



Healthwatch Liverpool Enter and View Report
Bentley Care Home
2 Bentley Road
L8 5SE

August 2015



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Section 1: Introduction

Healthwatch Liverpool has powers to carry out what we describe as ‘Enter and View’ visits in order to assist us in the role as an independent local champion for patients’ rights concerning health and social care services (see the Appendix for more information about this). These visits are carried out by small teams of trained members of Healthwatch staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. Healthwatch only visits services that are publicly funded, e.g. through the NHS or via local authorities.

During an Enter and View visit Healthwatch talks to people using the service, whether patients or residents, and their relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. Feedback and observations are collated in a report, which is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners appropriate. If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Section 2: Basic Details about the Enter and View

Name of the service visited:

Bentley Care Home

Address: 2 Bentley Road
Liverpool
L8 5SE

The Date of the Enter and View Visit: **23rd July 2015**

The Time of the Enter and View Visit: **2:30pm - 4:30pm**

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

Andrew Lynch - Healthwatch Information and Project Officer
Andrew Warhurst - Healthwatch Information and Project Officer
Laura Yallop - Support Worker

This visit was unannounced, a phone call was made to the Care Home an hour before we were due to arrive to inform them of our intention to visit.

Healthwatch Liverpool would like to thank Bentley Care Home staff and residents for facilitating the visit and for taking the time to talk to us.

Section 3: General profile of the service that was entered and viewed

Bentley Care Home is owned by the Argyle Group.

Bentley Care Home is divided into two separate units. Bentley House which is for older residents, has 31 beds available, currently 4 are empty and provide nursing and residential care. Bentley Unit which is for younger residents has 22 beds, currently 1 of which is empty and also provides nursing and residential Care. The accommodation is all single rooms each with a sink. Bentley Care Home is home to people living with Dementia, Korsakoff's Syndrome following alcohol dependence and Mental Health conditions. A pet dog called Bengy also lives at the care home for the benefit of the residents.

Section 4: The reason for the Enter and View Visit

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback. The Enter and View visit to Bentley Care Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, as well as finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Section 5: Information received and observations made by Healthwatch Representatives

A. Reception

- i. When the Enter and View team arrived at the home the exterior door which has a keypad and a sign explaining it should remain locked was unlocked. This aspect of security could have been better.
- ii. Once in reception there was an interior door which was secured. It was a couple of minutes before anyone arrived to meet us.
- iii. The notice board in reception had out of date information displayed and no information on how to make a comment or a complaint about the service was visible.
- iv. There was a vacuum cleaner left lying on the floor which is a trip hazard.
- v. It was positive to note there are staff pictures displayed on the wall near the entrance with names of all staff who work at the care home including bank and domestic staff.
- vi. As expected, at the door leading from reception to the interior of the home there was a signing in book and a copy of the evacuation procedure.

- vii. The Enter and View team were met and guided around the care home by a bank nurse who works at the home one or two days a week and who was in charge at the time of the visit. We were informed the manager was out completing assessments and the deputy manager was on a training course.
- viii. At the time of the visit there were 4 carers and 1 nurse (who was in charge) working in Bentley House and 2 carers and an agency nurse working in the Bentley unit.
- ix. Healthwatch representatives were informed there is a visiting hairdresser and optician and members of staff will take residents to the dentist when they need to be seen. Those who want to go to church are taken by staff.

B. Activities

- i. The home employs two members of staff who work 4 days a week to run activities for residents. When the Enter and View team arrived these staff had taken 3 residents for a pub lunch followed by a shopping trip to Asda. We were shown the activities board which shows a broad range of the activities planned for the month of July. The team were told staff will sit and talk with or read the paper to residents who are unable to go out.

