Bedfordshire LINk (covering central Bedfordshire)

Enter and View Project Task Group Overview Report.

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1. Introduction

The main aim of Bedfordshire LINk Social Care Working Group Enter and View Project Task Group was:
To devise and implement a Bedfordshire LINk project plan in order for (announced) Enter and View Visits to be carried out within six Care/Nursing Homes across Central Bedfordshire by voluntary members of Bedfordshire LINk.

The project membership consisted of nine Bedfordshire LINk Social Care Working Group volunteers and one member originally from the host organisation Voluntary Action Luton, which later was hosted by Central Bedfordshire Council. The project was completed over a 12 month period from November 2011-November 2012.

This report will provide a summary of the main areas of activity identified within the project plan, the outcomes and legacy.

2. Main activities of the project plan

The project group members identified seven main activities for inclusion within the project plan which were all successfully completed. These were:

- The mapping of existing documents/information relating to care/nursing home enter and view visits
- Internal and external communication methods to be utilised in order to provide details of the project and to encourage other Bedfordshire Link volunteers to participate
- To produce project terms of reference and submit these to Bedfordshire LINk board for approval
- Produce a schedule of announced enter and view visits for six care/nursing homes
- Set out the policy/procedures within generic guidelines and design the reporting format to complete the care/nursing home visits
- Design and deliver (one day) enter and view training so that volunteers can act as Bedfordshire LINk authorised representatives
- Complete the announced enter and view visits and an overview project report.

3. Main outcomes from the enter and view announced care/nursing home visits

3.1 Schedule of announced enter and view visits

Enter and view visits were completed within six care/nursing homes as follows:

a) Woodside Residential Care Home, Slip End, Luton, visited on 17.08.12
b) The Paddocks, Wellhead, visited on 23.08.12
c) Greenacres Care Home, Dunstable, visited on 14.09.12
d) Meppershall Care Home, Meppershall, visited on 17.09.12
e) Swiss Cottage Care Home, Leighton Buzzard, visited on 03.10.12
f) Ridgeway Lodge Care Home, Dunstable, visited on 16.10.12

In line with the Bedfordshire LINk enter and view visit guidelines designed by the project members, each home was visited by two volunteers who produced a report at the end of each visit. The duration of the visits was variable from a minimum of 1.45

hours for a small home of 10 people to a maximum of 4.10 hours for a large care/nursing home with 85 rooms.

3.2 Best practice and person centred care

During the enter and view visits to each home, the two authorised representatives were also looking for evidence of the application by the staff of best practice relating to person centred care. This is defined within the Care Quality Commission (November 2012) report the state of health care and adult social care in England in 2011/12 as:

"Those services that apply person centred care and maintain people's dignity and treat them with respect all have the following in common:

- They recognise the individuality of each person in their care
- They help them to retain their sense of identity and self-worth
- Take time to listen to what people say
- Are alert to people's emotional needs as much as their physical needs
- Give people more control over their care and the environment around them (p 10)

On the other hand, across the social care sector, the following is applicable for those services that do not maintain people's dignity or treat them with repect:

- Care staff talking over the person, as if they were not there
- Having things done to them, rather than with them
- Getting people ready for bed at a time that suits the staff rather than the individual person being cared for (p 11).

4. Main outcomes and findings of the visits

We saw evidence of good disabled access and care being provided within the majority of the homes visited.

4.1 Dignity, privacy of residents and best practice methods

During some of the enter and view visits we also observed evidence of how the homes staff treated the residents with dignity and applied strategies to ensure their privacy was respected. Some examples included having a choice to have their own room door keys, staff knocking before entering residents' rooms, allowing residents to get themselves to the table to sit down for lunch (a & f)

However, within one home we noted that on one floor most bedroom doors were open whether occupied or not, and we were unsure of the reason for this; ease of access at the time period we visited or part of the practice within the home (c).

We noted how staff had time to pay respectful and affectionate attention to residents and involved them within day to day household tasks within one small home (b)

There was also some examples evidencing use of best practice methods, such as the use of notice boards with key information and pictures of food, reminiscence techniques such as family history albums, use of memory boxes and pictures outside each resident's room, visit by the Salvation Army band for a sing-along session and the use of the QUEST system or the monitoring of the residents food intake, care planning with a designated key worker (a, b, c, e & f).

