

Enter and View Visit Report

Name of Service Provider: Bentley House Limited

Premises visited: Bentley House, Twenty One Oaks, Atherstone CV9 2HQ

Date of Visit: Tuesday 31st March 2015

Time of visit: 10:00am

Registered Manager: Angela Hadley

Authorised Representatives: Chris Bain, Sue Tulip and Michelle Williamson

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, their relatives and staff, only an account of what was observed and contributed at the time of our visit.

Summary of findings

- Bentley House is a 50 bedded converted home in Atherstone.
- There are approximately 70 members of staff who work at Bentley House in a range of Nursing, Care and Domestic roles.
- The current Registered Manager has been in post for over five years and during our visit they outlined a number of improvements that had been made and were planned at the home.
- Overall the staff at Bentley House were very positive about the home and the support they received. There were no improvements that the staff could suggest to improve the quality of the service provided to residents.
- We observed the physical environment of the home and highlighted some concerns around:
 - The condition of some of the communal bathrooms
 - The use of communal bathrooms and corridors for storage of mobility aids, cleaning trolleys and incontinence pads
 - The decoration of communal corridors including the need to replace carpets in parts of the home
 - The potentially hazardous condition of some radiator covers
- We observed the interaction between staff, residents and relatives. Interactions were respectful and friendly and consent was gained from residents when needed.
- We observed Service User Experience, Dignity and Respect during our visit. This was generally good although we observed some concerns around the process of assisting residents to eat.

Recommendations

- The potential hazards identified in our report are addressed as a matter of urgency. There appears to be a backlog of maintenance work at the home. The current maintenance staff of one, does not appear to be sufficient to deal with this need.
- The carpets in parts of the home are replaced with slip resistant flooring
- The communal bathrooms in parts of the home are given a timescale for refurbishment
- The concerns raised around storage of mobility equipment are addressed
- The communal corridors throughout the home are given a timescale for refurbishment
- That any individuals requiring assisted eating are attended to on a one to one basis. Additional members of staff should be available to assist other residents with their needs. If it is not possible to assist all individuals at the same time then meals should not be served until the staff member is available. This will improve the service user experience and ensure that food reaches them at the prescribed temperature.

In response to the above recommendations the care home has since provided a satisfactory explanation in regard to the observation concerning assisted eating made on the day of the visit.

1. Report Overview

The visit to Bentley House was unannounced, which means that no one at the home knew we were coming.

On arrival at the home we were met by the Registered Manager, Angela Hadley, who was our point of contact throughout the visit. Angela facilitated our visit and provided access to all relevant areas of the home.

Bentley House is a converted home with newer extensions added to the original house. There are 50 rooms across two levels including four beds that are used for rehabilitation. Nine of these beds are located within 'The Lawns' which is the dementia unit of Bentley House. There are currently 46 residents at Bentley House, one vacancy available for a rehabilitation bed and three vacancies for residential/nursing care. There are no shared rooms at Bentley House. 13 bedrooms have en-suite facilities and 37 rooms do not have en-suite facilities. There are communal bathrooms available on each floor.

Bentley House provides both residential and nursing care.

We conducted an in depth interview with Angela, the Registered Manager who has been in post for over five years.

Angela confirmed that usual staffing for the home was eight care staff and two registered general nurses in the morning, seven care staff and two registered general nurses in the afternoon and five care staff and one registered general nurse at night. There are also two activity coordinators who work five days per week, a maintenance man/minibus driver and domestic staff. There were approximately 70 members of staff in total at the home employed at the time of our visit. Angela informed us that the majority of staff at the home have been in post more than five years. The staff at the home are permanent, however on occasion the need arises to use bank or agency staff. If this is the case the home always use the same agency.

Angela informed us of the plans that were in place for the home. The two bathrooms on the ground floor of the home are scheduled for refurbishment during 2015. There have recently been improvements to the security of the home with CCTV and security fencing installed. There are also plans to replace the furniture in The Lawns, which is the dementia unit of the home. A maintenance man is employed to address the ongoing day-to-day maintenance of the home. This includes the redecoration of recently vacated rooms. In addition we were informed that outside contractors were used for other maintenance and repairs such as plumbing.

Angela described the activities that are run at the home for the residents. The activity coordinators carry out one to one activities with the residents such as hand massage and reading as well as carry out themes throughout the year e.g. Valentine's day. The home also sources outside entertainment including petting zoos, birds of prey and shopping evenings in the run up to Christmas.

