



**Details of visit**

**Service address:**

Bennett House, Park Lane, Woodside,  
Telford, Shropshire, TF7 5HR

**Service Provider:**

Accord Housing Association Ltd, Bennett  
House

**Date and Time:**

July - 2015, 2:00pm

**Contact details:**

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

**Acknowledgements**

Healthwatch Telford and Wrekin would like to thank Bennett House residents (service users), visitors 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. Telford and Wrekin Healthwatch representatives carry out these visits to health and social care services to find out how the services 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 at premises such as hospitals, residential and nursing 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 involves a risk they will inform their lead who will inform the service manager, potentially ending the visit. In addition, if any member of staff wishes to raise

a safeguarding issue regarding their employer, they will be directed to the CQC, where they are protected by legislation if they raise a concern.

## Purpose of the Visit

- To ask residents of Bennett House about their opinions of living in the home, including the care they received, how staff respect their dignity, the food, and the activities and interests they enjoy. To ask any relatives/visitors about their experiences and observations.
- To observe the interactions between staff and residents, and residents and their surroundings.
- To observe the Eden Approach as impacting the care and lives of the residents and the running of the home.
- To speak to staff about their training and their care of the residents, the support they received in caring for people with dementia, and the Eden approach.

## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings, and responding to evaluations of feedback received from community engagements.
- Nursing and Care homes are a strategic focus of local, regional and national programmes of the CQC, PHE/NHS, local Councils, and Healthwatch organisations.



## Methodology

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

Two authorised representatives were assigned to the visit, with four other inexperienced volunteers in training ‘shadowing’ to further enhance their experience. The representatives met with the Manager for a short information overview before speaking to anyone in Bennett House, and took the manager’s and staff advice on any residents who would not have capacity to give informed consent to share their experiences with us, or should not be approached for medical or safety reasons. It should be remembered that Enter and View is an engagement tool performed by Healthwatch-trained lay-volunteers and is not an inspection.

Explanatory Healthwatch leaflets had been sent to the Home before the visit, and these had been made available and distributed, and notices displayed. The representatives explained to everyone they spoke to why they were there, and spoke to several residents and staff in Bennett House and the attached Millbrook Day Centre. As the team went about the Home and Day Centre to gain an understanding of the layout and the facilities offered, and to talk to residents, staff and visitors, they also observed the facilities and activities as well as interactions between staff, and residents and any visiting relatives/visitors.

When the representatives had finished speaking with residents, staff and visitors, they then gathered to review the key observations and feedback received. The team then spoke briefly with the acting manager to share early summary key findings and explained the next step of the process. This report relates only to this specific visit (a snap shot of time) and it's not representative of all residents/ relatives/ visitors and

staff, only those who contributed within the time available. The representatives wish to thank all for their time, feedback, and support received on this visit.

## Summary of findings

At the time of our visit, the evidence is that Bennett House was operating to a good standard of care with regard to resident respect and dignity.

- First impressions of the home was of a warm and friendly atmosphere
- Resident told us they felt safe and that the staff looked after them well - “they were wonderful”
- Staff clearly knew the residents well, were caring, and had a good relationship with them; there was quite a bit of laughter going on.
- The use of colour, pictures, and activity as encouraged following the Eden Approach, clearly provides residents with a cheerful, supporting, and stimulating environment to live in.
- Many activities and social events are provided, with support by staff when needed, and personal hobbies and interests are encouraged and supported

## Results of Visit

Bennett House is a purpose-built residential care home for older adults, mainly catering for the frail and those with mental health concerns. The home, a single storey property, was built several decades ago and houses 45 residents in individual rooms without ensuite facilities. The home is organised in four residential units with resident rooms (Rosebud with 11 residents, Primrose with 12 residents, Jasmine with 10 residents and Bluebell with 12 residents) and each with a kitchenette and dining and lounge area, and bathrooms, a shower room and toilets, for use by all residents of that unit.

Bennett House also offers an integrated Day Unit for 12 visitors - Millbrook Day Centre; currently there are about 5 people attending, all residents from the care home.

On arrival the team were met by the manager who introduced the team briefly to the operation and layout of the home, and described some of the ways that the Eden approach had been used within the Home. We saw that the Eden approach was well published around the home and day centre, and the manager was very pleased to report the recent inspection had re-accredited the Home in its use of the ‘Eden Approach’ (re-assessed every 3 years).

