

**Details of visit**

**Service address:**

Beaumaris Court Care Home, Beaumaris Road, Newport TF10 7BL

**Service Provider:**

Careport

**Date and Time:**

13<sup>th</sup> May 2016 @ 10.00am

**Contact details:**

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

**Publication Date:**

**Acknowledgements**

Healthwatch Telford and Wrekin would like to thank the service provider Beaumaris Court (Careport), residents and staff, for their contribution to the Enter and View Programme.

**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.

**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 from those who use the services 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 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 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 would be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of the Visit

- To explore how the changing ownership of the home has been communicated to the residents, their families and staff.
- To explore how staff monitor and respond to the care needs of residents in the context of current uncertainties.
- Check on the quality of communication about the changes, to everyone affected by them, including residents, their relatives and visitors, and staff.
- Find out if the home is maintaining the quality of life of its residents; do residents feel cared for and safe, can they continue to make choices, and are they being cared for with dignity and respect?



## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Care homes / hospital wards / GP Surgeries are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.

## Methodology

**This was an announced Enter and View visit.**

Two authorised representatives and one representative in training were assigned to the visit. They met with a member of management before speaking to anyone in the home and took advice on whether any Residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.



The representatives explained to everyone they spoke to why they were there. They spoke with ten residents to ask them about their views and experiences of Beaumaris services.

Representatives also captured responses to a short question survey on topics that addressed the visit purpose, which was developed before the visit. Representatives talked to six members of staff, management, and other professionals present, to hear about their contributions to the services provided, the quality of care, safety, residents dignity and respect, and acknowledging residents and family wishes. During the visit representatives also observed the delivery of the service while walking around the premises (public/communal areas), to gain an understanding of how the home actually worked and how the residents engaged with staff members and the homes facilities. A guidance-list of dignity and respect topics was used to support the observational activities.



## Summary of findings

- During the visit we observed that care was being given with regard to the residents' dignity and respect. Carers were observed addressing residents by their chosen name or using friendly terms of endearment. We observed staff manually hoisting a resident, and observed that they spoke to the resident throughout explaining what they were doing and asking him if he was alright.
- Residents told us the care they received was very good, and they could make daily choices - in the clothes they wore, when to get up and go to bed.
- Some residents had concerns about the night time, and one resident told us some night staff were difficult to understand because of language difficulties; we were later told that this had been resolved.
- Food appeared particularly important to some residents, and their dietary needs were always met which they greatly appreciated. Residents generally said the meals were of a good standard, and had improved. Several residents who took meals in their room, however, commented that sometimes the temperature of the food was not as warm as they would have preferred it, though food was of a good standard.
- The Activity Coordinator is enthusiastic about her role and clearly knew the residents and understood their needs. She was observed speaking with each - chatting about the garden and the outdoor lighting which was being put in place. She stooped where necessary to talk with the residents, and on occasion put an arm around them to reassure them if they appeared a little down. She demonstrated a clear understanding of each resident's past, and of their families.

- Practical-based dignity training was held for staff every six weeks, and was also offered to others outside the Home.
- Staff told us that since Careport has been appointed, they had the security of being paid on time, and working conditions had improved. There has been more training provided for the staff, including agency staff which made the home safer for residents from the perspective of continuity of care.

## Results of Visit

Beaumaris Court Care Home is a thirty bedded home located in Newport, Telford. The Home provides person-centred care promoting independence in a homely atmosphere. Beaumaris has close links with the town, and when the weather is fine residents can be accompanied into town which they enjoy. There is an in-house hairdresser, and residents told us “they had their hair done there”. The home has a ‘church leader’ who visits them each week. Residents can have their own GP but there are two medical centres locally, and a doctor from one of these centres visits the home weekly. Residents can bring in their personal furniture from home, and most residents bring in ‘bits and pieces’ to make it homely. Resident meetings are held every two months giving the residents an opportunity to voice any comments they wish about the home; relatives are also welcome to attend these meetings.

