

Enter and View Report

Bentley Court Care Home
Unannounced Visit
21st August 2018



healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton 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 such as Hospitals, Residential / Nursing Homes, GP Practices, Dental Surgeries, Optometrist and Pharmacies. Enter and View visits can occur if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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 Wolverhampton's Safeguarding Policy, the service Manager will be informed, and the visit will end. The local Authority Safeguarding Team will also be informed.

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Provider details

Address: Bentley Court Care Home, 29 Nordley Road, Wednesfield, WV11 1PX.

Manager: Angela Butler, Registered Home Manager, Amore Elderly Care Limited.

Client type: The home can care for up to 76 people who require Nursing or Personal Care, people living with Dementia, Physical Disabilities and persons over 65 years of age.

Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Home Manager, staff and all the residents for their co-operation during our visit.

Disclaimer

This report is related to findings and observations made during our visit that took place on Tuesday 21st August 2018 at 11:00-13:00. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Janice Edwards, Lead Authorised Representative

Raj Sandhu, Authorised Representative

Kerry Southall, Authorised Representative

Who we share the report with

This report and its findings will be shared with Bentley Court Care Home, Wolverhampton City Council, Councillors, Wolverhampton Clinical Commissioning Group (CCG) and the Care Quality Commission (CQG). The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about Health and Social Care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the Health and Social Care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within Health and Social Care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community

Purpose of the visit

There are a number of factors which resulted in a Enter and View visit taking place at Bentley Court Care Home, including:

- Follow up on concerns around potential hazards at the home and maintenance of resident's dignity from a previous Enter and View visit which took place on 5th December 2016
- The results of the CQC inspection which was published on 22nd December 2017 which rated the service as requiring improvement



Bentley Court Care Home

What we did

On arrival we introduced ourselves and we were asked to sign in. We then asked to speak with the Manager. We explained who we were and the reason for our visit. The manger introduced herself, talked about the units within the home and the layout. She then proceeded to show us around the building. We were shown the dining rooms communal areas, residents' personal rooms and toilets. The first floor is currently used for residents living with Dementia, which the Manager intends to relocate on to the ground floor. We then used forms with set questions for residents, staff, and management who gave us their accounts of levels of care and experience using the eight principles of Healthwatch.

Findings:

Environment

Upon arrival it was clear that the entrance is not well signposted and there was confusion about how to enter the property. As a result we had to ask a member of staff.

We noticed a side gate next to the car park which was the main gate to enter the home. However, we did not have the code needed for the gate, so proceeded through the car park gate which was open. We asked why the gate was open and the Manager told us that 'The gate has been broken for 6 years and we do not have the money to repair it'.

Looking for the entrance, we noticed the external exit gate was padlocked, and the internal fire door leads to this gate. This was brought to the attention of the Manager, who informed us that 'The handyman has the keys but he's not in today'. It was agreed that the keys should be in a glass case next to the internal exit door. We were told if the fire alarm sounds all internal exit doors automatically unlock.

The home has no cameras outside. The Manager told us that 'two TV's have been stolen and we believe it is the residents of the prisoner's home', this is not far from Bentley Court Care Home. She did agree external cameras would be very beneficial, but this is all down to financial cost. There are no hand rails or ramp to the entrance of the building.

We noted that the fire extinguishers were not wall mounted, but we do not know if they have to be. However, we did note in another room that the fire extinguishers were wall mounted.

The furniture was generally was in good condition and so were the carpets. We did not find any uneven floors in any of the rooms we visited. We did not see any signage but the some of the toilet doors did have a pictorial representation of the toilet doors and which gender they were for.

The home has a good activity board which shows what the residents can do every day of the week. The home has a Tannoy system but has been broken for around 3 years. However, this seemed to be an advantage as the residents get frightened when the system worked. Plans are being made to get the system up and running, it is not known why this is the case as they have demonstrated that it has frightened residents.

The downstairs dining room was very clean and very recently been decorated. The room had a water leak, and we understand that this is going to be repaired. We were told that the majority of water leaks are caused by residents forgetting to turn the tap off or blocking the toilet in the dementia unit.

The down stairs day room entrance had a wheelchair outside which looked rather unclean. The room has a Yamaha keyboard for residents and relatives to play.