C. Bentley House

- i. We were shown to the treatment room which is used to store medicines and for minor treatment such as changing dressings. The temperature chart on the fridge used to store medicines showed it was last checked on the 21/07/2015 (23/07/2015 was the date of the Enter and View visit). Healthwatch would have expected the fridge temperature to be checked every day.
- ii. Healthwatch representatives were shown the dining room, which was generally rather attractive and well decorated. The menu options for today are written on a board, there are two options each meal time and food is served by a member of staff. Pureed meals are served as shapes on the plate as per good practice guidelines. There are bibs available for those who agree to wear one.
- iii. The team were shown the kitchen where we spoke with the chef who explained they operate a three week menu, they incorporate fish into the menu when they can buy it at a reasonable price. There are two options per day, when asked what they would do if someone doesn't like the option we were informed they would make up a salad. Pureed food is made in batches and then frozen in blocks, they ensure that people aren't given the same meal two days in a row. Residents will sometimes ask for something specific but the Enter and View team were told that with restrictions on the budget it is not always possible to cater for this. Healthwatch representatives were informed that Halal and other dietary requirements would be catered for.
- iv. Healthwatch representatives were informed that all residents are weighed monthly and if there is a notable change in a residents weight they will be weighed weekly, a dietician will become involved and a food chart drawn up. This is all recorded in the resident's care plan.
- v. The team observed many of the grab rails are painted red which helps to make them stand out, not all have been painted this way though.

D. Bentley Unit

- i. As we entered the Bentley Unit we went down a narrow corridor with a very small toilet. This toilet was in urgent need of refurbishment.
- ii. We were shown the garden, which has a smoking shelter in it. The garden is a nice space, well maintained with seating available for residents. This space is used for activities such as a barbeque which was recently held for residents.
- iii. Healthwatch representatives were shown the dining room where a chair was pointed out to us. This was a specialist chair which one of the residents needs, the chair was purchased from the staff fund. The staff fund was explained to us as follows: staff pay money each month to cover their own meals and drinks and what is left in the kitty the staff choose how to spend this money, and in this instance they used it to buy equipment for the home. Whilst this is admirable behaviour on the part of the staff, Healthwatch representatives were surprised to observe that staff appeared to be subsidising furniture at the care home in this way.
- iv. We spoke briefly with the agency nurse working in the Bentley Unit and he explained that this unit is for younger residents many of whom have a mental health condition.
- v. We were shown information on the back of an unoccupied resident's room door detailing how to evacuate a person in that room in the event of an emergency such as a fire. Healthwatch representatives noticed that there was no personal information displayed on the residents doors to indicate who resides where e.g. a name plate and or photograph. This would potentially help people who have dementia.
- vi. Healthwatch representatives were then shown downstairs to the activity rooms. One room is decorated to look like a bar and one room has a large screen television where cinema evenings are held. We were shown chairs which had recently been bought, which staff were currently reupholstering when they have the time. Healthwatch representatives were impressed by the dedication of the staff in attempting this work, that is clearly above and beyond the kind of duties normally expected of care staff, but Healthwatch representatives were also surprised that such measures are necessary, as we would have expected that the chairs be kept in good repair by professionals in that field funded by the care home management.
- vii. We spoke with the staff who run the activities as they had returned from their lunch out and they said that they take those residents who are able out, or they will stay in and play games and talk with people. They talk to and read newspapers to those residents who can't communicate.
- viii. We were shown a kitchen area which we were unable to go in as the floor was being cleaned. We were told that residents are able to use this to make themselves drinks and staff encourage residents to wash up after themselves and be as independent as they can be.
- ix. The floor in the corridor area needs replacing as the vinyl has come away from the floor at the joins between pieces which is a trip hazard. This is particularly a concern outside a kitchen where people will be carrying hot drinks. There was disused gym equipment obstructing parts of this corridor which is also a significant trip hazard.