### Accommodation and Surroundings

The general condition of the home is bright and cheerful giving a positive feel to the surroundings, with good flooring, and lounge chairs looked clean, comfortable and unstained. In line with the Eden Approach the home is decorated throughout with familiar objects, pictures and photographs, and we noticed several pictures of residents helping with gardening.

A vending machine near the entrance hall provides snacks (sweets, crisps and pop), and nearby is a large cage with a vocal parrot; staff explained the residents loved the parrot- he is ‘such a character’; one of the residents agreed with this.

Corridors and hallways were clean and free from obstructions. However we noticed in one unit along the corridor, that empty water drinking glasses and several empty plastic medication cups were left temporarily behind the corridor rails.

Unit toilet and bathroom doors are painted the colour of the unit (e.g yellow for Primrose Unit) with an appropriate picture of a bath, or toilet (Eden Approach influence). Toilet rooms had handles to assist less mobile residents, but we noticed several of the toilet rooms were very 'compact' and did not appear to have sufficient space if a resident needed to take a walking frame into the room or, if needed, for a carer to enter to provide support within the room. Waste bins in some toilets were small pedal bins which would not be easy for all residents to use.

The communal areas are well laid out, well lit, and with kitchenette facilities for making drinks and snacks, and with a lounge and dining areas, though décor was muted and might benefit from a face-lift. Each had a fire, several pictures and ornaments, and several comfy arm chairs for the residents, as well as small tables and chairs for 'activities' and dining. Radios/CD players and televisions were available and in use, and a large bookcase had a good variety of books.

Individual resident rooms are clean and compact, with a regular single bed, and decorated to residents choice of décor including wallpaper if they wished, flooring (either carpet or wood laminate flooring), and some residents had their own furniture items too. Most residents have pictures and photographs on the walls and their belongings around them. In some units, the resident room doors have their name on and a picture of the resident or some other picture they had drawn, however this was not evident in all units. In one unit, the room doors only had a very small room number disc.

The team noticed that the lighting in some resident rooms seemed dim and may impact a resident wanting to do activities such as crafts, painting, sewing, or reading. In one room particularly, this appeared to be made worse by a high hedge outside the window which severely blocked out natural day-light; the resident was a keen artist and confirmed the poor natural and in-room lighting was not helpful for her hobby.

The Millbrook Day Centre Unit comprises a large room, bright and well lit, with a kitchen area that has sink, cooker and height-adjustable work tops. The decor is themed around music, art and old-style cinema, to help the interaction and memories of those who use the centre with their day to day life. Small tables and chairs are arranged for activities and meals, and there are several comfortable 'easy chairs' around the room. The room has a stage divided with curtains and a piano nearby, as well as TV and music centre, and we saw jig saws and other table games. On the walls are pictures, several old fashioned clocks and other decoration items. A large basket with wool has some "knitting on-the-go" as well as.

The garden is lovely - influenced by the Eden Approach, being accessible from all areas of the building, with lots of colourful plants in raised flower beds, as well as vegetables, various potted plants, and a rabbit and hutch. There are several seating areas with benches painted in bright colours, and a smoking shelter used by a few residents and staff, and several brightly coloured solar lanterns. A staff member confirmed the area was reasonably well lit at night, but residents wishing to smoke in the evening would normally be accompanied by a staff member. Mosaic tile pictures decorate the walls - we were told these had been grant funded with help from the local Tile Museum. The BBQ area had recently been used by the residents, and there are some garden games available (including a large outdoor 'O's and 'X's game).

## **Personal Care, Dignity & Respect**

Some residents had dementia and did not have capacity to talk with us but they all seemed very happy or content, and comfortable. Many residents had their own personal alarms either on wrist, or as a necklace. Their clothing was clean and tidy, residents looked well dressed, and many of the residents said they were happy and well cared for. Residents told us they were happy with the support provided by the staff and that good personal relationships were established. Members of staff were observed addressing residents by their first name, and speaking to the residents in a respectful way. Carers were seen to get down to the residents level when talking with them, and another sat for a while talking with a resident. Walking aids were positioned by their side or in front of the residents, for their convenience.

At the Day Centre, residents were participating in an exercise session and the coordinator ensured all felt included and were involved, and treated each in a respectful way. One resident seemed to be falling asleep but the activity member of staff encouraged him to take part, and he then became awake and alert and was more involved.

Residents could get up and go to bed when they wanted. We were told that residents have a bath once a week, and more often if they like. Some residents are able to use the bathroom unassisted; there was also a shower in the Primrose Unit for those who prefer to shower.