A table had a selection of books of various themes. The room had an electric fan, on which the feet had sharp edges as the plastic ends were missing. There were obvious signs that another leak had happened but didn't seem to have been redecorated or had repairs carried out in the area.

The down stairs bathroom was clean and had a pleasant smell, but there were signs another leak had happened. It is a large room with various pieces of equipment to help residents bathe.

We noticed that a hoist was left in one of the corridors, and a fire sign was loose. There was a sofa in one corridor which had continence products left on it which didn't appear to have been used. A wheel chair was also blocking an emergency exit. One of the Authorised Representatives caught her arm on one of the hand rails, the Manager explained this happens to her often too and that she is trying to get them changed.

The downstairs dining room had the worst leak, and this was being repaired. There is a built-in kitchen where staff can prepare food. The room was clean and tidy with no obvious hazards.

The door to shower room 1 was blocked, and there were 2 chairs left to dry in there. There were signs of another leak. The bathroom up stairs had 2 chairs in it, no lid on the bin and the toilet paper holder was broken. The upstairs sluice room contained yellow bio-hazard bags which had a very bad odour coming from them.

The upstairs lounge had an unpleasant odour but had a clean appearance. The television was on and some of the residents were watching it. There was also a fish tank which the residents seemed to enjoy, and some were watching the fish.

The garden is gated, and a code is needed should you need to leave the garden. There are benches and the area is clean and tidy. Residents are encouraged to go in to the garden by staff.

Essential services

The residents we spoke with during our visit said that they were unable to access GP appointments and other services such as opticians when they needed them. They also felt that the home was not supportive in getting access to these services for residents, and that they were not encouraged to live healthy and active lives.

However, the staff that we spoke with felt that residents were able to see a GP and access other services when they needed, and they would support residents to get access to these services and appointments.

Staff were unsure about the frequency of care plans being reviewed as the nurse carries these out. These are done by monitoring residents on how much support they need with e.g.; walking, standing, and medication. The Nursing home is signed up to "Red Bags" and occasionally they have had incidents where residents' possessions have been mislaid.

From our discussions with the Manager we understand that nurses identify residents needs when calling GPs and other professional services. The home works with Speech and Language Therapy (SALT), Occupational Health Therapy, Rapid Intervention Team (RIT), Diabetic Nurses, Opticians and Practice Nurses. Residents care plans are done every 3 months by the nurses who include relatives.

Access

The residents that took part during our visit felt that they are treated fairly by staff and that they can be themselves at the home. No one felt that they had been harassed or discriminated against in anyway by other residents, staff, or visitors.

A Catholic priest visits the residents on Sundays and throughout the week. Not all religions are represented or encouraged as a pastor from Afro Caribbean church visited but was apparently too loud and upset some of the residents.

Staff were unsure about how the home provided a safe environment for residents who are Lesbian, Gay, Bisexual and Trans (LGBT) or of different ethnicities. Residents with dementia are supported by a nurse, staff were unsure about the types of or level of support provided.

Safe, dignified and quality services

The residents told us that they felt safe at the home and that they were treated with respect, and compassion. We had no concerns raised about the safety of the home from residents.

On the whole residents felt that their privacy and dignity was maintained by the staff at the home. They also felt that the staff were helpful but not always quick to respond when they call for assistance. Residents also told us that they felt that there were enough staff to ensure their needs were being met and that staff seemed to be appropriately trained.

From our observations, residents appeared to be well cared for, well dressed and clean. Residents spoke highly of staff and most seemed to enjoy living at the home. However, one resident did seem unsure as they felt they were not informed about activities in the home, their room was stuffy and didn't like the sound of "screams" coming from the second floor where the dementia care is provided.

Staff that we spoke with during our visit seemed unsure about how the home protects residents from the risk of abuse. However, they did explain that they would raise concerns around Safeguarding with the Manager or the CQC.

Privacy and dignity are maintained by closing residents' doors when performing personal care as well as talking to residents about procedures and asking them how they feel to make sure they are comfortable. Falls are prevented using bedrails, hi low beds, alarm and mats which the fall prevention team review when necessary. Falls and incidents are reported using incident forms and handed to the Manager.

