RESPONSE OF BENTLEY HOUSE LTD

Further to the draft report submitted by Healthwatch Warwickshire (HW) to Bentley House Limited (BHL) following their visit to BHL on 31st March 2015, BHL was alarmed at the inaccuracies perceived within the report and requested a meeting with HW which took place at BHL on 14th May 2015. As a result of that visit HW agreed to make a number of amendments to the report to reflect initial inaccuracies within same. They also agreed to include a paragraph on the first page within 'Summary of Findings' (as with other reports on Service Providers) confirming that no care concerns were found to exist in respect of the standard of care provided by BHL as also confirmed by Mr C. Bain on the day of the inspection . BHL had requested this meeting in order to clarify their concerns about the content of the draft report prior to responding to same and also to assist HW in the rectification of obvious inaccuracies and incorrect assumptions in the draft report prior to it being finalised and lodged on the public record. Unfortunately the amended report now received from HW still gives BHL considerable cause for concern in respect of a number of items contained within same as follows (we refer to HW report page numbers):-

Page 1. The "Disclaimer" section;

The Disclaimer (absent from the first draft report) reflecting a simplistic "observational" approach does little to protect against criticism for use of methodology involving observations of a negative slant, later explained in our meeting of 14/05/15 as not giving rise to concern, but thereafter being allowed to remain in the body of the report. The Disclaimer makes no mention of the subsequent meeting at BHL on the 14th May 2015 requested by BHL to correct inaccuracies seen within HW's initial draft report and thus avoid the need to have to formally respond and correct same. Whilst HW have made some minor amendments pursuant to that meeting, it has failed to correct the main apparent error centering on HW's initial stated purpose of visit which was "in response to concerns received by Healthwatch Warwickshire about the standard of care provided at the home" to which additional wording has now been added to the effect that the "purpose of the visit was to investigate whether there was any evidence to substantiate these concerns". This point was the subject of a letter by BHL to HW on 20th May 2015 (annexed hereto)in which it was requested that this statement be removed in its entirety as there was no basis for same. This letter confirms that it was CQC that received two vexatious complaints and passed them on to Warwickshire Safeguarding in November 2014 and who in turn contacted HW to be told that HW had no information of any concerns in respect of Bentley House. The two complaints were investigated and dismissed within twelve days, with Warwickshire Safeguarding completing their "Closure Summary" dated 8/12/2014. It is accordingly nonsensical to suggest that the 31/3/15 HW inspection was as a result of "concerns received" when they were not received by HW and had actually been dealt with by Warwickshire Safeguarding nearly four months prior to the 31/3/15 inspection by HW. Had HW actually been concerned about any possible failure in the care at BH surely they should have checked on the results of the investigation by Warwickshire Safeguarding or, alternatively, not waited nearly four months to attend on their inspection!
It is incomprehensible to BHL that even after explanations have been given to various points raised by the HW report, there should be a need to include "what was observed", when it

was clear that what was observed was not correctly understood by the HW representatives in the context of the running of the home. Further it appears nonsensical that BHL thereafter has to formally respond in writing in this document to again take issue with observations made. Surely this process is illogical and wasteful.
The four items stated to be of concern under the heading "Summary of Findings" were dealt with during our meeting of 14/5/15 and centre on minor matters relating to the fabric of the home, rather than the quality of care. The care is now confirmed to be of good standard and giving no cause for concern, yet this finding is buried in the depths of the report under the heading "Staff" on page 7 rather than immediately answering what is alleged to have been the purpose of the inspection visit on page 4. Accordingly a negative slant to the HW report is not promptly corrected. This gives the public an incorrect impression of the home from the report and if they did not read all 9 pages this would not necessarily be corrected.

Page 2 'Recommendations' Section

The reference to an insufficient maintenance staff of "one" was corrected in our meeting of 14/5/15 and an additional sentence was placed by HW in the penultimate paragraph on page 3 confirming outside contractors are used by BHL for other maintenance and specialist repairs. Having accepted this situation, why is there still reference to there being insufficient maintenance staff?

Slip resistant flooring is present in most bedrooms but it was made clear by BHL at the meeting of 14/5/15 that the residents and their relatives prefer carpets in the communal areas and corridors as they wish to feel "at home" and not in a clinical setting.
Several of the communal bathrooms have already been refurbished into wet rooms (not mentioned by HW in their report) and the balance of the communal bathrooms referred to will be converted/refurbished as part of an ongoing programme of upgrading.
Storage of items and equipment within certain bathrooms only involved bathrooms which were no longer in use and awaiting refurbishment.