Other health and care services were either brought into the home, or some residents went out for these services. One resident said she went out of the home for her hairdressing; she did not need chiropody services and she did not have glasses and had not been to the opticians for a long time. Another resident said she used the hairdresser who came into the home, she could not remember when she last had an eye test

In one unit, staff were sorting clothes from the laundry. Some of the labels are not on the clothing which presented a problem to staff returning clothes to their rightful owners. We noticed staff also using their knowledge of the residents too when there were no labels, to help get the clothes back to the right person. A resident told us that sometimes they help staff in the evening with the laundry duties.

## **Meals & Food**

The residents told us they were more than happy with the meals provided and the choice available, and that drinks were provided to them throughout the day. Many Residents told us they “loved” the food, though few of them could remember what they had for lunch an hour earlier, nor the choices on offer. A member of staff we spoke to said if residents don't like what's on the menu, the kitchen would cook an alternative that the resident liked. Five residents said the meals were good and that they could choose from the menu the day before. One resident said she was happy enough with the food available even though it was very different to what she had been accustomed to before coming to live at the home; and she missed the kinds of foods she used to eat - she felt she needed to improve her diet now within the home (she had been accustomed to a continental diet all of her previous life - continental brown bread, spicy sausages, thick vegetable soups etc).

Residents explained they could have drinks - both hot and cold whenever they wanted, and one resident said they liked making the drinks, especially tea. The more independent and physically able residents we able to help themselves to their own

drinks. Though water dispensers were available, there were no plastic cups provided. However we noticed a resident had a cup of tea/coffee which she was not drinking; other residents also appeared to have drinks placed beside them but were not seen to be encouraged to drink their tea/coffee by staff.

### **Activity, Exercise and Social Interaction.**

Some residents were involved in activities/ hobbies - some in their rooms, and some in the communal rooms; some needed support by staff but others could do them unaided. One resident enjoyed painting and there were several examples of her work in her room, and elsewhere in the home. She did her painting - usually water colours in her own room (sitting with her coat on) and she was enjoying a cup of coffee during our chat.

In the communal lounge/dining room of one of the units, some residents were listening to music (TV was not on). The volume was rather loud for the resident sitting close (next) to the music centre, and this did not make conversation easy, but the resident did not seem concerned at the volume. Other residents were engaged in playing a game of dominos. One domino was missing from the set - fortunately on this occasion this was not noticed by those playing. In another unit, two residents were doing crafts on one of the dining tables, and one was making a card for a resident whose birthday was on the day of our visit. Some of the team joined some residents in a smaller dayroom where residents were enjoying doing some craft work, and in another unit residents were playing dominoes. All residents we spoke to said that they were happy to be there and that they enjoyed the interaction with others in activities on a daily basis.

Advertised on a notice at the entrance is a program of activities arranged for the residents, and for those attending the Day Centre. Each Unit also had an activity board which showed what was happening at times throughout the day for the week. There was a good variety of activities to interest the residents as well as outings and trips outside the home. Some residents had been on a Canal trip. Organised activities include exercises, singing, cooking, painting, several craft activities, and knitting, as well "having a natter". The staff had held a Bar-B-Q recently; this was not planned, but the weather was good and warm, so it was done on the spur of the moment. They had also organized a "bake off" event which had also proved popular.

A Casino evening was planned for September (designated as 'Alzheimer's month'), and an afternoon tea event is also planned for MacMillan week. Singers and entertainers visit the residents which some residents described and said they enjoyed. Staff and residents also described a visit by 'a horse', and on another occasion the 'exotic zoo', and several residents we spoke to said they loved these occasions with people coming in to visit them. We heard that the Activity Coordinator's Brownie Group visited the Home on a regular basis. Once a year the Brownies come in and use the activity room and 'camp out in tents'; we were told the children mix with residents and have meals with them. Both staff and residents told us the visits by the Brownies was an activity that was much enjoyed. We were also told that children from a local nursery, and a primary school, come into the home and meet with the residents. Some residents said they like to go accompanied to the shops, or for a coffee. Staff also said some residents go to the local centre nearby unaccompanied - to the library, or to the local shops and pharmacy, and one resident went to the local Community Centre to attend a computer course.

In the Day Centre, a "seated exercise" session was being run by the activity coordinator. This started with bubbles being blown by coordinator towards those participating, who blew the bubbles away. This was followed by exercises with a light weight blow-up ball; first kicking the ball to one another, followed by bouncing the ball. Further exercises moving legs and arms ended the session. Some of the Residents participated with more

enthusiasm than others. We talked with one of the participants who said they liked the exercise session, but wanted the activity coordinator to play a favourite song on the piano as they liked singing. After the end of the exercises, the coordinator then played some songs on the piano and was joined in singing to accompany this by some of those residents attending. A games room store was full with a variety of equipment to engage the residents - including darts, a pool table, and soft ball. We also heard that Residents like to play chair hockey.

