

Enter And View

Report
Bush Care Home
30th May 2018



Local voices
improving local
health and social care



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Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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.

The Health and Social Care Act, allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises. 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 Walsall 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 Walsall safeguarding policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.



Provider Details

Name: Bush Rest Home

Address: 39 Bush Street

Wednesbury

West Midlands WS10 8LE

Service Type: Residential Home: Dementia and Old Age

Home Capacity: 44

Date of Visit: 30/5/18

Authorised Representatives

Name: Ross Nicklin **Role:** Healthwatch Walsall Advisory Board

Name: Simona Zetu **Role:** Volunteer Authorised Representative

Name: Dougie Partridge. **Role:** Volunteer Observer

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives
- The reason for the announced visit was that the last CQC inspection stated that Bush House was rated inadequate Also, the Local Authority had requested HW to visit

Physical Environment

External

The exterior of the building was well maintained There is ample car parking There is CCTV to the exterior of the building Entry to the home was via a bell

Internal

Visitors are requested to sign in to the visitor's book with the relevant information on visitor safety **Consideration should also be given to providing a tear off visitor/contractor signing in book which includes individual authorisation to be on site and meets legislative requirements.**

The reception area displayed the obligatory documentation. This included the employer's liability insurance, the fire plan in the event of an emergency and the

current CQC registration/rating There was a copy of the complaints policy and a residents' photograph board.

The manager's office is just off reception. Through reception, there is an extremely large communal lounge/dining area with a bright atrium that leads to the garden area. There is also a quiet area and kitchen which is accessed from the communal area. The medication room is also on the ground floor.

The resident rooms are arranged over 2 floors with the upper one accessed by lift and stairwells. There are bathrooms on both floors. However, all the resident communal areas are on the lower floor. Both floors are decorated to a reasonable standard although we were told that a complete program of infrastructure redecoration and a refurbishment is planned throughout the home to include bathrooms. We were shown one in the process of redecoration.

As part of this refurbishment, choices are to be offered in individual resident rooms as to the type of flooring to be laid; either carpet or laminate. The large communal lounge on the ground floor has TV's/DVD's This communal lounge acts as the main focal point for residents and it was encouraging to see that many residents were actively making use of its facilities and activities as provided.

Furniture and soft furnishings were plentiful and mainly in good condition, albeit there was a mix of newer and older more tired pieces which would benefit from replacement in any planned refurbishment. These were arranged sympathetically to encourage interaction between residents which we observed during our visit.

The garden is accessed from the downstairs lounge Whilst the garden is a good space, **it could benefit from some sympathetic landscaping and planting coupled with the addition of more sensory aids designed to stimulate residents.** Whilst we appreciate that a smoking area must be provided, the existing structure could be more sympathetically screened and kept tidier and free from cigarette ends on the ground.

Despite the size of the building, the corridors and public areas were clean and free from obstacles facilitating safe movement around the home by residents. We did not carry out any interviews in resident rooms although we were shown a typical room during our tour of the facilities which although adequate, are subject to refurbishment as mentioned previously.

Resident Numbers

Resident capacity is 44 and at the time of our visit there were 32 residents. At the time of our visit, the Local Authority (LA) had suspended placement of any new residents pending completion of the planned remedial requirements which the new management is now addressing.

Staff Numbers

There are presently 37, including 1 management, 1 maintenance, 3 domestics, 1 activity coordinator and 3 catering. The remainder are carers, arranged over day

and night cover. Typically, this is 5 carers during the day, 5 during the afternoon and 3 at night.

Agency Usage

We were told that agency staff are not used.

Resident Experiences and Observations

We managed to speak to 3 residents who were able to share their experiences. The feedback received from individuals was positive as they told us that their personal choices in respect of dress, food and drink and personal care were respected.

Indeed, all the residents' that we spoke to, were clean in appearance, things such as hair, clothes, nails, etc. were in good order. We were told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests. At least one resident was able to tell us that staff always seek permission before providing care. All the residents we spoke to felt safe and free from risk.

They were aware there was scope to raise concerns or complaints with staff and at least one resident told us that they knew how to do this. The residents appeared to be well looked after. One resident told us they felt there were enough staff on duty.

We were told there were regular visits from healthcare professionals such as the GP, chiropodist, optician, etc. Although residents are also supported to take these services outside the home if this is their preference whether individually, with relatives or a staff member.

The residents we spoke to confirmed that they were treated with dignity and respect. To confirm this, there was positive feedback regarding the interaction of the staff with residents. We were told that the staff were polite and used resident first names in conversations. Another resident told us that the new manager had a high profile in the home. Five residents generally seemed to be aware of the range of activities available to them and one told us about group activities such as the celebration of the recent Royal Wedding.

At least one resident told us that call bells were accessible and they knew how to use them.

The residents we spoke to were happy with the meals and drinks provided both in terms of quality and choice of menu. One resident told us that the menu changed daily There is also flexibility as to where meals are taken with an emphasis on communal dining in the lounge area

Family and Carer Experiences and Observations

We were able to speak to one relative on the day of our visit. They provided mostly positive feedback of their experiences of the home. They were made to feel welcome but visits usually had to take place after lunchtime. **They felt that previous management had not kept them fully informed regarding the relative**

and they were unaware of the complaints process and the procedure for relative discussion with management.