- x. From this corridor the team went up a flight of stairs which were bare wood. There is a lift as an alternative route up and down to this part of the building, however, the Enter and View team were informed these stairs are also used by residents. If this is the case, it would seem that these stairs are in need of carpeting to make them more suitable to their use. At the top of the stairs we went through a door which had a sign on it to say it was a fire door keep locked. Despite the sign, the door was not locked.
- xi. The Enter and View team followed the corridor and came to another flight of stairs, these were carpeted, and two carpet cleaners were left blocking the bottom of the stairs, these were also a possible trip hazard.
- xii. Healthwatch representatives were shown the third floor where there was a bathroom toilet in urgent need of cleaning, apparently a resident had used the toilet by themselves which the team had already been informed doesn't happen. The toilet and parts of the floor close to it was covered in faeces. There were no staff members observed to be present on this floor. The team observed a tray of food on a rocking chair in the corridor from breakfast (and this was observed at not long before 4pm).
- xiii. The Enter and View team were shown some rooms that were not currently occupied by residents, these rooms were in need of repair before they can be used again, they need repainting, there was water damage to one of the ceilings and another had gaps in the suspended ceiling. If adequately repaired and decorated these rooms seemed fit for purpose.
- xiv. We spoke with the nurse in charge about the building and she informed us that their infection control lead had drawn up a list of work with the handy man who was unfortunately not available at the time of our visit. He has to work through the list to a timescale agreed with Liverpool Community Health Infection Control Team.
- xv. There was a strong smell of urine in some of the corridors with carpets. The nurse in charge informed us the carpets have been cleaned in the last 12 months.
- xvi. We were informed staff receive relevant training including manual handling. Staff spoke about training they are doing, all are enrolled on NVQ level 2 or NVQ level 3.
- xvii. We were informed that the staff team have recently been speaking with residents to write down their 'life stories' so they can reminisce with people about their lives.
- xviii. We were informed that staff have regular supervision, a monthly staff meeting and there is a staff questionnaire, results of which are compiled by the manager.

E. Engagement with Friends and Family

- i. The home operates an open visiting policy and only run meetings for residents and family/friends if there is a problem. We were informed that due to the reasons for residents to be living at the home many don't have any family or friends. The Home has a questionnaire for visitors to complete. The nurse in charge at the time of the visit was unsure of how many of the questionnaires are received.

Section 6: Feedback from residents, relatives and staff

We spoke with staff and they all spoke very positively and love working there. When asked what they would change? They would like to improve the building as it's an old building. Staff described residents and colleagues as being like a family.

At the time of the Enter and View there were no visiting family members or friends to speak to and the team were only able to speak with one resident from Bentley Unit. 'been here 16 years, seen some changes. Get chips more often than not. I've known the Nurse in charge a good few years, they encourage us to do as much as we can for ourselves, we can ask for help.' The resident has their own fridge in their room and can make themselves drinks when they want, they have a kettle for making hot drinks and can make pot noodles or porridge. 'I love being here' The resident explained that they brought their own scooter to the home which they used to get out and about but it is now broken. We asked about activities and the resident became more animated when talking about going downstairs (to the activity room) to watch 'horror and western films' The resident also said 'I can go to bed when I want' When asked if there was anything else they would like to say they told us there was dirty washing outside their room which had been there 4 days. The Nurse in charge said she would look into that.

Section 7: Summary/Conclusions & Recommendations

Healthwatch representatives observed very positive relationships between the residents and the staff and a willingness on behalf of the staff to do their best for the residents.

An area that Healthwatch would like clarification on is relating to the staffing levels. Specifically, on the occasions when the nurse is the person in charge of the Home, what is done to ensure nursing cover? E.g. if there is an issue which requires the time of the person in charge and that person is the nurse, does this potentially leave no nursing cover on the house and if so, how is that type of situation catered for.

The building is old and in need of refurbishment in parts.

Healthwatch Liverpool representatives were told that the infection control team have made a list of recommended works and these are currently being worked through by the maintenance team at Bentley Care Home.

We spoke with staff who were very positive about their training and Healthwatch representatives find it encouraging to note that Bentley Care Home is actively encouraging the personal development of their staff.

