Enter and View Report | Single Provider

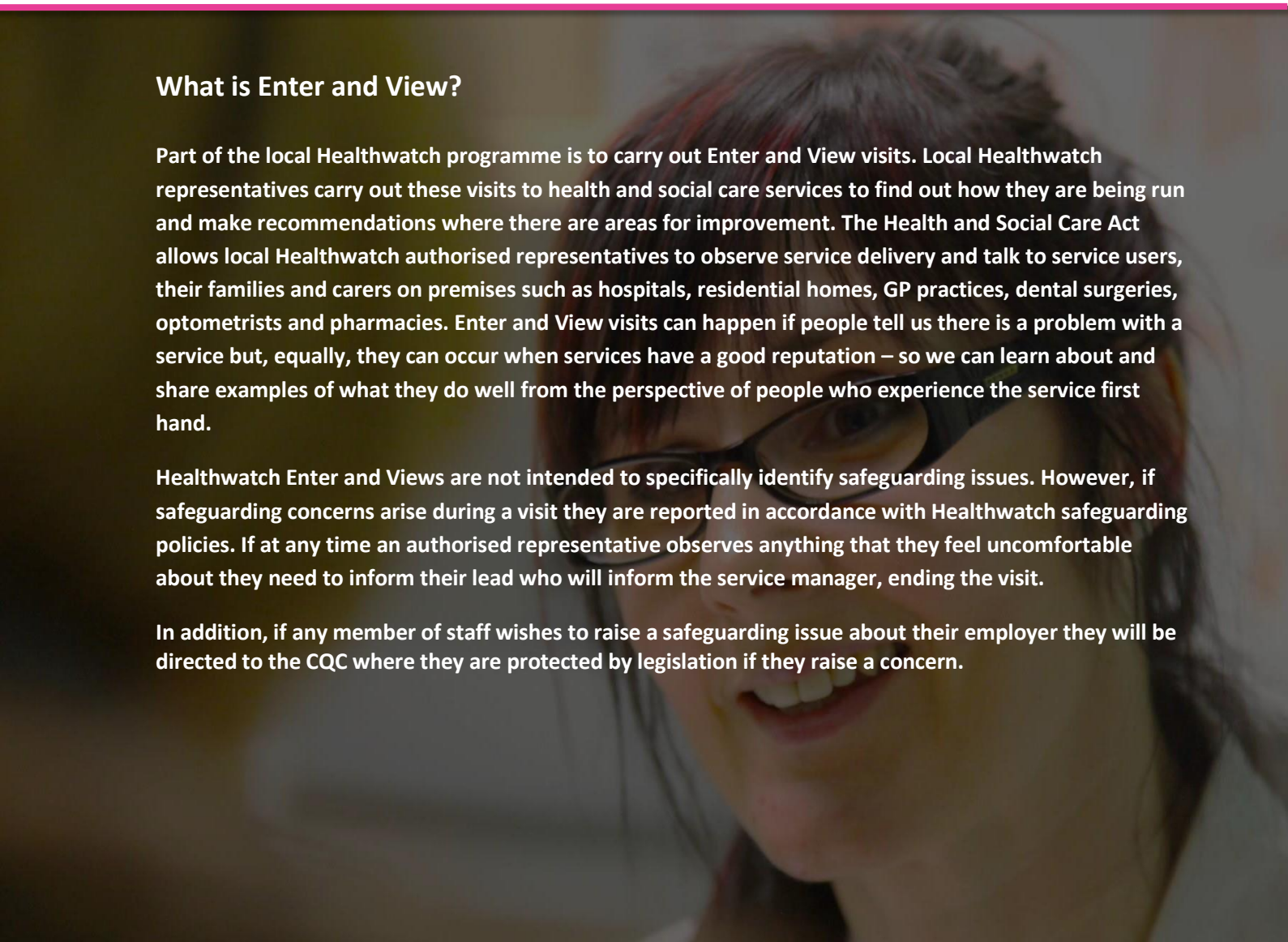
Details of visit	
Service address:	Benkhill Lodge Care Home, Bedale, North Yorkshire DL8 2ED
Service Provider:	North Yorkshire County Council (NYCC)
Date and Time:	23 October 2015: 10.00am
Authorised Representatives:	Adrienne Calvert (visit lead), Elizabeth Trimble, David Mc Neil
Contact details:	Healthwatch 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.