Concerns about storage of mobility equipment including wheelchairs in corridors was addressed and recent investigation of the Fire Regulations confirm that the corridors in this old building are well in excess of a safe width for allowing quick removal of residents (even allowing for wheelchairs and hoists) should there be a fire. Indeed, ready access to wheelchairs would be necessary in such circumstances as a means of evacuating residents.
Communal corridors throughout the home do suffer "wear and tear" as one would expect with 70 staff attending to some 50 Service Users twenty-four hours a day plus visitors foot fall. It is not accepted that widespread redecoration is needed and the point was made at our meeting that even if handrails etc., were repainted they could look in a damaged state within seven days thereafter. Constant need to manoeuvre wheelchairs, beds and trolleys etc. will necessarily incur damage to immediate fabric especially in corridors and doorways. Refurbishment is an ongoing constant process and will hopefully be carried out within the next twelve months.
The incorrect point involving individuals requiring assisted eating has been dealt with and a satisfactory explanation stated to have been given in HW's report, so why include this error by HW at all? HW confirmed that they are not qualified to look at care records for individual residents where it would have become clear that there is a difference between patients

needing to be "assisted" and merely encouraged where their independence (i.e. feeding themselves) is of greater importance. It would also be clear from care records if any individual resident suffering from dementia normally takes hours to complete a meal and may become agitated/aggressive if attempts are made to assist them. HW did not request clarification of their 'observation' from the staff and therefore misinterpreted the scenario.

Page 3 – Report Overview Section

This section includes the additional information that outside contractors are used for other maintenance and repairs in addition to the maintenance employed by BHL.

Page 4 – Purpose of Visit Section

BHL do not consider the wording of this section to be either accurate or appropriate. Please see annexed email/letter of 20/5/15 from BHL to HW. There had been no concerns in existence since 8/12/14 and the concerns referred to by HW had already been investigated and dismissed as baseless and vexatious. Surely HW should have ascertained this. As they clearly have not done so, it raises the question as to why HW should be investigating something which has already been fully investigated at the tax payer's expense and also begs the question as to why they should take four months to do so if they had any real concerns!

Page 5 – Continuation of Section "Observations/Findings"

We have already dealt with the marks to the handrails walls and doors. The skirting board in question was not loose but merely requires backfilling to the wall. There is some minor staining to the carpet in the communal corridors and this cannot be avoided with residents carrying drinks etc. Some wear and tear to the corridor carpet around the ground level hinges on swing doors is found to the extreme edge of each corridor where the floor hinge is sited. BHL has arranged for these loose edges to be covered. It is not accepted that the rest of the carpet currently requires replacement and we have already dealt with the fact that BHL will not be replacing the carpet with slip resistant safety flooring as it is not the wish of the residents or their relatives.

The hand sanitizers that were empty have been refilled. We do not understand the need to comment that there were dead flies found on windowsills, floor etc after it had been confirmed on the day of the inspection that the conservatory had just been sprayed to kill the flies while the residents were in the dining room. The home is in a rural location and the spraying of flies and thereafter their removal is carried out as and when necessary.
The "raised lip" on the floor between the dining room and the conservatory is not a structural problem which has any obvious solution. BHL have no record of any trips/slips occurring prior to HW's inspection. Indeed the HW suggestion of yellow hazard tape on the floor was dismissed as this can cause patient's with dementia to consider it a barrier which they will not cross and thus they would not be able to enjoy the conservatory.

The bathrooms used to store items such as cleaning trolleys, mobility aids and boxes of incontinence pads are bathrooms which are "out of commission" and awaiting

refurbishment. Notices have been placed on the bathroom doors to this effect and this includes bathroom B with its broken bath panel. However, incontinence aids are normally stored in assisted bathrooms as this is where they are needed.
The toilet in The Lawns Unit which was found to be "unhygienic" is of course the subject of attention by cleaners when it is seen to be soiled. Dementia patients are encouraged to be independent in using the toilet facilities to prevent the need for personal assistance in toileting which often amounts to an affront to their dignity and should be avoided where possible. It is incorrect to misinterpret recent usage/misuse as being suggestive of ongoing lack of hygiene.