They told us that the dignity of their relative was always observed and staff used resident first names. They were praiseworthy of the level of care provided and indeed the work of the staff themselves.

Activities

Whilst there is a dedicated Activities Coordinator, at the time of our visit we did not see many examples of planned or past activities. In addition, the home lacked the provision of sensory aids designed to stimulate resident memory experience.

Birthdays and special events are celebrated and knitting was cited as example of group activity. However, we were told by the new manager that there are plans to restructure activities in tandem with the activities coordinator making them less ad hoc and more person centered.

Catering Services

The current Food Hygiene rating is 4, which is good. The residents we spoke to were happy with both the quality and variety of meals provided. Kitchen preparation areas were clean but could also benefit from refurbishment. Menus are set for four weeks and then changed; 2 choices for main meal each day.

There is an understanding of nutritional and hydration requirements and there are daily/monthly checks in place. Meals can be taken either at the designated meal time or at resident request and residents can eat in their rooms.

We were told that residents often ask for favourite meals which are provided. Snacks and drinks are available between meal times although we did not see a great deal of fresh snacks in evidence such as fruit platters. Utensils are somewhat dated and would benefit from change

Staff Experiences and Observations

On the day of our visit we managed to speak to 3 staff members, including the home manager, chef and a carer.

One staff member told us that they now felt more motivated and that staff morale was starting to improve under the new management especially following the last CQC audit. **We were also told by staff that they felt that staff training could be improved and therefore less reliant on experience of the care; an example of this is safeguarding training for all staff.** However, they were aware of the process for raising any concerns.

The staff member we spoke to, had an understanding of changing resident needs and preferences which are monitored and communicated through care plans and staff handover. **We were also told that staff numbers at night would benefit from the addition of another member on duty** Management did inform us that a dependency assessment is planned to validate staff cover and resource.

One staff member told us that the recent changes planned by the new management were well received, for example the current refurbishment of the bathrooms. We were also told that staff now felt more supported by management.

The new management outlined a number of changes planned for the home. These are wide ranging to include procedures, infrastructure, training, documentation and culture.

A training matrix for all staff is now in place, for example: identifying needs for Mental Capacity Act/DOLS knowledge and gaps in safeguarding training. Training is carried out by a combination of external and E learning and competency audits are planned by management. Electronic care plans are to be introduced, facilitating real time updates by staff designed to monitor resident preferences and changing needs.

Staff handovers are presently the conduit to report or communicate any concerns to management and relatives. To supplement this the new management have also introduced a daily audit document of resident changing needs. There are also plans to improve resident, relative and staff communication by management through structured processes. Resident & family member meetings are to be introduced to include best interest, (capacity meetings) with relatives.

Recruitment now carries a high priority to include DBS and identity checks, former references and a focus on NVQ accreditation. New management are now assuming a high level of visibility within the home. We were told by management that there is a quality assurance system in place.

The owners and area manager are responsible for carrying out mandatory audits of the system. We were told that complaints and concerns are now documented and followed up with remedial actions put in place. We were also told by management that they encourage and facilitate visits by healthcare professionals into the home and residents will have choice of their preferred GP where practical.

We observed a number of staff and resident interactions during our visit. Staff used first names when speaking to residents and addressed them in a caring and friendly manner.

We saw evidence of the necessary lifting equipment for safe movement of residents but did not see it being used. We were told that medications are now being effectively controlled and only given as prescribed. An electronically controlled system is planned for introduction by management. A drugs round was in progress and conducted by an authorised person wearing a tabard with a locked medication trolley.

Summary, Comments and Further Observations

The feedback received was mostly positive and the staff are striving to provide a good standard of care for the residents. The staff are endeavouring to put the residents at the centre of the service provision and there is a good sense of community.

Bush House is a Home in transition following a difficult period. A great deal of work is now to be carried out. However, this is mainly in areas such as infrastructure, (to improve resident experience), systems, documentation and training.

Cleanliness is being tackled head on and measures such as individual resident room audits and room numbering should improve historical inadequacies dramatically. In addition, there is now a commitment from the new management to support the efforts of the staff in providing a high level of care.

The recent change in management is having a positive impact on service provision and resident experience and new initiatives are being introduced to achieve a personalised care system. Generally, service users seem happy and the task in hand for the service provider is to build on this, through improved processes designed to bring about a more fulfilling experience for residents.

We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit especially in this difficult transitional period.

Recommendations and Follow Up Action

- Implement legislative visitor/contractor signing in book.
- Develop a plan to achieve 5 food hygiene rating.
- Consider redesign of garden space and smoking area.
- Introduce resident/family member meetings.
- Review night time staff cover through dependency assessment.
- Identify and address gaps in staff training needs.
- Review how activities are coordinated and structured with an emphasis on sensory stimulation.
- Revisit in the future following planned refurbishment of infrastructure.

Provider Feedback

The provider was contacted for feedback on the report. But no comment/feedback has been given.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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