When the exercise session finished, some residents went from there to their lounge/dining room, and brought with them knitting to do while they were waiting for lunch. We asked what residents did with the knitting, but at present they just left the knitted squares in their room.

### **Staffing & Staff Feedback**

The manager gave the team a brief introduction to the running of the residential home, and the day centre. She described the aim was for a mixed staff ratio of skill bases, and currently they had two volunteers who came to visit the home (though she thought eight volunteers would be an ideal number).

We were told that the Day Care centre was not achieving its full potential presently - the capacity was for 15 day care attendees, while daily attendance usually varied from 3-5. The manager indicated she thought this was most likely due to pressures on funding both locally for the Council and for self-funders. Plans were under consideration to reconfigure the delivery of day care services and increase the attendances at the Day Centre.

We talked with some of the staff in the Units and Day Centre. They said they were all happy in their roles at the Home, and we observed that they appeared to genuinely enjoy working in this home/centre and their interactions with the residents. Staff are organized in shifts and there is a permanent 'waking duties' nights team; none of the staff we spoke to said they found the shifts patterns too erroneous. We were told the home does sometimes use Agency staff to cover sickness and during busy holiday periods. Some staff recruitment is taking place at present, but we did not hear they were struggling to cover the shifts. We were told by the manager that Residents have an input in recruiting new staff.

Staff we spoke to said they were well supported by the Manager and other team leads, and all attend monthly staff meetings where they are able to discuss issues affecting the home. One senior carer had worked at the Home for over 10 years, and clearly enjoyed her work and her role which included as a dementia champion for the home.

Several staff in different roles we spoke to said they were well trained which included dementia care, and for some there was support in further education opportunities. Staff mentioned they had a set training pathway for all staff, which included training for safeguarding, end of life care, dignity training and the Eden approach. The medication training appeared to be quite rigorous with a written exam that must be passed before staff are allowed to administer any medication. A few young apprentices are employed and they too have a training pathway and are provided with a mentor. We were shown a workbook and some of their paper work, which was very thorough.

A senior carer who was also a dementia champion told us she loved working at the home. She said that there was a staff activity course that staff attended, and they also had 'long-distance' dementia training (eLearning online). We spoke to three other members of staff and two were Care Staff; one had been working for a year and said she loved it working at the home, and the other was a new Carer. Both were observed to have a good rapport with the residents and were seen taking time talking with residents. The staff explained that one resident was still in bed but they were going to

see if the resident would like to get up for lunch. The third staff member undertook domestic duties, but today they were in the laundry. This staff member explained that sometimes labels came off from the resident's clothes, and at the moment staff were writing their names on labels. They were expecting soon to use a 'tag method' of naming residents clothing. The staff member had worked there for many years and she said she loved it, she gets on well with the residents and everyone works well together.

We asked the manager about Resident / Relative Meetings, who said regular meetings had been organised in the past, but they were experiencing difficulties with encouraging the many of the relatives of residents to become more involved. The manager explained she was planning to rejuvenate social evenings to bring people in and encourage more involvement.

The noticed staff were not dressed in any identifiable way (different colours/ clothes for different staff) and staff didn't have name badges visible which would be helpful to visitors and some residents alike, however staff explained this was the residents' home and most staff are known to most residents and their visiting families.

## Recommendations

1. Fulfil the staff recruitment needs as soon as possible.
2. Provide resident name signs and pictures to replace the small number disc in those units that do not have name plates nor pictures
3. Remind staff to encourage residents to drink refreshments that have been provided, and about not leaving beakers or medicine cups behind the corridor rails.
4. Review lighting levels in the rooms of those residents who like to do their hobbies in their rooms, or like reading; consider providing additional focused lighting lamps, and ensure outside hedging and trees do not significantly reduce the summer light. Consider converting the conservatory room (currently seemed to be used for furniture storage, and occasional quiet seating area) into a comfortable "painting art studio" for residents use.
5. Consider replacing the white crockery used for resident meals and drinks with coloured ones - perhaps with primary colours in keeping with other colour focus for the home ( Eden Approach)
6. If residents knit, encourage them to contribute their work to things which are useful - such as blankets/throws for themselves or other residents (or for relief charities), or turn them into "Twiddle muffs" for residents or the hospital (PRH).
7. Consider making 'crayons' and paper available for residents to encourage further activity and interest to be continued outside the "supported activities" times.