Angela explained that the views of residents and their relatives were important to Bentley House however they do have a poor response rate from the questionnaires for residents, relatives and visiting professionals. Angela has also run a 'managers surgery' but this was poorly attended. Instead Angela operates an open door policy for any residents or relatives who have comments or concerns with the home and will address individual issues when they arise. The activity coordinators run service user meetings where menus and the types of activities on offer are discussed.

2. Purpose of Visit

The visit to Bentley House was in response to concerns received by Healthwatch Warwickshire in late 2014 about the standard of care provided at the home. The purpose of the visit was to investigate whether there was any evidence to substantiate the concerns.

3. Approach Used

The Authorised Representatives observed the activity taking place in the communal areas of the home, including the period over lunch.

The Authorised Representatives also spoke with visiting professionals and members of staff throughout the visit.

4. Observations/Findings

Physical Environment

Bentley House is in a rural location in Atherstone. There is a car park available for staff and visitors, which was clean and tidy.

Entry to the home is through an entrance hall, and the entry buzzer was answered by a nearby resident who signposted us to the reception area. The entrance hall had a variety of photographs of events and activities which had taken place at the home as well as a 'spring display'.

The reception area was uncluttered and had appeared to have been recently redecorated. There was a notice board in reception which was updated with recent and relevant notices. There were also thank you cards displayed from residents and relatives.

The communal corridors were clean and we observed domestic staff cleaning these areas during our visit. Throughout the home the communal corridors were in need of redecoration. The walls and doors were marked and the handrails

were also showing signs of wear and tear. We also observed that the skirting board was loose by the lift on the first floor.

The carpet in some of the communal corridors of the home was in need of replacement. It was observed that the carpet was stained and also lifted, especially around the swing doors throughout the home. This may be a trip hazard and we would recommend that the carpet is replaced with slip resistant safety flooring.

Hand sanitizers were situated frequently throughout the communal areas of the home, however it was observed that a number of these were empty.

The main communal lounge was bright and airy and showed signs of recent redecoration to a good standard. Residents appeared to have their own preferred chair located within the lounge and these were in varying degrees of appearance. Attached to the lounge was a large conservatory area. It was observed that there was a large presence of dead flies on the windowsills, chairs and on the floor. We discussed this with the Registered Manager at the end of our visit who clarified that they do experience a large number of flies due to their rural location. It was explained to us that the conservatory had been sprayed during our visit and was waiting to be cleaned.

There were two communal dining rooms available at the home. One was located in an annex at the end of the entrance hall and the other was located in The Lawns. The dining room located in the annex was clean and functional. It was bright and airy in the dining room with lots of natural light available. The dining room within The Lawns was clean and functional and also showed signs of recent redecoration to a good standard. The flooring had been replaced with laminate flooring.

Adjacent to The Lawns dining room was a conservatory lounge area. It was observed that there was a raised lip between the dining room and conservatory which may be a trip hazard. This was discussed with the Registered Manager at the end of the visit who advised us that this issue has been thoroughly investigated but there was no obvious solution to the raised lip. It was observed that there was also a loose extension cable in the conservatory.

There were a number of communal bathrooms throughout the home. It was observed that some of the communal bathrooms were in need of refurbishment. It was explained that there is refurbishment program in place. It was also observed that a number of bathrooms were being used to store items such as cleaning trolleys, mobility aids and boxes of incontinence pads.

There were some specific concerns observed during our visit. In bathroom B the bath panel was broken and sharp edges were protruding from the bath. Besides the injury hazard this could also cause cross infection as the bath unit cannot be sanitized effectively. The bathroom in The Lawns unit was observed in an unhygienic condition. The toilet was unsanitary with traces of urine and faeces on the toilet seat. There was toilet paper with faeces on left by the toilet. It was explained that the philosophy was to promote the independence and self-

sufficiency of residents and that occasionally this meant toilet facilities would be in need of cleaning.

The shower cubicle showed signs of mould and used wipes were left on the floor of the cubicle. It was also observed that the emergency pull cord for the shower cubicle was tied up. The floor of the bathroom was wet, however there was no wet floor sign displayed.

In the bathroom opposite the Rehab Room on the first floor we observed that there was no emergency pull cord available for the shower. There was a shower chair within the shower cubicle itself and this was observed in a poor condition, showing signs of rust. We also observed an unattended screwdriver left in the bathroom.

