-alongs*
- *Visiting entertainers*
- *Sensory activities involving smell, touch etc.*
- *Shopping*
- *Movie nights in pyjamas and with snacks*

The home has just started singing for the brain, which is going very well, all residents who take part really enjoy the session.

A staff member told us there is a permanent activities coordinator who works across all 4 Households, 5 days a week. The activities timetable is the same for all units, and includes playing games, chatting, poetry/reading, bowls, singing, music etc. There were shelves of paperback books, and a resident mentioned their love of reading.

Several residents had their nails done by the staff. We were told that events were held for commemorations e.g., the coronation, making Easter bonnets. A resident said they enjoyed going for walks with a staff member in the local area and to the shops. Another resident said there were not many activities, but they enjoy talking with the other residents.

When we were in the garden, we observed a resident came, and shortly after a staff member joined them and sat on the bench chatting to them and offered them a drink.

## 11. Current Challenges for the home

The home will have a new provider from the 1<sup>st</sup> of September Lotus Care.

Staff we spoke to are all feeling positive about this and are looking forward to change.

The new provider has already changed the menus all meals are going to be home made, new staff have been recruited to provide extra kitchen roles.

They will also be putting a plan in place to re-decorate and upgrade the home.

Recruitment can sometimes be a challenge especially for weekend posts.

## 12. Recommendations

1. Continue with the clearing of the gardens and the maintenance of pathways, include asking the residents around their favourite plants / flowers to encourage them to support the maintenance if able to.
2. Consider putting together a plan and timeline for redecoration including the residents around colour etc. This would include their own personal rooms.
3. Consider clearing and repurposing the large day room.
4. Ensure that all old and unnecessary posters are removed from walls / noticeboards.
5. Consider larger print for the menus.
6. Ensure all residents choose when they have a bath/shower and is documented into their care plans.
7. Engage with the residents around what activities they would like to engage in.
8. Ensure that posters for staff are on a separate notice board, such as some of the health and safety posters displayed.

## 13. Provider feedback

We are looking forward to the future working with Lotus care. Residents, staff and relatives are very excited about the refurb in the home and the catering returning to traditional home cooking.

**Healthwatch Telford and Wrekin**

**Meeting Point House**

**Southwater Square**

**Southwater**

**TF3 4HS**

**[www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)**

**t: 01952 739540**

**e: [telford.admin@healthwatchtelfordandwrekin.co.uk](mailto:telford.admin@healthwatchtelfordandwrekin.co.uk)**

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The contract to provide the Healthwatch Telford and Wrekin service is held by Engaging Communities Solutions C.I.C.

[www.weareecs.co.uk](http://www.weareecs.co.uk)

t: 01785 887809

e: [contactus@weareecs.co.uk](mailto:contactus@weareecs.co.uk)

 **@EcsEngaging**