## Service Provider Response - Report Received Mid-October 2015

Report Findings/ Recommendations	Response/ Actions	Time Scale
Corridors and hallways were clean and free from obstructions. However, we noticed in one unit along the corridor, that empty water drinking glasses and several empty plastic medication cups were left temporarily behind the corridor rails.	Reminder to staff to ensure corridors are free from clutter e.g. cups etc.  However, at this particular time, staff were assisting with personal care and tidying bedrooms	Completed 30/11/2015
Toilet rooms had handles to assist less mobile residents, but we noticed several of the toilet rooms were very 'compact' and did not appear to have sufficient space if a resident needed to take a walking frame into the room or, if needed, for a carer to enter to provide support within the room. Waste bins in some toilets were small pedal bins which would not be easy for all residents to use.	A review of the location of dispensers, although this is problematic in itself as the long corridor WC are quite small in size.  Larger pedal bins to be purchased for all bathrooms	31/12/2015  31/12/2015
The communal areas are well laid out, well lit, and with kitchenette facilities for making drinks and snacks, and with a lounge and dining areas, though décor was muted and might benefit from a face-lift. Each had a fire, several pictures and ornaments, and several comfy arm chairs for the residents, as well as small tables and chairs for 'activities' and dining. Radios/CD players and televisions were available and in use, and a large bookcase had a good variety of books	We are looking at decorating in the new year when the budgets are through.  One of the kitchens has planned works to be remodelled in the new year	30/04/2016  30/01/2016
In some units, the resident room doors have their name on and a picture of the resident or some other picture they had drawn, however this was not evident in all units. In one unit, the room doors only had a very small room number disc	We are currently reviewing signage in the home and look at purchasing memory boxes outside of customer's bedrooms	31/01/2016

Report Findings/ Recommendations	Response/ Actions	Time Scale
<p>The team noticed that the lighting in some resident rooms seemed dim and may impact a resident wanting to do activities such as crafts, painting, sewing, or reading. In one room particularly, this appeared to be made worse by a high hedge outside the window which severely blocked out natural day-light; the resident was a keen artist and confirmed the poor natural and in-room lighting was not helpful for her hobby</p>	<p>All bedrooms have energy efficient bulbs and do not light up the room immediately, Facilities business manager to look/source alternatives</p> <p>Planned works arranged for the new year for gardening works due to high hedges</p>	<p>31/12/2015</p> <p>20/02/2016</p>
<p>Residents explained they could have drinks - both hot and cold whenever they wanted, and one resident said they liked making the drinks, especially tea. The more independent and physically able residents we able to help themselves to their own drinks. Though water dispensers were available, there were no plastic cups provided. However, we noticed a resident had a cup of tea/coffee which she was not drinking; other residents also appeared to have drinks placed beside them but were not seen to be encouraged to drink their tea/coffee by staff.</p>	<p>Refreshments are encouraged and offered throughout the day, looking at alternatives i.e. not just hot/cold drinks but other supplements as well such as fresh fruit, Yoghurts and nutritional supplements</p>	
<p>The noticed staff were not dressed in any identifiable way (different colours/ clothes for different staff) and staff didn't have name badges visible which would be helpful to visitors and some residents alike, however staff explained this was the residents' home and most staff are known to most residents and their visiting families</p>	<p>Staff are dressed in a purple pique polo shirt and black trousers, not all staff on duty (new starters had a uniform)</p>	<p>Ordered and awaiting delivery for new starters uniform</p>

Report Findings/ Recommendations	Response/ Actions	Time Scale
Fulfil the staff recruitment needs as soon as possible	Staff are currently in recruitment, and we are regularly hold walk in interviews	
Consider replacing the white crockery used for resident meals and drinks with coloured ones - perhaps with primary colours	This has been ordered	02/01/2016
If residents knit, encourage them to contribute their work to things which are useful - such as blankets/throws for themselves or other residents (or for relief charities), or turn them into “Twiddle muffs” for residents or the hospital (PRH).	<p>The activity coordinator has recently held consultations with the customers and do quite often knit blankets etc for the local dogs recue centre</p> <p>Customers are looking at making twiddle muffs in the new year working with the Brownie children</p>	
Consider making ‘crayons’ and paper available for residents to encourage further activity and interest to be continued outside the “supported activities” times	All of these supplies are available for customers in each of the households, and also stored in the activity room	