



Enter and View Report

Visit Date	28 February 2018
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Service Visited	Blenheim House Care Home, Melksham
About the Service	Blenheim House is a purpose-built care home in Melksham. It provides personal and nursing care with a specialist dementia unit. It is owned and managed by the Majesticare Group. The home has 3 floors, each floor provides individual accommodation for residents and separate dining rooms, sitting rooms, bathrooms and several individual seating areas. Residents have their own room with en-suite shower and toilet. The home can care for 85 residents.
Disclaimer	This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Wiltshire.

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Key Findings and recommendations:

We found the home to be light, clean, nicely decorated and pleasantly furnished. There was a relaxed and calm atmosphere. Managers and staff were very polite, welcoming, helpful and happy to speak openly. In general, residents and their relatives spoke very positively to us about the management of the home and the care and support provided to residents.

The home currently has capacity for 85 residents but is in the process of opening additional beds and is recruiting a number of new staff to support the home as more residents move in and it reaches full capacity. New staff were receiving induction training on the day we visited. There was a full complement of staff on duty when we arrived which was made up of permanent staff.

Recommendations:

The visiting team would like to acknowledge the good work that has been undertaken to improve the environment of the residents that are living with dementia on the first floor. Those members of the team that had visited the home previously commented that the whole floor was much improved in terms of the décor, and that the floor was much calmer and that there was a well-managed atmosphere.

The visiting team would like the home to consider the following recommendations which are based on outcomes and findings from the visit:

1. Consider developing an information brochure on the nursing floor for residents to have in their rooms, detailing the range of activities on offer, meal times etc. to inform them of their choices and to promote communication with relatives.
2. Promote and advertise to residents and relatives the range of activities on offer, using easily read notices about activities and events to ensure that all residents have opportunities based on their individual choices.
3. Ensure that staff are encouraging resident's preferences at mealtimes by providing residents with alternative choices of meal from the menu on any occasion they express dislike of their original choice helping to ensure they are encouraged to eat.
4. Ensure residents personal care is undertaken in a respectful manner to preserve their personal dignity, especially when they are unable to alert staff through disability or illness.
5. Continue the good staff development and training opportunities that the team witnessed by providing staff with sufficient notice of training

available helping to ensure they can plan their time and attend when it is offered.

6. Continue the good community integration work we were told about such as the play group, and memory café to further enhance the lives and wellbeing of the residents.

Purpose of Visit and how it was conducted:

This unannounced Enter and View visit was conducted as part of Healthwatch Wiltshire's Quality Monitoring work programme. Healthwatch Wiltshire has an important role in scrutinising services and enabling local people to monitor the quality of service provision. We do this by talking to people who are using these services.

The visit was carried out by six authorised representatives. Information was collected from observations of residents in their day to day situations, including lunch, interviews with staff, residents, relatives and the interim care home manager against a series of agreed questions; reference to the latest CQC report (June 2016) and a final team discussion to review and collate findings. The team spoke to the interim manager, 3 further staff members, 6 residents and 4 relatives or friends.

On the day of the visit both a Director and a senior member of staff from the Majesticare Group were in attendance to conduct interviews for the vacant position of Care Home Manager. We had an opportunity to chat to both the Director and the senior member of staff.

Visit Overview

We had written to the home stating our intention to conduct a visit in the near future however this visit was unannounced, so the Healthwatch Wiltshire team was not expected. When we arrived, the front door was locked, and the bell was answered promptly. We were welcomed by the Interim Manager and receptionist. We discussed our plans for the visit and we were then given a tour of the home. No restrictions were placed on access or who we could speak to.

In addition to the letter advising that we would be visiting the home we included posters advertising our intention to visit along with an information sheet for the care home staff. However, we did not see the visit posters on display and staff didn't appear to have been given the staff visit checklist.

The visiting team split into three pairs. One pair spent some time talking to the interim manager, and the other two talked to staff and residents. Time was spent observing lunch being served, then further interviews continued with residents, relatives and staff.

At the end of the visit the team met to share their findings, and then met with the interim manager to review and discuss the visit.

Observations and findings

Physical Environment:

The home appeared comfortable, clean, light, smelt pleasant and was attractively furnished in all areas.