There were a number of communal toilets throughout the home and some concerns were noted in these toilets. By the communal lounge there are three communal toilets for the use of residents as well as a visitor toilet. In the three residents' toilets we observed some concerns. The first toilet was clean and functional, however it was observed that pipework for a radiator was protruding from the wall. In the ladies toilet it was observed that there was an emergency pull cord available, however this did not reach the floor. It was also noted that the radiator cover was hanging from the wall, protruding at a potentially hazardous angle for anyone using the toilet. In the final toilet by the lounge the radiator cover was also observed protruding from the wall at a potentially hazardous angle. There was also a used incontinence pad next to the toilet accompanied by a strong smell of urine. In the toilet opposite room 16 it was observed that the emergency pull cord was located by the toilet entrance. This may not be accessible to a resident in the event of an emergency. The toilet was clean and functional however it was in need of refurbishment.

There were a number of obstructions and potential trip hazards in the communal corridors. By bathroom A on the ground floor, we observed a wheelchair and vacuum stored in the communal corridor. The wheelchair had damaged wheels and it was not clear if this was in a useable condition.

Hoists were observed in corridors by rooms 19 and 22 in The Lawns. There is a fire exit corridor in The Lawns which leads to the main dining room. This area does not appear to be accessible to residents. It was observed that the corridor may have reduced accessibility in the event of emergency as it was being used to store mobility scooters, wheelchairs, paint and hot food serving trolleys.

By room 50 there appeared to be a corridor area which was 'off limits' to residents but was easily accessible to us during our visit. This area contained a number of hazards such as carpet gripper rails, bags of plaster and boxes. We would recommend that this area is either cleared of hazards or access is blocked to residents.

We also observed that a radiator cover was hanging off the wall outside room 49 on the first floor.

Staff

Our Authorised Representatives observed interactions between staff, residents and relatives during the visit.

We saw friendly but respectful interactions between the staff and the people who lived there. Staff called residents by their preferred name and where necessary, they crouched down so that they were on the same level as the person they were speaking to.

We observed the staff requesting the residents consent before carrying out a range of activities. Staff were seen knocking on residents' doors before entering. We also observed the staff speaking to relatives and visitors to the home in a friendly and welcoming manner.

We did not observe any member of staff wearing a name badge during our visit. We would recommend that Bentley House either provide name badges for their staff or allocate an area in the home to displaying pictures and names of all current staff. All members of staff were wearing their uniform and were well presented.

The quality of care provided by the staff appeared to be of a good standard and did not give cause for concern

Service User Experience, Dignity and Respect

We observed residents in both of the communal lounges. The residents appeared to be comfortable, clean and dressed appropriately for the current weather conditions.

The lunch period was observed during our visit. In The Lawns dining room there were two residents who required assisted eating. There was one member of staff available to provide the assisted eating. It was observed on the day of the visit that one resident had to wait until the other resident had finished their meal, before they could be assisted. During this time their meal remained on the table, uncovered. The Registered Manager explained that the resident required encouragement to eat rather than assisted eating

The residents were assisted in a dignified manner. The member of staff providing the assisted eating encouraged the resident to eat and provided praise and conversation during the meal.

In the main dining room we observed that there was a wait for some residents to be served their meal. This was about 15 minutes after other residents had commenced eating. However once the food arrived the staff were observed attending to the residents needs in a caring and dignified manner.

Staff Feedback

We spoke to two members of staff during our visit to Bentley House. All members of staff were willing to freely engage with our Authorised Representatives.

All members of staff we engaged with were very positive about the home and the support they received. They also told us that they liked working at the home.

A member of staff told us “staff are nice, we do not need to be afraid to say anything if something is wrong”.

Another member of staff told us “I haven’t really got any complaints”.

No one we spoke to could think of any improvements that could be made at Bentley House.

5. Feedback from Patients/Residents/Relatives/Carers/Staff

a) Patients/Residents

Due to time pressures, and the concerns observed regarding the physical environment in the communal areas of the home, we were unable to speak to any residents on the day of the visit.

b) Relatives/Carers

We were unable to speak to any visiting relatives and carers on the day of the visit.

c) Other professionals

We spoke to three visiting Occupational Therapists on the day of our visit. These Occupational Therapists visit the residents in the four rehabilitation beds at the home on a daily basis.

The comments received from the Occupational Therapists included:

“It’s one of the best nursing homes that I have seen”

“The rooms are always clean”

“The staff are very friendly and they take feedback on board”

“The environment of the home is tired, could be made better for patients”

Some concerns were raised about the quality of equipment provided at the home for example the wheelchairs that have been available were dirty and the brakes were not working.

One specific concern was raised about the use of bed rails for the residents in the rehabilitation beds. This was raised with the Registered Manager at the end of our visit and we were advised that this would be addressed immediately.

6. Follow Up Visit :

A follow up visit is recommended in six months to follow up on the planned improvements discussed with the Registered Manager and Healthwatch Warwickshire's recommendations. A report will be produced following this visit.