4.2 Cleanliness of homes
Generally the areas within the homes that we visited were clean and did not have undue odours (a, b, c, d, e & f)

4.3 Procedures for medication, security of residents and food
The food that was produced for lunch, observed within some of the homes, was appetising with the residents having some choices on the food that they could request (a & f)

Systems were in place for the administration of medication and security (a, b, c, d & f)

4.4 Resident's social, recreational and other activities
All the homes visited tended to provide a range of services and activities available for the residents within the homes with some opportunities to participate in external activities (some examples included, watching TV, physiotherapy, Film Afternoon, Movement and Music, Memory Clinic attending a stroke club, shopping, going out for lunch).

4.5 Opportunities to practice faith and external activities
We also noted some evidence that for those residents who wanted to, there were opportunities to practise their individual faith (examples, attending internal and external religious services, quite room (a, c, d, e, e & f))

4.6 Staffing numbers, training and qualifications
A minimum of 2 staff tended to be working (a, b, c & f) with one of the duty managers having a nursing qualification (a & d)

We noted within a number of the homes that the staff had either been trained or were continuing to complete training in relation to the relevant core (examples, SOVA, Medicines, Moving and Handling, Dementia) and relevant qualifications for the senior staff (a, b, c, d, e & f)

4.7 Residents, carers and family comments
The residents, their carers and family that we spoke with, generally made positive comments upon the homes and the services that they provided (a, c, d & f), for example "I like it here, I have made friends…I have spoken to the staff and they were helpful" (relating to concerns as to what might happen if the resident's money ran out)(f))

However, on some occasions, some residents commented upon other issues they wished to raise relating to the staff such as staff morale which can be paraphrased as; "New company have sent in two trouble shooters to lift the place…staff morale is poor…". Another resident within the same home pointed out that "…her life would be in danger" if she was to tell the two authorised representatives all the things that were wrong with the home (e).

4.8 Staff comments
The majority of the staff we spoke to made positive comments upon the homes they worked within (a, b, c, d & f), a typical comment was “I enjoy working here” (f)

During our visits we also encountered comments from staff relating to their concerns. The staff within one home stated they sometimes encountered difficulties with the GP surgery when requesting a GP visit to a resident (a). Within another home the staff felt that when staff members ring in sick there would “not sufficient staff to bring in to cover”, they felt understaffed. Furthermore they pointed out that they had staff meetings but “felt nothing was carried out following these”. They worried that this would have a detrimental effect on residents’ care (e).

These staff concerns relating to staff morale were also raised by one of the residents. At the end of the visit the two LINk authorised representatives were informed by that the new owners have made recruitment a priority (e).

4.9 Report recommendations
The enter and view visits to the six care/nursing homes resulted in a variety of recommendations being made by the Bedfordshire LINk authorised representatives within their reports. Some of these recommendations now follow.

“Home owners to go ahead with their plans to update their website to provide more information. Following the building refurbishment and commencement of the new registration as a residential/nursing care home another visit to take place by Bedfordshire LINk or Healthwatch in one year’s time.” (a)

“There does need to be a need for extra space, perhaps a room for the use of residents” (use for quiet activities such as reading/conversations (b)).

“We would like to see more space for general activities which seem to have been lost when the step up/step down unit took over the large day centre (c)
Attention required to electrical wiring on floor arrears, possible falls hazard. One communal toilet had a broken plastic toilet roll holder. Within some locations, self-adhesive signs on doors become detached” (d).

“The host may need to seek clarification in respect of comments and concerns raised by residents during our visit. Structured supervision, continued training, clearer consultation to lift low morale (needs to be implemented). Following completion of refurbishment and inspection by CQC another visit form Bedfordshire LINk or Healthwatch within the next 12 months” (e).

“The manager should address one resident’s choice on his personal plan for a male care assistant to provide personal care. Another visit takes place by Bedfordshire LINk or Healthwatch in one years’ time” (f).

4.10 Management and leadership
Within two of the homes (a & e) we identified the impact and importance the role of good leadership and management played on staff morale and the application of good person centred care for the residents. Indeed the Care Quality Commission (March 2012) Review of Compliance report points out that on their previous visit in Feb 11

there were 12 outcomes needing improvement. However, following their 2012 visit the home was compliant within all the outcomes and they "were told that the care provided…has improved considerably since the current manager took up post at the end of 2010" (a).