The building comprises of a main part which is now a few years old and a recently built extension. The whole building is dedicated to care. There are three floors. The ground floor is dedicated to residential care, the first floor (Clover Unit) is dedicated to residents who are living with dementia, whilst the top floor houses residents in need of nursing care. Part of the top floor in the new extension was empty and undergoing work to provide additional beds. There are lifts and stairs connecting all floors. Each floor has its own lounges and adapted bathrooms. There is a brasserie style restaurant with bar, various dining rooms and less formal café areas. There is a hairdressing and wellbeing centre, a cinema, a library, reading / quiet rooms and a 'potting shed' for gardening activities that opens directly onto the garden. The second floor is arranged in such a way as to bring back memories for the residents and has a pub restaurant, a study decorated in 1940's style and a nursery area with a pram and dolls etc. Outside the room of each resident is a display case where relatives can place photographs and small personal objects to stimulate the memory of their loved one. The 3rd floor is a dedicated nursing unit with larger bedrooms to house specialist equipment. On each floor the lounges had comfortable arm chairs and coffee tables, one lounge had a grand piano. They appeared pleasant areas to sit and we saw them being used by several residents. In the dining rooms, tables were suitably laid with table cloths, condiments and cutlery. During our visit we observed that there was plenty of space for people to choose where to sit.

A few residents invited us to look at their bedrooms. Those we saw were clean, light and individually decorated. We saw that residents had some personal items in their rooms such as family photographs, possessions and small items of furniture. All the bedrooms we saw had a comfy armchair for residents to sit in. Most residents also had an additional comfortable chair for visitors.

The bathrooms and toilets we saw were clean and appeared to be well adapted and equipped. On the dementia floor there was clear signage using words and pictures on doors of the toilets and bathrooms.

We were told that communal activities generally start from 11am and different activities and trips are available. There is a dedicated activities coordinator and other staff who help with the activities. Residents told us that staff keep residents informed of the various activities available and that they can choose whether to take part in the activities or the outings. The team felt that some of the notices advertising events and activities looked quite 'busy' and that the text was difficult to read and on one floor the sheet advertising activities was out of date. Where residents spend time confined to their room the team felt that it might be beneficial to develop an information pack to communicate activities, daily routines etc. to inform choices and promote further communication.

On the day of the visit we were told that residents were currently taking part in a 'virtual' cruise. On the ground floor in the entrance area there was a table displaying information about the cruise and its itinerary. On the day of the visit the cruise ship had 'docked' in South Africa and there was a South African themed lunch available for residents. We were told that the virtual cruise and its destinations provided an opportunity for residents to share memories about visits to those countries etc.

On the day we visited there were several catering staff from the Majesticare group in the building attending a training day entitled 'Dignity in Dining'. In addition, we witnessed new staff taking part in an e-learning induction session and other staff taking part in a 2-day workshop facilitated by the organisation 'Ladder to the Moon' which we were informed was designed to enable staff to promote meaningful person-centered innovative activities to improve the residents' quality of life. We were told that the home funds an artist who is currently working on a 1:1 basis with residents. In addition, an IT tutor has been employed to support residents who want to get online. On the dementia floor several residents were taking part in an activity being facilitated by both care home staff and students from Wiltshire College. The Healthwatch visitors who had visited the home on a previous visit stated that they noted a significant improvement on the first floor with a much calmer and well managed atmosphere. It appeared that residents were enabled to participate in activities and meal times according to their wishes.

We witnessed a number of housekeeping staff on each floor. We were told that all the bedrooms and communal areas are cleaned every day.

The home employs a companion who befriends residents and spends time with them.

We saw a range of snacks in each dining area - tea, coffee, biscuits, fruit and cakes. Residents told us that they and their visitors were able to help themselves. We saw a refreshment area in the hallway of the dementia floor that had juice dispensers however there were no cups in sight.

At the rear of the home there was a large garden with places to sit, raised flower beds and easily accessible by those in wheelchairs. The garden was surrounded by fencing so was safe for all residents. On the first and second

floors there were glassed in balconies which allowed residents to enjoy being in the fresh air safely.

The Interim Manager told us that the home has built up links with the local community and some external organisations, examples of this include regular visits from a local nursery, mums & toddler/baby group, and a monthly memory café. The community mental health team visit every day and use the café area to write up their notes. We were told that they are trying to encourage other local groups to use the home for meetings, activities etc. and are happy for the space to be used.