Recommendations and requests

Healthwatch Liverpool makes the following recommendations and requests of Bentley Care Home:

1. That Notice Boards in reception are updated and should include details of how to give feedback about the care home and how to make a complaint.
2. That the care home carries out a review of security procedures to ensure that the outer door at reception, which states that it should remain locked, is locked when not in use.
3. That procedures around fire doors are reviewed to ensure that all fire doors are signed correctly and that they are used appropriately by staff and residents.
4. That there is a review of Health and Safety procedures to ensure cleaning equipment is not left lying around when not in use causing trip hazards. Also that all items such as gym equipment that was being stored in the corridor at the time of the Enter and View are removed.
5. That there is a review of medicine management procedures to ensure the temperature of the medicine fridge is checked and recorded at least daily.
6. Healthwatch Liverpool appreciates there are budget restrictions but would recommend the offering of a simple alternative menu of salad, sandwich, soup, jacket potato which would give a broader range of food choices for the residents (one resident said they were fed up of chips).
7. Healthwatch Liverpool representatives were told that the infection control team have made a list of recommended works and these are currently being worked through by the maintenance team at Bentley Care Home. Healthwatch Liverpool requests that the care home share that list with us as agreed along with a progress update against that list.
8. That the care home carries out a maintenance review to identify and plan a schedule of refurbishments and replacement including toilet facilities, vinyl floors that have become raised presenting trip hazards and in particular where carpets smell of urine they should be replaced as previous cleaning attempts have failed to remove their smell.
9. The team observed many of the grab rails are painted red which helps to make them stand out as a visual aid to residents, however, not all have been painted this way and so as to provide a consistent approach for residents, Healthwatch Liverpool recommends that all handrails be painted to match.
10. Activity staff are spending their time reupholstering chairs in the activity room, Healthwatch Liverpool questions if this is an appropriate use of their time and recommend the care home reviews condition of the furniture and where necessary buys new furniture or has it professionally repaired.

11. There appeared to be no staff on the second floor at the time it was observed and a resident had apparently taken themselves to the toilet and had trouble leading to the toilet urgently needing cleaning. Also there was food from breakfast still on a plate in the corridor at 4pm. Consequently, the home should review staffing levels and or deployment to ensure that all floors are staffed when in use by residents.
12. That the care home shares with Healthwatch Liverpool a summary of the engagement activity that it has undertaken with friends and family of residents to ascertain their views on the quality of the service over the last year and also shares the anonymised results of any surveys conducted by the care home in that period.
13. Healthwatch representatives noticed that there was no personal information displayed on the residents' doors to indicate who resides where e.g. a name plate and or photograph. Therefore, Healthwatch recommends that photographs and names of resident should be affixed to appropriate doors where residents would like this.
14. That the care home provide an explanation as to if and how dirty washing could be left outside a resident's room for 4 days.

Section 8: Safeguarding

There were no safeguarding concerns identified during this enter and view visit.

Section 9: Follow up with Bentley House Care Home by Healthwatch Liverpool

Healthwatch Liverpool is seeking further clarification regarding some observations which were particularly relevant to the care of one resident in the care home. There is no indication that this is a safeguarding issue or that any policies and procedures have not been properly followed, however, Healthwatch Liverpool is seeking clarification via direct communication with the care home outside of this report. This is to ensure that Healthwatch can receive clarification while respecting the confidentiality of the resident and without any possibility of the resident being publically identified.

Following publication of this report the provider is asked to respond to the recommendations within 20 days. Once received, the response will be published alongside the report.

Section 9: Healthwatch Liverpool Contact Details

Healthwatch Liverpool

151 Dale St

Liverpool

L2 2AH

Main Number: 0300 77 77 007

Fax: 0151 237 3998

Email enquiries@healthwatchliverpool.co.uk

Website www.healthwatchliverpool.co.uk



Appendix:

Healthwatch Liverpool - Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. Healthwatch Liverpool works to give local residents a stronger voice to influence and challenge how health and social care services are provided. Healthwatch Liverpool enables people to share their views and concerns about local health and social care services to help build a picture of where services are doing well, and where they can be improved. Healthwatch Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012. Healthwatch Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for Healthwatch Liverpool to get a better understanding of the service by seeing it in action and by talking to staff and service users.

Healthwatch Liverpool seeks to identify and share good practice wherever possible. However, if during a visit Healthwatch Liverpool identifies any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.