Page 6 -

Minor "signs of mould and used wipes" in a shower cubicle are of course matters which are easily rectified and it is accepted that emergency pull cords should not be tied up, albeit the majority of residents are assisted in bathing and therefore would not be left on their own to rely on an emergency pull cord. The shower chair within the cubicle has been condemned and removed, we accept that it was poor practice for any maintenance employee or contractor to leave a screwdriver in the bathroom. BHL has "cool touch radiator covers" fitted to avoid burns to residents and these covers do tend to be dislodged and hang at angles when struck by wheelchairs etc. This is corrected when noticed and BHL does not accept that these form a significant hazard.

The toilet by the lounge had only just been used by a resident, hence the transient but unpleasant smell. With residents who may be incontinent there will always be a risk of occasional odours which are always dealt with by the attending staff.
We have previously commented on the observation of wheelchairs and also a vacuum stored in the communal corridor and do not consider that these create a dangerous obstruction. A wheelchair in a corridor by its nature indicates that it is either in use, has been in use or is shortly to be used. Likewise in respect of hoists found in corridors by rooms 19 and 22 in the Lawns. The fire exit corridor in The Lawns had been used to store items related to significant adjacent works and is in the process of being cleared.

Page 7 – Staff and Service User Experience, Dignity and Respect Sections

We have already commented on the fact that there was confirmation that quality of care was good and gave no cause for concern. Regretfully it was put in the last paragraph under the "Staff" Section on page 7 and is therefore unlikely to convey to the public clearly and precisely what is the most important factor they should be looking for by way of a home for their family member.
It is incorrect to suggest that there were insufficient members of staff available to provide "assisted eating" as it was explained to HW that the resident they saw apparently waiting for assistance was not actually waiting at all and takes hours over each meal and becomes aggressive if efforts are made to assist or encourage the said resident. HW misinterpreted the situation, with a simple enquiry they could have made themselves aware of this.

Page 8 – Feedback from Patients etc.

Section 5A

The original draft of HW stated that the residents had "complex needs" and this was described as one of the reasons why HW were unable to speak with them. HW did not question the staff and cannot examine care plans, so how could they possibly describe Service Users as having "complex needs"? At our meeting with HW on 14/05/15 it was pointed out that there were numerous residents without "complex needs" who would have been happy to talk to HW. HW then agreed that they had no dialogue with residents due to "time constraints" and they repeat this in their final report confirming they were concentrating upon inspecting the fabric of the premises. If HW are, as they stated, concentrating upon "patient experience", how can this be done without dialogue with residents/relatives? The HW team spent approx., three hours on arrival in the BHL manager's office planning their inspection and thereafter one hour inspecting the premises out of a total visit lasting five and half hours, thus creating their own time pressures.

5B

BHL are unable to comprehend how a team of three inspectors over a visit of 5 plus hours were unable to have dialogue with relatives/carers.

5C

An Occupational Therapist is said to have stated that "the environment of the home is tired, could be made better for patients". At some point during any ongoing refurbishment programme, all nursing homes that have such programmes could have parts of their premises described as "tired" and it is not helpful to describe "the environment of the home" as being tired when it is quite clear from other observations made that substantial works have been carried out to the home and recent redecoration had taken place in parts of what is a large building. Due to constant usage of wheelchairs and other aids, it is inevitable that some will appear dirty and a few will actually require repair and this is always attended to when brought to the attention of BHL. The three therapists who attended the home on their normal visit on the morning of and prior to our meeting with HW on 14/5/15, when asked by BHL of their view of the standard of the home and equipment were highly complementary and stated that it was one of the homes they look forward to visiting.

HW state that they are allowed to comment on the state of the fabric of premises insofar as it effects the overall "patient experience". BHL has no record of any reduced "patient experience" from either Service Users or their relatives. BHL do not consider that the matters raised in respect of the fabric of these premises are of particular help either to the general public or BHL, insofar as all items commented upon cannot objectively be seen as other than "minor". Whilst these items might justify a meeting for the raising of such matters for discussion, they would not normally require the time and expense of drawing up a formal report and a formal response thereto, particularly when professionally qualified supervising authorities such as CQC and Warwickshire Safeguarding have not expressed any concerns over BHL.

BHL is of the view that the very format of HW's report (whether this is used nationally or not) could be substantially improved by giving a more balanced and objective (rather than subjective) picture. Such improvement would surely lead to less objection being taken by the recipients of such reports.

Dr E P Bellamy

Dated: 02 June 2015

Annex 1 – Letter BHL to HW of 20/5/15

C.c Rachel Ratcliffe Inspector, CQC

Rob Wilks, Service Manager for Care Accommodation & Quality Warks C.C