Enter and View Report | Single Provider

Details of visit	
Service address:	Beanlands Nursing Home, Colne Road, Glusburn, North Yorks. BD20 8PL
Service Provider:	North Yorkshire County Council
Date and Time:	12 October 2015: 10.45am -3.00pm
Authorised Representatives:	Gill Stone (Lead) Richard Cyster, David McNeil.
Contact details:	Healthwatch North Yorkshire

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, 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. Local Healthwatch representatives carry out these visits to health and social care services to find out 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 Views 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 will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To gather the views of residents, relatives and staff to their experiences and views of the services being provided to them.
- Identify good working practice.
- Make observations of the care being provided to the residents and their interaction with the staff and their surroundings.

Strategic drivers

Contribute to our wider programme of gathering evidence on our 3 Health and Social Care priorities for 2015/16, which are: the Care Home relationship with the local hospital; experience of discharge from the local hospital (residents and staff); and responsiveness of the Care Home to the needs and concerns of residents and relatives/carers.

Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to the service provider, the visit lead arranged to telephone with the service providers' nominated person(s) in order to complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service. It was also an opportunity for the service provider to notify relatives and residents of our proposed visit and the opportunity they had to speak with the visit team on the day.

The visit team of three authorised representatives (including the visit lead) were not allocated specific staff and residents to consult in order to maximise the number of contacts engaged and avoid duplication of contacts. Authorised representatives conducted short interviews using semi-structured interview questions with members of staff at the care home. Topics such as quality of care, relationship with residents, support from NHS services and staff training were explored. In total we spoke to approximately 21 people, comprising residents, relatives, staff and senior management.

A large proportion of the visit was observational, involving authorised representatives observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and their surroundings. There was an observation checklist prepared for this purpose.

At the end of the visit, we communicated the key findings of our visit to the Registered Manager (Janet Fryer), Executive Quality and Resource Manager (Irene Jest) and Group Managing Director (Konrad Czajka) and explained the protocol of "what happens next" following our visit, including timings and expectations. This allowed the Management to respond immediately to some of our findings, as well as ask the visit team any further questions.

Summary of findings

- Beanlands is a nursing and care home housed in what was the former residence of the Hartley family - a prominent local mill owner.
- It is an imposing, elevated, three storey building set in extensive, well stocked and maintained grounds.
- The Home is clean and welcoming with all rooms viewed, being of variable but acceptable proportions.
- There are no en-suite facilities to any of the 37 single and 4 double bedrooms.
- The Home specializes in Palliative and End of Life Care and has been accredited with the Gold Standard Framework, evidencing its high standards in the care of patients nearing the end of their life.
- All bedrooms are equipped with an emergency call system, which can only be cancelled by staff attending the room. This system is however not appropriate for residents with more advanced stages of dementia, and thus staff need to be particularly vigilant, regularly checking corridors and residents bedrooms, particularly at night.
- The Activities Coordinator shares her time between Beanlands and Currergate.
- There is no specific facility for family members to stay overnight, however where a resident is near the end of their life, recliner chairs are available for relatives to use.
- This Home, the residents and staff appear well integrated into the local community, who volunteer, visit and help in the Home on a regular basis.

Results of Visit

ENVIRONMENT

Beanlands has been a nursing home since 1974 and was acquired by the present company Czajka Group in 2003. It is registered for nursing care for 45 residents and at the time of our visit had 40 residents.

The Home specializes in Palliative and End of Life Care, having the Gold Standard Framework accreditation for Palliative Care.

The building is a substantial stone residence with various structural additions being added over the years. The extensive grounds and gardens of the Home are well manicured and well stocked with many flowering bushes. Residents who are interested can take part in helping with growing and tending to the flowers and vegetables in the gardens.

The accommodation on entry has a large, light, airy conservatory, with comfortable seating arranged in groups around the room. This area is used extensively for the various activities in which residents participate. On the afternoon of our visit, the Beanlands Bake-Off challenge started, with participants making jam tarts, aided by the manager, care staff and the activities coordinator.

On passing through the conservatory into the large reception hall, the impression is of a clean, well-cared for Home. There are several notice boards advising residents of proposed activities, as well as a TV screen showing residents their meal choices for the day and activities available. There was a hand gel dispenser on the wall, but we did not observe it being regularly used. There is also a manned reception desk in the hall area.

Off the immediate Hall is a small lounge that is used as a residents' lounge, and in which 2 residents were sitting watching the TV although only one of them appeared to be taking any notice as the other was dozing. There is second lounge for residents use towards the rear of the building, which was unoccupied at the time of our visit.

Beyond the residents lounge is the dining room with panoramic views to the hills on which Wainman monument and Lund tower can be seen above the village. The room had small dining tables to seat 4 residents. Each table was attractively presented with linen napkins. There were 11 residents taking lunch on the day of our visit, with a total capacity to seat probably only 15 residents. We were advised that residents could eat in their own rooms or in the lounges if they preferred. Carers were on hand to assist those that needed help and encouragement to eat their meal.