Specific needs are met by making sure there are enough staff, personal care and enough equipment. Staff said they are trained to support people living with dementia, but they seemed to be unsure of what training they have received.

Medication, diet, fluids, body checks, walk arounds, and audits are done by nurses and Managers. Managers are unsure whether staff are dementia friendly trained.

Managers are unsure how often training and reviews take place.

If residents decide they want to go home towards the end of their life an Multi-Disciplinary Team meeting is held, and the home support this if the family can cope.

All staff are trained to use equipment safely. Training is done every six months, staff were unsure about how often this is reviewed.

Information

The residents that we talked to did not know if there was a notice board at the home, but they did say that staff communicated any changes taking place at the home. However, they were unsure if they are informed when there is a change in staff.

We had mixed feedback about being provided information about lunch times and menus, as some residents felt that they were given this information while others said they were not. We did observe that there are menus on tables in the dining rooms and in the main reception with a choice of two meals. It is not clear if residents are prompted to view the menus or what support is available for residents with dietary requirements or religious beliefs, etc.

Resident's also felt that they were provided with no information which would support them in looking after their own health or living healthy lifestyles. Residents did explain that they are informed when there are any changes to their care or treatment. Staff also explained that they inform residents about changes to their care plans and treatments, both verbally and with the use of flash cards.

We did not see any information available to help residents distinguish between staff and their roles based on their uniforms or information about who staff were and their roles in the home. No interpreter is made available, and staff and family are used to interpret where there are language barriers.

From talking to staff during our visit we understand that residents with dementia are told about menu choices verbally and with the use of flash cards. Care reviews for all residents involve residents and family. Staff told us that Information is communicated regarding treatment at care reviews and at residents and family meetings. Changes in the home are put on notice boards or relayed verbally. However, we didn't see any evidence of a notice board.

Choice

We had positive feedback from residents about their right to choose, with all the of residents we talked with explaining that they had a choice over the clothes they wear each day as well as the food and drink they have and when and where they eat and drink. Residents did mention they do not have a choice over when they can wake up or go to bed, and one resident said, "I'm always in my bed".

Residents did tell us that they had choice and involvement in their care plans, and they feel they are tailored to meet their needs, they are also able to personalise their room.

Staff told us that they support residents who wish to be independent by allowing them to do what they can for themselves. Relatives can visit, but not late at night, exceptions are permitted for end of life. Residents are asked what food and drink they want within the choices given. Staff ask residents what they want to wear.

Being listened to

Residents told us they felt comfortable asking questions if they did not understand something and that they were able to raise concerns with staff who always took these concerns seriously. Residents also felt that staff responded quickly and positively to their needs.

Residents mentioned that no residents' meetings are held and that the home doesn't actively seek the views of residents and relatives. However, they did feel that if they had raised a concern that this was listened to even if no further action was taken.

Feedback about whether their feedback is acted on was less positive, with one resident saying "huh don't ask" while another just shrugged their shoulders.

Following conversations with staff we understand that residents' meetings are held every 4 weeks, but generally the views of residents is not gathered or relayed back them, this does not match the feedback we received from residents.

Being involved

Residents told us that they felt that they were actively involved in their care plan as were their families. However, there was mixed feedback about if their views were taken in to account as some felt that their views were listened to while others said they were not and one resident explained that their family makes the decisions.

When speaking to staff we came to understand that nurses involve residents and their families when discussing their care plans and inform them why decisions are being made.

None of the residents who took part in our visit knew if there was an activity coordinator or similar role at the home, and they did not feel that activities were arranged. It was unclear from talking to residents if any national or cultural holidays or celebrations took place or if residents birthdays were celebrated. One resident's response to this line of questions was "I suppose so but I'm not sure".

Staff explained that activities are planned for residents using an Activities Coordinator and information is put on an activity board and relayed verbally. Loneliness and isolation are minimised by talking to residents and using memory banks, encouraging interaction, one to ones, music, TV, and a befriending service delivered by young people.

Residents did not report feeling isolated or lonely and they did not say anything to indicate that they were when they were asked.