The importance of good leadership and management is also identified within the Care Quality Commission (November 2012) The state of health care and adult social care in England in 2011/12 report which points out that:
"In a number of social care settings, CQC's inspectors have found poor managers in place, or even the absence of a manager…very often, a change of registered manager following action by CQC was the impetus for dramatic changes in the quality of care provided" (page 11).

4.11 Financial sustainability

One of the homes that we visited had 9 residents within the 27 roomed home, which meant that 18 rooms were vacant. We were informed by the manager that recently they had successfully registered with the Care Quality Commission to become a Nursing and Residential Care Home from August 2012 with an increase in room capacity following refurbishment (a). One point to note here is that there is no guarantee that this home will be able to fill sufficient rooms to ensure its financial sustainability and, importantly, the residents' home.

The Care Minister Norman Lamb stated on the BBC (01.12.12) that; "we want to make sure every person receiving care and support will continue to get the care they need if a provider exits the market, regardless of whether they are paid for by the state or pay for care themselves."

He also points out the collapse of Southern Cross showed the need for "greater oversight of provider's finances" by the regulator such as the Care Quality Commission.

5. Project Review/End of Project Workshop

As part of the project plan, a half a day project review/end of project workshop was completed on the 20.11.2012. The main aims of this workshop were to review the process, documents used such as the reporting template and obtain the opinions of the volunteers on their experiences.

Generally the members of the project felt that the whole process had been successful although fairly lengthy in taking 12 months to complete.

The participants of the workshop also felt that the project had been useful and had helped them to understand the current standards of care in these homes. Members felt that in all the homes they had visited they had observed evidence of how the staff treated the residents with dignity and applied strategies to ensure their privacy was respected.

One workshop participant said that it had been a humbling experience to see some residents in varying stages of dementia. Another member stated that they felt empowered in being able to design and deliver enter and view training to other volunteers. There was concern in some cases of the isolation faced by residents

who were mentally and physically able to be involved in social activities, but either there was little available or their perception was that they would not be allowed to do something,(for example, have a beer) One suggestion was that this could be an area in which other voluntary organisations might be able to assist the residents within the homes who wished to with internal and external activities. However, on the whole most residents appeared to be content with their care.

Staffing levels seemed to be an issue within some of the care/nursing homes visited, and the experience and aptitude of the home manager appears to contribute to how happy residents seemed on the day and in creating a good living environment. Members of the project felt that is might be useful to obtain a better understanding upon the compulsory training that was required by care home staff and other short courses that they completed. Members expressed the opinion that the care/nursing home staff training should also include falls prevention.

There was also a general consensus by the project group members that home staff training should also include the care relationships with residents. The Chief Nursing Officer for England, Jane Cummings, has recently launched a three year Compassion in Practice strategy for nursing. According to Professor of Geriatric Medicine Peter Crome from Keele University this is aimed at nurses and other care staff “taking a more caring and compassionate role…rather than what is often seen as a very task-orientated approach.” (BBC Radio 4’s Today Programme 04.12.2012).

All the members of the project found it useful to obtain information on the home prior to the visit, including finding out the exact location in order to arrive on time for the announced visit. The workshop participants felt that the project group had done a lot of the ground work, so that within future enter and view visits the organisation and progression of the visits should be easier.

6. Overall legacy

The main legacy of this enter and view project task group is that 10 volunteers participated and gained experience of being part of a project and in completing six enter and view visits and care/nursing home reports. Some 6 volunteers now have experience of designing and acting as facilitators/trainers for a one day enter and view training course.

The project group have developed care nursing home reporting template and generic Bedfordshire LINk enter and view guidelines for use by all its volunteers. Other care/nursing homes have been identified as requiring visits to be completed within them.

7. Conclusions

The 12 month project was successful and achieved all the aims and objectives that were identified within the project plan.

There was evidence of best practice good care being provided for the residents within the majority of the home visited. The Bedfordshire LINk authorised representatives whom completed enter and view visits also identified issues pertaining to low staff moral and the impact that good leadership and management had upon the application by staff of person centred care.

The future financial sustainability and, importantly, the need to ensure security of the residents' home, was identified as a potential issue within one home.

Some thought needs to be given to how the work associated with the project and the experience that the voluntary project members have gained can be transferred into the new local Central Bedfordshire Healthwatch.