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 (headline) findings of our visit to the Registered Manager (Angela Austin) 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

- The home offers residential and respite care - it does not provide nursing care.
- The home is light, airy and very clean. It is in good decorative order with appropriate floor coverings. There is a warm and friendly feel throughout the home.
- The dining room is especially pleasing as it is large and bright with tables far enough apart enabling residents, who use mobility aids, to manoeuvre easily.
- Information boards were evident within the home displaying relevant information for residents, staff, families & friends. Information provided included social activities, trips, newsletters, training information and staff meetings.
- A number of residents and staff were spoken to during the visit. The overwhelming response from all was very positive and happy.
- The home has had 3 senior staff retire this year and Angela Austin, the manager, has only been in post since June 2015.

Results of Visit

ENVIRONMENT

The home was purpose built in the 1970s and was updated 4 to 5 years ago. The rooms are of varying size, with some being quite small. There are no rooms with an en-suite, however there is no shortage of bathrooms available. Whilst the residents' rooms are smaller than typically expected, they are adequate. Residents are encouraged to bring their own furniture and belongings. The rooms are set out over three floors with good light, space and sanitary requirements. The home has a lift available for use. There is a medication room with lockable cabinets, a fridge and MAR chart books. A white board is used as a medication prompt for staff. There are 5 assisted bathrooms and a wet room available. There are two very large assisted toilets. There is a laundry and all clothing must be labelled, however family can choose to take laundry home. The laundry room appeared to be well managed and tidy with residents having their own boxes with their room number on it. The home has its own hairdressing room fully equipped with two basins. They provide hair, nails and pedicure treatments. There are profiling beds in most rooms, with only three rooms still having divan beds. All bathrooms were well equipped with moving & handling equipment.

CARE (SAFE,CARING,EFFECTIVE,RESPONSIVE)

Promotion of Privacy, Dignity and Respect

Each resident has a support & care plan, which the home produces. There is a Dignity Champion Board where all current issues are noted. The Department of Health website covers all dignity training. An infection control board was seen in reception with current thinking on infection control available. North Yorkshire County Council (NYCC) is running 'Making Every Contact Count' training online. The training asks all people to 'Spend Time, Talk & Listen' to residents and follow Person Centred Support rules. NYCC have their own Health & Adult Care statement.

Promotion of Independence

The lower ground floor is a Respite, Rehab & Recoup floor with 7 beds, 5 of which are currently occupied. It has its own lounge and a fully equipped kitchen, where residents are encouraged to prepare their own food to get them back into the habit of caring for themselves. The intermediate Care Team take the rehab residents through their daily living skills i.e. cooking cleaning and washing. Residents are supported to open their own mail and also to keep their rooms tidy.

Residents

All residents have a GP and district nurse input to their care. The district nurse calls twice a day to administer medication and to do any required nursing work. Currently the average age of the residents is 90 years. The residents

are made up of Local Authority funded, self-funded and respite care. The manager is not aware of any of the financial matters of the residents as she only manages the homes budgets. All the residents seen were clean and tidy, and neatly dressed.

One resident told us that he had been at Benkhill Lodge Care Home for two years and before that had been living on his own with carers going in. He said the carers that used to visit him at home were "hopeless" and he was much happier now at Benkhill Lodge Care Home. He has his own TV and telephone and enjoyed watching the soaps. He went on to say "You can't go wrong with the food here and the staff are good, they can all take a joke." When the weather is better he likes to go out in the garden and sit. He said "people walk past and say hello". He did state that sometimes when he presses his buzzer it can take a long time for someone to come.

Another resident told us that the staff were wonderful and she was very well looked after.