### First Impressions

The garden at the front of the home was well kept although residents whose rooms overlooked the front would benefit from the addition of suitable plants adding colour to the garden. We observed that the Healthwatch Telford and Wrekin Enter and View poster was displayed on the entrance doors advertising our visit.

Once inside the entrance, the home felt warm and homely and we noticed the Activity Calendar and collage pictures of the queen to celebrate her birthday.

Going through into the home we found the corridors were wide, clean and uncluttered. The lounge was in two parts; the first looked cosy with comfortable chairs and a television which was switched off. The second part looked out over the rear patio garden.



The garden had small borders, and numerous tables, chairs and a garden bench, with pretty bunting which added colour to the garden. We noticed that the far-wall was decorated with ladybirds.



Along the corridor into the lounge on a notice board, we observed a residents' dementia tree. Around the tree residents had written words on leaves which meant something to them about living with dementia.

Some residents had written a paragraph on what dementia meant to them and about how simple things made a difference to them.

## Resident Feedback

We asked residents if they felt safe and well cared for, and they said “Carers are really friendly”, “Carers are caring considerate, they are a big help - I could not manage without them”, and, “staff are very good, beds are nice and clean and the atmosphere is very good”

The residents we spoke with had a choice of when to go to bed and get up, they choose what to wear and they commented that carers were very good in helping them to choose. Residents told us they could go upstairs after lunch, as many residents fall asleep in the lounge.

Residents thought that food had improved recently, but suggested it could be ‘a bit warmer’ for residents who eat their meals in their room. Residents who had puréed food commented on the limited choice on the menu available for them.

Some residents hadn't noticed any changes in the running of the home, while others were aware that a meeting had taken place but didn't attend, though one of their relatives had attended.

Most residents said they hadn't seen any changes with their care in the day; it was in general the nightshift that residents spoke with us about. Some residents said that they thought that night staff were not used to handling equipment and the procedures. One resident told us some night staff were difficult to understand because of language difficulties; staff later told us that this had been resolved.

Residents mentioned that they loved the bingo sessions and the singing mornings - where the choice of songs brought back memories from the war years. Residents also said they enjoyed celebrating residents' birthdays - it was a time to get together and eat cake!

## Staffing, and Staff Comments

The Home had recently found it easier to recruit staff, due to the improved working conditions and through positive ‘word of mouth’ from existing staff. Night staff had been a bigger issue, but they had been able to recruit new night staff where previously they had had to rely on agency staff, with some consequential language issues.

We were told that staffing levels were as follows; seven carers in the morning and one nurse, and in the evening - four carers, a nurse, and another member of staff came in later. The night shift has two carers and a nurse. The Home tried to use their own staff when needed to fill shifts, and when this was not possible, staff were used from two specific local agencies when necessary. We were told that the agencies tried to send the same carers in order to support continuity of care.

All staff had training to fit their professional needs - some was online, and some practical-based. 'Shropshire Partners in Care' (SPIC) also provided some of the staff training. Staff indicated that some Agency staff were given the opportunity to attend the Dignity training provided by the Home. This dignity training was practical-based with different scenarios demonstrating how to approach residents whilst giving insight into how it felt for them. The training had been offered to other groups and volunteers too, including those from Healthwatch, so that they too could gain insight into what dignity meant to residents.

Carers we spoke with told us "it was a nice place to work" and "we know the residents well and when they are feeling low". We observed Carers addressing residents by their chosen name or using friendly terms of endearment.

Housekeeping staff told us there was a cleaning schedule which included detailed monthly cleaning, and a deep clean twice a year. We observed a high standard of cleanness in the common areas, and throughout the home and residents' rooms.

We found the staff pleasant and helpful, and it was very clear that the staff we saw understood residents' needs. They took the necessary time to communicate with residents at the appropriate level, carrying out regular every day conversations whilst mindful of the need to call on another carer if another resident was feeling low.