Interactions:

The team had plenty of opportunities to observe staff interacting with residents during the visit. Staff members were observed supporting residents with drinks, moving around the home, during some activities and during meal times.

The team observed that staff were respectful, cheerful and pleasant with residents at all times. It appeared that most staff knew residents well. We saw that staff members took time to explain things to residents and gave them choices. For example,

We observed lunch taking place in several of the dining rooms. Residents were able to choose whether to have their lunch in their rooms or the dining rooms, most people chose to have their meals in the dining room. On the floor dedicated to nursing, several residents chose to visit the dining room to sit together for lunch. There were a number of staff on hand to help residents to get to the dining room, serve lunch and help residents who needed help and support. On the nursing floor we noted that residents who did not like the choice of meals were offered an alternative (sandwich / toast). In another dining area we noted that a resident who had initially ordered the curry changed her mind once she had tasted it as being too spicy for her. The member of staff who served the curry did not suggest an alternative, however another member of staff stepped in and offered the resident an alternative to the curry. The resident was very happy with the alternative she was offered. Whilst the mealtime was in place we noted that the radio was on unobtrusively in the background. On the dementia floor we observed that residents were individually supported at lunchtime by staff who seemed to know the residents well.

What users said:

We spoke to six residents during the visit about their experience of living at the home. They were able to talk to us with varying levels of detail, but they were all happy to chat and able to give us some impressions of their experience living at Blenheim House.

Residents told us that they thought staff listened to them, talked to them in a nice way, were very caring and understood the support that they needed. For example, we were told:

"The staff are kind, generous and attentive - they enjoy what they are doing."

"The staff are wonderful, they are very friendly and respond as quickly as they can to my needs."

"Lovely staff, very caring and attentive and they are always available to relatives."

"Excellent care, I get the help I need."

Residents told us that generally staff address residents by their preferred name which in most cases was by their first name. We were told that staff check on residents on a regular basis, usually every 1 or 2 hours and that staff generally respond promptly when they are called.

Residents told us that they could choose when they wanted to get up and go to bed. Some residents talked about the support they were given with personal care. For example, we were told by one resident that they preferred a shower and by another that they preferred a bath. We were told by one resident that when they were being supported in the bathroom staff were very careful to maintain their privacy as much as possible. Both people told us that they got the right amount of support from staff with their preferred option.

The residents we spoke to told us that overall the food was very good and that they liked the food at the home. People we spoke to said that there was enough of it, they were given a choice of options and that it was at the right temperature. Residents told us that catering staff are happy to help with special requests and that they can get drinks and snacks if they want them.

Residents told us that they could choose what they wore, and that their clothes were frequently washed and returned to them. They said that they could choose how to spend the day, some said they preferred to stay in their room whilst others told us they liked to spend time in the lounges and join in with activities and trips.

Residents told us that they felt 'safe' at the home. One resident told us that they felt much safer at Blenheim House than they had whilst living at home as staff are always there when you need them.

What family and relatives said:

We spoke to four people who were either relatives or close friends who were visiting residents at the home.

We were told that interim manager and deputy manager had a very positive impact on the home and that they were “very approachable”. A relative we spoke to said that they felt their relative was getting individual attention when they needed it and good personal care. They felt that the staff were “very attentive and careful and always available to relatives” and that they were friendly without being over familiar.

Relatives told us that they felt the home “had a lovely feel” with lots of activities and days out are available.

One relative told us that on one occasion when the resident was being transferred from a trolley to bed that their dignity was not preserved, and on another occasion, the resident was left uncovered from the waist down for approximately 15 minutes. The relative told us that they were able to discuss things with staff when they wished to raise concerns and that the issues raised were always dealt with to satisfaction. The relative stated that staff were always kind to the relative receiving care.

Another relative told us that their relative was “much calmer” since they had become a resident of the home and that the staff were “brilliant”.

What staff said:

We spoke to 4 members of staff including the interim manager. All staff members we spoke to were polite, helpful and open. The staff that we spoke to told us that they enjoyed working at Blenheim House, that they felt supported in their role and that there was good career progression.

One member of staff told us; “I really enjoy my work, it’s a great place to work”. Another member of staff told us that it is “the best company I have worked for”. We were also told that the current interim manager is “brilliant” and has made very positive changes.

The interim manager had been in post since the previous manager left for personal reasons. She was already at the home overseeing the additional beds so was known to staff. Staff told us that the previous manager had put a lot of good changes in place and that the current interim manager has had a very positive impact on the home.