Food

There is a lovely main dining room with the menu on a white board. There are two options but if the resident doesn't fancy either option the home will produce a meal to their own specifications. Allergen cards are available for all meals served and specific recipes are followed by the chef. There has been recent training undertaken on allergens. Each resident has a Food & Fluid record. New residents are weighed and measured with South Tees Trust nutritional programmes being followed. The home offers high supplement diets, however these were not popular with the residents. The chef has therefore devised recipes, transforming them into a more palatable form i.e. Tiramisu or milk shakes etc. A dietician is available for advice. Food Nutrition & Social Care training are provided by NYCC.

The home has theme nights, for example Halloween and Valentines. They recently had a Vintage Tea Party where food was served just like 'Betty's'. The main lounge has a fridge to hold cold drinks and water jugs for residents use. All staff were seen to be encouraging hydration.

Residents who do not wish to eat in the dining room can eat in their room or one of the lounges if they prefer.

Recreational activities/Social Inclusion/Pastoral needs

Music is provided, with a singer booked for Halloween.

Pet therapy is available. A local company called 'Aquatic Finatic' came in with reptiles & snakes. PAT dogs come in regularly and family & staff sometimes bring their own pets in.

Residents can have alcohol if they wish although, as the home has alcohol abuse cases in therapy, it is not kept on show.

Residents have their own computer which they can use.

There is a private room where residents can phone relatives & friends. There is a jigsaw area for residents. There are small lounges dotted around the building, which residents can use if they would like more peace and quiet or privacy. After lunch we observed a quiz. All residents were actively responding. The care worker who took the quiz was particularly good at engaging with the residents, which helped keep them mentally active and had them singing all the musical questions.

Involvement in Key Decisions

There are monthly meetings held for all staff and a separate one for managers. The agenda has messages, home issues and then the floor is open for any other issues. The manager attends a Managers' Provider Forum with other home managers once a month. The Community matron runs a forum for the area. NYCC use the National Skills Academy training for staff. There are residents' meetings every 'couple of months'. A newsletter is also produced quarterly. The residents have a notice board.

Staff

All staff have a staff appraisal and have to undergo Supervisions based on their role and job description. Staff have a personal development programme within the appraisal. There is mandatory training and e-learning is available within the NYCC learning zone. It was mentioned that the NYCC website is not very user friendly for people in the field with limited computer skills. One member of staff stated that she didn't do any extra shifts as you had to book these on the computer and she didn't feel confident enough to do this, even though she had been shown twice to use the NYCC system. However she was still having problems with her password.

A staff member interviewed stated that staff continued to work at the home for a long time. She felt that on her shifts the staffing levels were fine.

As there are no domestic staff working during the night, part of the waking night care staff role is to complete some washing and ironing. They feel that there is too much of this left from the day shifts, which takes them away from their caring role. It is expected that the domestics will complete the ironing during the day but as they are short staffed on the domestic side the ironing tends to be left. Resource workers have been requested to support the domestic staff.

The Chef also takes on a carer's role when she can to provide her with more varied experience. The Chef is one of three part time Chefs.

A staff member, who had been in the home for over 20 years, was interviewed and asked what changes she had noticed. She stated that over the years the residents had become older and required more care and assistance. 20 years ago, residents would have been going out on their own but this is not observed as much currently.

Normal staffing levels are 4 in the morning and 3 in the afternoon. There is a plan to increase the night staff to 3 and day staff to 6 in the morning and 4 in the evening. They are recruiting for 2 night resource workers. In response to upcoming Winter Pressures they have been allowed to over recruit.

A domestic assistant told us that her role was to work alongside the resource workers and that she completed nearly all of the same training and helped residents with 'lots of things'. She went on to say how everyone 'gets along'.

A further resource worker told us that although the manager was good and the other carers were 'lovely girls' and the residents were 'cracking people', she never the less felt under pressure because of frequent staff shortages on shifts, which meant that not enough time was being spent with the residents when supporting with personal care.