We observed staff manually hoisting a resident, and observed that they spoke to the resident throughout explaining what they were doing and asking him if he was alright. There was a problem with the hoist and it might have been helpful if the maintenance staff could observe the faulty operation whilst the hoist was in use.

We talked with the Chef who had joined the team in August 2015. The Chef told us he tried to satisfy the residents' choices of food and dietary needs. He also held tasting sessions for the residents during the different seasons, to try out new dishes and flavours that could be included on the menu. The chef has two kitchen assistants who were also cooks.

## **Activities**

We spoke with the Activity Coordinator who was passionate about her job. She told us she tried to include everyone in the activities of the day, with the major sessions conducted in the lounge but that she also did one-to-one with residents who were confined to bed. We observed her taking time to get people involved, making them feel comfortable and offering each resident a hot drink. When talking with them about everyday things, she often put her arm around them in a friendly manner. For one resident whose head was leaning forward, she asked



them to bring their head back, and she bent down to make proper eye contact, intent on their inclusion.



Many activities were available for all residents who wished to take part. Activities included poetry sessions and one resident told us she liked Pam Ayres. Other activities on offer included - reminiscing, skittles, what's in the News, Chair exercises to music, trips into town, food tasting, and card crafting, to name a few.

During the visit the residents were reminiscing on what were considered as 'wifely duties' in the 1940s; this evoked a lot of laughter from the residents. The Activities Coordinator

encouraged residents' contributions to the conversation, asking them if they would have done that for their husbands. Reading a quote from one chapter of the book: "prepare for the husband coming home from work by going upstairs putting a bow in their hair, putting on makeup and tidying themselves for their husbands return". The women residents were totally engaged with her, passing comments and laughing and the gentlemen also joined in during this session; it was most engaging for us to observe. The residents gave the impression that they had not often adhered to these duties!

The second part of the day was a food testing session. The chef had made three different quiches for the residents to taste, and we were invited to take part. Each resident chose which they would like to try - the residents who were upstairs would have the opportunity to taste them later. This session seemed to be go well with the residents. Chef also asked the residents what they would like to accompany the quiches and made some suggestions to help. We observed the chef cutting the crust off one piece of quiche as he knew that resident would find this easier to eat.

We noticed a couple of residents were checking the strings of lights - some featured bees and another one ladybirds. Where the figures had fallen off, studious efforts were being made by the residents to reposition them.



## Food

The chef told us that residents had a choice at meal times and he endeavoured to plan a varied menu and to meet the needs of residents' dietary requirements. If the menu did not suit, the chef cooked residents' food of choice providing he had the ingredients. Lunch on the day of our visit offered Cornish Pasties or Fish Pie, as well as salads, and a purée option. Residents' comments on the food were: "food is very good, but not always warm", "food has improved recently",

“some food not warm”, “I have a good relationship with the chef”, “food is very good, three meals a day and I have a choice of food”

## Additional Findings

We were told the land the home was built on was leasehold, which was noted to be a potential issue for prospective buyers.

We were informed that Careport was providing training for the staff and paying wages on time, and this gave the staff reassurance regarding their jobs. Some staff were being paid above the living wage.

Currently twelve residents were being reviewed by the Telford and Wrekin Deprivation of Liberty (DOLS) & Safeguarding Team.

## Recommendations

- We recommend you investigate ways of ensuring that ‘hot’ food is delivered to residents in their rooms at the desirable temperature.
- Investigate how more options providing choice could be offered for those residents who take puréed meals.

## Service Provider response

*The manager has responded:* “Thank you for the prompt report, it was most refreshing to read and I will take pleasure in feeding this back to the staff and service users.

With regards to the recommendations we have:

1. Already introduced audits to check the temperature of the food served in the dining room and bedrooms and results have shown the temperature to be well above the required 63 degrees.
2. Further equipment has been purchased such as keep warm plates for those residents who require more time with eating.
3. We are currently reviewing the menu's and will ensure puree diet requirements are looked at”.