Of the 37 single bedrooms and 4 double bedrooms available, those we visited varied appreciably in size - most had a wash basin, but no bath, shower or toilet facilities. Residents are encouraged to bring their own mementoes and personal effects for their bedrooms. Each bedroom has an emergency call facility which can only be deactivated by being physically turned off in the bedroom by a member of staff.

None of the communal areas or toilet facilities we observed were dementia friendly environments in flooring, decor or signage.

We were advised that external doors are locked with keypad entry as is the lift between floors. External fire doors are alarmed.

CARE (SAFE,CARING,EFFECTIVE,RESPONSIVE)

Residents

The age range of residents is currently between 57 and 103 years of age, with the average age being between 80 and 90. The Home specialises in palliative and end of life care and at the time of our visit 17 were receiving palliative care, but all residents had life limiting conditions. Even though the Home advised us that they do a thorough, in-depth assessment before acceptance into the home, we noted from our conversations that several residents had some degree of cognitive impairment and did appear disengaged from their surroundings. This confirmed information received at the initial interview by telephone, when only 50% of residents were confirmed to be able to engage with us directly.

We spoke to several residents including two respite care residents during lunch who said they were happy in the home, felt safe in the environment and said the staff were attentive and helpful to them. This was a fact we experienced watching the interaction between staff and residents during our visit. Most of the residents attending the dining room for lunch appeared able to eat their food unaided, albeit some were much slower than others, but there were staff on hand to encourage and help where it was required. It was noted that one resident in the lounge was drinking from a china cup that had a chip in the rim.

All residents we saw appeared appropriately dressed, clean and tidy with the exception of one resident in the lounge who, despite her obvious confused behaviour, needed her finger nails cutting as they appeared grubby and too long.

Meals

We observed lunchtime in the dining room, but did not observe the use of any wet hand wipes being used either before or after lunch. The lunch and tea menus for the day, together with the alternative items menu, is displayed on the TV screen in the main hall. According to the Catering Supervisor, who has been in post for 23 years and is in charge across the Group, food is a 4-weekly menu with choice and dietary needs and preferences catered for. Two hot meals are provided at lunch and at tea, with afternoon tea made from scratch. He ensures that training levels are maintained across all catering staff, particularly food hygiene.

Staff

We spoke to a Nurse and Care Assistants. The nurse informed us that she was responsible for the 16 residents living on the ground floor, she had been nursing for 20 years and had previously worked at Beanlands. Staff commented that they had had training in moving and handling, dementia awareness, safeguarding, food hygiene, amongst other training courses. They confirmed the company's requirement for a 4 day training course at the company Head Office prior to starting work as a supernumerary in the Home, before actually commencing their normal duties.

We were advised that there are 2 training officers on site, and some of the care assistants had done phlebotomy, dressing and catheter training, again confirming the company strategy in actively 'up-skilling' its care assistants so that they are clinical assets. Most staff address residents by their firstname, but there are some who prefer being addressed by their title. All staff are aware of the procedures to follow when they have any concerns about their work or the care and safety of residents.

We were advised that care staff normally work a 7 hour shift, but occasionally a 14 hour shift has been worked with only a total of one hour of respite breaks spread across the double shift. Staffing levels include 2 nurses working during the daytime with 1 nurse working at night with 7 care assistants working in the morning, 6 care assistants in the afternoon and 8 care assistants at night.

It appeared from the staff we spoke to that the Home may have a more transient workforce than other similar nursing homes, as several of the staff had only been in post for less than a year.

The company are actively recruiting for nursing staff at Beanlands, as well as their other Homes, and as such have to use agency staff to fill the nurse staffing void.

We understand that some staff are first aid trained and are required to keep all their training up to date We noticed during our visit of a staff meeting in the dining room to hand over the shift to the incoming on duty staff.

Visitors and Relatives

We had the opportunity to speak to four visitors, all of whom expressed their satisfaction with the accommodation provided for their relative, and the care and attention given by the staff to them.

None expressed anything other than compliments for the care assistants, nursing staff and management.

ADDITIONAL FINDINGS

The Home has the facility of Telemedicine access to Airedale Hospital, where a medical diagnosis can be obtained immediately via a computer link at the resident's bedside. We were given the impression that this facility was under-utilised, when asked specifically how often it is used the response we were given was 2-3 times a month, which is comparable to other care homes in the district.

Each week on a Tuesday an Advanced Nurse Practitioner will visit to check on the health of the residents. A local GP does not make regular visits but will attend if requested.

The Home is aware and implementing Advanced Care Plans (ACP) for residents, with the assistance of the Quality Improvement Community Service from Fisher Medical, so that residents' needs and wishes for their end of life care can be documented and then subsequently acted upon. Advance Care Plans are updated monthly or more frequently, if required. We were advised that not all residents have an Advanced Care Plan in place and that it is their own choice whether they implement one or not.

The Home specialises in palliative and end of life care and actively selects the people it will accept into the Home, excluding those considered likely to be too challenging or disruptive to fellow residents and staff. We were specifically advised that Beanlands is not a dementia home, and yet from information provided, and from our observations, over 50% of residents have some form of cognitive impairment. A situation similar to other care homes in the Craven district.