We were told about a particular shift when there were 3 people on duty - two resource workers and a senior in the office. The resource workers were busy hoisting a resident when another resident rang for attention. The two resource workers could not attend to the needs of the calling resident immediately and the senior did not respond. The resource worker was upset to find that the calling resident was 'in agony' wanting to use the toilet. When she asked the senior why she had not responded she was told that 'she did not know the resident and had not chaperoned (shadowed) with his personal care'.

The Manager (Angela Austin) has tackled staff absence since taking over and this has now reduced. The staff feel she is addressing the staffing issues. Angela is interested in getting her staff back to work as soon as possible and she never uses Agency staff.

Responsiveness of home to needs & concerns of residents & relatives

There is a shop available for residents on a trolley for sweets, toiletries etc. There is a Family & Friends noticeboard in reception. Currently extra people are brought in to do specialist training, for example there is currently training taking place for Catheter Care. Angela runs an 'open door' policy. A comments & suggestions box provides feedback, as does the local Minister who comes in to provide pastoral care.

End of Life/Palliative Care

The home has not had an End of Life Care policy in the past but they are not currently writing one. The district nurses support staff with End of Life Care, enabling residents to die at home if they wish. A Macmillan nurse is currently running 4 sessions of training tackling 4 areas of End of Life Care.

Discharge experiences from hospital

The local hospitals used are The Friarage, James Cook, The Lambert (when open), Rutson Ward (Friarage) and the Friary. The aim is for a safe discharge. Unfortunately residents are sometimes discharged without notes or medication, which requires a phone call to the hospital. Whenever a resident is admitted to hospital a sheet of notes goes with them to A&E, along with a copy of their MAR chart. The paramedics will remind the home if they forget these documents. Usually it is the paramedic who acts as an escort to the hospital for day or night admittance.

The district nurse link worker comes into the home monthly. Training areas can be addressed by district nurses i.e. Diabetic Hypos. We were told that the home has a good relationship with the local GPs and other health professionals, especially the district nurses and Macmillan nurses. The home has a good working relationship with the Social Work Team & the Intermediate Care Team.

ADDITIONAL FINDINGS

- There is a lovely internal courtyard in reception with plants and a bird table. This is also a sensory garden.
- A number of residents and staff were spoken to during the visit. The overwhelming response was positive at all levels. The only matter that they all felt negatively was the shortage of staff.
- The manager and her assistant were 'hands on' and other staff cover the shortages.
- Staff are aware that the home is recruiting and that it is difficult everywhere to get staff.
- Residents are aware of staff shortages and feel concerned for the health and safety of the remaining resource workers.
- NYCC is running 'Making Every Contact Count' training online. This asks all people to Spend Time, Talk & Listen to residents and follow Person Centred Support rules.
- In November a 'Live Portal' for budgets will go live.
- NYCC have adopted a new care certificate from the National Skills Academy for staff at basic level, which then leads on to a Level 2 NVQ.

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 residents love living at the home. The residents were seen to be happy, smiling and very communicative. This good work should continue.
- The building is of good design and provides areas of peace for the residents. The well-appointed respite kitchen is an excellent tool to help move people on and should continue to be used as much as possible.
- All residents were observed to be mobile and staff encouraged mobility.
- Excellent team work was evidenced by the monthly shift list where staff can choose to cover extra shifts of their choice. Any weaknesses in cover should be addressed to avoid staff feeling stressed or isolated.
- Some residents mentioned that the staffing issues were impacting on the time staff could spend with them. They felt that contact was rushed on some occasions. Continued work should be done to recruit extra staff to achieve the goal of 'Making Every Contact Count'.

Service Provider response

The Care Home has provided the following comments in response to the report:

Staff

The report notes issues with night staff doing domestic work, however no night staff were present at work on the day of the Healthwatch visit.

The Care Home feels that there was no shortage of domestic staff at the time of your visit, and that Domestic duties are part of all night staff duties when not caring and supporting residents at night.

Recommendations

Most of your recommendations appear to be suggesting that the good work in different areas continues.

We have experienced at the time of your visit some shortage of staff in care, although staffing levels were always safe. There is currently a recruitment process underway for more staff and the situation has since improved.