Recommendations

Health and Safety

1. The broken gate that leads into the home, which was open, should be repaired and secured for the safety of the residents and staff inside
2. The keys to the padlocked gate should not leave the site as this poses a significant danger to life should the home need to be evacuated, as a fire door leads to this gate
3. Emergency exits should always be free of clutter, and no equipment should be allowed to block the exits at any time in order to comply with Health and Safety regulations
4. Management should investigate the installation of CCTV cameras to deter any more thefts taking place and ensure that the home is secure
5. Management should investigate appropriate storage of fire extinguishers, and if they are required to be wall mounted
6. Visitors to the home should be prompted to use the hand sanitisers to reduce the risk of potential infections breaking out at the home
7. Equipment such as hoists should not be left in the corridors, this presents a hazard should an emergency occur and to people who have visual impairments
8. Security, Health and Safety and Fire Safety at the home should be urgently reviewed

Maintenance

1. The entrance to the home should be clearly signposted for the benefit of relatives and other visitors to the home
2. Management to investigate the installation of ramps and handrails at the home to ensure it is accessible
3. Management to ensure that all leaks are repaired, and that affected areas are well maintained
4. Management to ensure that all equipment is well maintained, and has appropriate storage
5. Chairs and other equipment should not be stored in shower rooms or bath rooms unless they are used to support people when bathing
6. Checks to take place to ensure that all shower rooms, bath rooms and other areas are free from waste and unpleasant odour

Training

1. All staff to undertake Equality and Diversity training, and be made aware of any policies the home has to ensure it is a safe space for LGBT residents, and residents of different ethnicities
2. All staff to undertake Safeguarding training and familiarise themselves with the homes Safeguarding Policy and Procedures

3. Due to uncertainty from both staff and management regarding training that has been received, how often training should be taken and how often it is reviewed, it is recommended that a full review of staff training needs be undertaken, and an annual programme of training be developed and circulated amongst staff

Essential service

1. Waiting times when a resident call for assistance to be reduced to ensure their needs are being meet in a timely fashion
2. Use of staff and relatives as interpreters is not an appropriate means of interpretation, residents must have access to an interpretation service which is independent of their carers or relatives, management should investigate appropriate interpretation services
3. When items go missing from the “Red Bags” this should be raised with the Royal Wolverhampton Trust and it is recommended that this is also raised with Healthwatch Wolverhampton
4. Communication about how the home can support residents accessing GP’s and other services needs to be improved as there was a clear discrepancy between what residents felt was available and what staff had explained to us

Information

1. Review the location of notice boards in the home to ensure that they are in prominent places so that all residents will be aware of them
2. Review the information which is available to residents to include information which would help them to look after their own health and help them live healthy lifestyles
5. Implement a display which would allow residents, relatives and visitors to easily distinguish staff and their roles based on the colour of their uniform

Choice

1. Residents choice should be respected in relation to the times they wake up or go to bed

Being involved

1. Whilst management informed us that residents meetings take place, the residents that took part in our visit did not know that they took place. Staff should ensure that all residents are aware of these meetings and that they are given the opportunity to participate

2. Management should take steps to gather the views of residents and relatives and put in place mechanisms for feeding back any actions or outcomes even if no further action is to take place

Being involved

1. We understand that an Activity Coordinator is employed by the home, however the residents that we talked to did not know that this role was in place, or that activities take place. The Activity Coordinator should introduce themselves to all residents and take time to understand what activities each resident would like to see.
2. Steps should be taken to ensure all residents are aware of activities taking place at the home and that they are given the opportunity to participate
3. National and cultural holidays and celebrations should be celebrated, as should residents' birthdays, this not only helps people to feel valued but also helps to build a community spirit amongst residents and tackle isolation and loneliness

Questions

1. We understand from our visit that the tannoy system is broken, and that it used to frighten some residents, it was mentioned that the home is looking to get this system back up and running again. Rather than using the tannoy system would it be better to use a buzzer system or something similar which is directed at staff?
2. It was mentioned during our visit that there are plans to relocate residents living with dementia to the ground floor Is there a time scale for this?
3. Are the yellow bags in the upstairs sluice room bio-hazard bags? If so should they be moved to a more appropriate storage area and/or be destroyed or transported?