Although some residents move from the Home to be nearer to their families, most end their lives there. We were told that residents know when they are nearing death and staff can observe the signs when residents reduce talking, eating and feeding. Relatives and the residents themselves will have had time to prepare. There is always a member of staff to sit with someone if no family is available. They are not usually transferred to the Hospice unless for symptom control.

When residents die at the Home, informal support for relatives is available, including an explanatory leaflet about what happens next. There is also support and signposting for relatives following a death. The Home has a monthly religious service for those who wish to attend.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives felt about the care and support provided. However as a result of our observations, we are making the following recommendations:

- The Home management assured us that it is not for dementia residents, yet acknowledged the fact that 50% of residents had cognitive impairment, a fact we experienced on our visit. Therefore they should consider some positive action for their dementia residents, whether that is in dementia

training for all staff or making the Home environment more consistently dementia friendly in its flooring, décor and signage.

- In the light of there being dementia residents, a risk assessment should be conducted for those residents, for example the resident seen drinking hot/warm liquid from a china cup.
- Consider more activities to stimulate dementia residents, and consider a full time activities coordinator to relieve management and staff to do their primary work of looking after and caring for residents.
- Consider alarming the bedroom doors of residents with dementia so that as their condition deteriorates staff can be confident residents are safe in their room, unless the alarm sounds.
- The main hall is the hub of the Home and as such is bustling, busy and noisy, in fact quite overawing, with TV screen and notices boards as well. Consideration should be given to de-cluttering the area to create a more tranquil first impression to residents and visitors.
- Implement the use of sanitised hand wipes before/after meals, particularly so when residents are intending to participate in the Bake Off challenge.

Service Provider response

Beanlands Nursing Home wished to clarify the following points:

- Of the 41 rooms, 23 have their own toilet facilities and 4 rooms have en-suite bathroom/wet room facilities.
- The home has been accredited and re-accredited with the Gold Standards Framework in End of Life Care in Nursing Homes not Palliative care;
- The “emergency call system” is not just for emergencies but is a nurse/carer call system which has an emergency facility which makes a different sound when activated for emergencies;
- Residents have a choice about which lounge to sit in and if they doze off when watching TV that is not a reason to move them somewhere else. Residents prefer to sit in the conservatory as they can see who is coming and going;
- All residents are given the opportunity to wash their hands before and after meals, we do not use wet wipes but that is something to consider. During the “Bake Off” all the residents had washed their hands and used sanitising gel before starting;
- There are always two meal options at lunch and tea but any alternative will be made if asked for by a resident;
- Of the 56 staff at Beanlands, only 15 have worked here < 12months and 5 of these are newly employed nurses who were attending induction at the time of the visit. 23 staff have worked in the home for more than 5 years, and 8 of these for more than 10 years;
- There are three carers on a night shift not 8;
- Staff who opt to work 14 hours shift have breaks totalling 1.5 hours. Morning, lunch, tea and evening;
- Advanced Care Plans (ACPs) are updated annually or sooner if changes occur;
- The Advanced Nurse Practitioner visits weekly and GP monthly unless required in an End of Life situation. All residents have a full review 6 monthly by the GP;
- Person centred care plans are updated monthly or sooner if a change occurs;
- We are not a Dementia Specialist (EMI) Home but we do have some residents who live with dementia;
- Beanlands is not a Dementia Specialist home but is registered to take residents with Dementia without challenging behaviour. Of the 40 residents on the day only 12 have a diagnosis of Dementia;
- There are 4 tables in dining room plus 2 lounges which each have a table. These both seat 4. We have seating for 16 in dining room.

Beanlands Nursing Home provided the following responses to the recommendations put forward:

- All staff have undertaken Dementia awareness training and this is regularly updated;
- Carpets are being changed on a rolling programme, toilets already have signs which were purchased through the Alzheimer's Association;
- All residents are risk assessed as to the appropriate, safe drinking vessel on admission and this is reviewed monthly or sooner if changes occur;
- Pressure mats, bed and chair and audio alarms are already used for residents unable to use the call bell system;
- The notice boards in reception were placed in consultation with the residents and they do not feel it makes the area cluttered. The "TV" in reception is a virtual notice board;
- The option of wet wipes will be discussed with the residents at the next meeting with residents and staff.

Additional comments made:

- The authorised representatives did not enter the dining room until after lunch had already started;
- All residents are offered chance to complete ACPs and this has been the case since we started Gold Standards Framework 6 years ago. The Quality Improvement Community Service nurses complete a more in-depth ACP looking at clinical needs. ACPs updated yearly or sooner if changes occur;
- Families and visitors have regularly passed comment on the homely, peaceful feeling to the home and this starts on entry to the home. When "the visitors" were there it was a Monday morning and this is a busy time after the weekend with phone calls, deliveries etc. and mornings are very busy within the home with carers, domestics, maintenance etc. the reception area is also the only area which staff can walk through to get from one part of the home to the other;
- Hand gel in reception is for use by families but is not compulsory. Staff have access to sanitiser gel in every resident's room, bathrooms and offices.