Provider feedback

In regards to the broken gate:

The manager stated that the gate was not in working order, it was not cost effective to repair as it was not required. All access to the home was via coded door locks and therefore residents were always kept safe.

When discussing the location of the key:

The manager stated that she would ask the handyman for the whereabouts of the key to the unused gate.

When talking about the break ins:

The manager stated there had been a break-in where a television had been stolen. The manager believes that when asked she stated that cameras had a use however there were other things that she would prioritise before cameras.

In relation to the toilets:

All toilets are mixed gender and there are no signs stating male or female in the building.

Section regarding the tannoy system:

The manager is unaware of a tannoy system being in the building.

When discussing how the home supports people accessing essential services:

The home works with 9 different doctors surgeries which enables residents to choose who they would like to provide their care or remain with their own GP, staff ask for GP visits whenever medically necessary, opticians visit the home regularly or residents are assisted to visit their preferred optician, residents are assisted to visit dentists however no dentists in the area provide home visits so residents are assisted to visit dentists.

When discussing care plan reviews:

Residents and families are invited to attend review meetings every quarter, care plans are reviewed by nurses monthly.

When talking about how the home provides a safe space for people of different ethnicities and who are LGBT:

The home has a multicultural staff team who come from a variety of backgrounds, they provide the needs of all residents regardless of their protected characteristics.

In relation to staff training:

The majority of staff have received NAPPI (Non-abusive, psychological and physical Intervention) and Creative Minds training which are nationally recognised courses, staff have received certificates for these courses. The manager is well aware of staff training statistics as they are discussed in fortnightly performance calls and monthly

governance meetings. All staff have access to a personal online training account which shows them any training they have completed from the first day of employment, together with dates when the subject needs to be refreshed.

Regarding dietary requirements:

All dietary requirements are catered for, staff ask residents for their meal choices the previous day as a rough guide, however they can change their mind on the day if they wish.

When discussing interpretation services:

Staff at the home come from many different backgrounds and speak a variety of languages, an interpreter would be made available if this was necessary.

In regard to the notice boards:

There are two notice boards in reception, two large boards in the foyer by the lift on the ground floor, two huge boards, one on each floor where activities are displayed and two notice boards on the first-floor unit.

In relation to the visiting policy:

There is a 24-hour visiting policy with families encouraged to visit whenever they wish, one family member stays overnight with her mother when she visits, and another who works unusual hours often pops in at 3am.

Regarding being listened to:

Resident and family's meetings are held quarterly with minutes made available by the signing in book in the foyer and a "you said, we did" board prominently displayed in the reception area.

Specific comments about the recommendations:

Health and safety:

1. Is not required
2. There are two other gates at the side of this one that are open for evacuation
3. No emergency exits were blocked
4. The home is secure, however break ins occur in all areas of life
5. There is no requirement for extinguishers to be wall mounted, they can stand
6. Health and safety inspection earlier in the year rated the home as good in all areas

Maintenance:

1. All entrances to the home are level access and there for no ramps or handrails are required

Training:

1. All staff currently Equality and Diversity, and Safeguarding training in place
2. A full training programme is in place and a training matrix available

Essential services:

1. Staff from all ethnic backgrounds are employed, it is appropriate that staff interpret with specialist services provided as required
2. Communication needs are discussed in the welcome pack that residents receive on admission

Information:

1. Notice boards are prominently displayed around the home already
2. Staff photographs with their role is displayed on a notice board in the reception area

Choice:

1. Residents are always given choice when they arise and return to bed

Being listened to:

1. Flyers are delivered to every bedroom prior to meetings taking place, they are also displayed on the notice board by the lift on the ground floor
2. Residents and family questionnaires are distributed with findings collated and displayed

Being involved:

1. The home employs two activity co-ordinators for a total of 60 hours per week both of which have worked at the home for a number of years, weekly activity plans are delivered to each room on a Friday ready for the next week
2. Bedrooms are decorated with balloons and banners for birthdays and celebrations, and the kitchen bakes a cake which fellow residents decorate for every birthday in the home

Questions:

1. The manager is not aware of a tannoy system but will investigate if it exists
2. Once filled and seals these bags (bio-hazard bags) are moved to a hazardous waste bin, which is a locked bin storage area where they remain until collected by an approved waste contractor.

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