Recruitment was currently in place to provide staff for the additional beds that were in the process of being commissioned. We were told that not all staff who are recruited are qualified, however, it was important to the organisation that staff shared the same values / ethos of Majesticare with the right passion for care and that staff would receive the appropriate training on recruitment. If not already qualified, all staff are expected to undertake qualifications once employed. Staff told us they are encouraged to develop and acquire new skills. Training is offered by e-learning but also face to face training especially in legal areas such as the Mental Capacity Act. Some training is shared with Dorothy House Hospice and the council. Staff are deployed on the various floors based on

preference and aptitude. A nurse is always on call in the home 24 hours a day. Staff have received dementia training and the home employs a dementia practitioner, they also liaise with the dementia alliance.

Staff told us that they feel they have enough time to care for residents and undertake other roles such as coordinating healthcare or helping with activities, they also felt that once all the 'care' tasks had been completed they were able to spend time getting to know residents.

Staff are supported by staff from Dorothy House Hospice to provide end of life care and a member of staff told us that when a resident dies they feel supported and that there is a counselling service available to staff if they need it.

Staff told us that they like working a 12-hour shift system.

Staff mentioned that parts of the induction and training arrangements were not of the same high standard as the reality of the day to day working in the home has proven to be.

There is an electronic monitoring system in place which ensures that each resident is checked on an hourly basis.

From the discussions we had with staff we noted that prescription services are poorly managed by the service to the home and that staff told us they spend a great deal of time having to chase prescriptions through a local GP service and local providers often requiring several phone calls. Co-ordination with other GP surgeries was described as much better. As part of its monitoring role Healthwatch Wiltshire will feedback this issue to the commissioners.

Acknowledgements:

The Healthwatch Wiltshire Enter and View team would like to thank the managers and all staff, residents, their families and friends for a friendly welcome and free access to the premises and activities.

Thanks also to our dedicated volunteers who helped support this enter and view. In total volunteers gave up approx. 35 hours.

Provider response:

It was a pleasure to welcome you and your team to Blenheim House. The team here are always happy to welcome visitors. Care home life is a busy one, so it is very good to have you attend our home and give an external view on the quality of

care we deliver here at Blenheim. This gives us time to stop and reflect on what we are doing from the eye view of your independent team.

We are pleased you enjoyed your visit. Your findings, we feel reflect the standard of care we expect to deliver here at Blenheim. This was reiterated from the comments from residents and relatives. It is important also that staff feel happy in their work and it is heartening again to hear positive comments from the staff you spoke with. Majesticare as a provider ensure the values we hold for our residents and their families also extends to our working colleagues.

With our passionate team of staff, we truly care about the quality of care we deliver so it is important to us to reflect and take on board your recommendations:

1. We are putting together a working party of staff, residents and family members to put together an information brochure for Residents and their relatives.
2. We have already improved our activity information sheets. They are now more pictorial, easily readable and the Activity team are purchasing display boards to improve communication to residents and relatives alike. This will continue to evolve.
3. Discussions with staff have taken place to ensure within the dining experience they consistently offer choices relevant to resident's preferences. Whilst we have an excellent menu on a daily basis, our residents can actually have anything they wish.
4. Respect and Dignity is a high priority here at Blenheim. To ensure we maintain a high standard, all staff have recently attended face to face training in Respect and Dignity from an external training company to update their knowledge and skill base.
5. Continuous Professional Development is available to all staff from on line modules, to face to face training, Diplomas, Apprenticeships and much more. We endeavour to plan well in advance to ensure training does not affect rotas and staff can plan and attend to fit in with work and family life.
6. We pride ourselves on the great community integration we are involved in here at Blenheim from our very successful monthly Memory Café, Mother and Baby group, Nursery Group, Dementia Alliance, and the many local facilities our residents visit. Plus, our connection with all our external fellow professional we work with.

Control Sheet

Date submitted to HWW office as draft version	15/03/18
Date sent to provider to check for factual accuracies	21/03/18
Date response from provider due	05/04/18

About Healthwatch Wiltshire

Healthwatch Wiltshire (HWW) gives people a powerful voice locally and nationally. At a local level, HWW works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. HWW is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

To enable Healthwatch Wiltshire to gather the information it needs about services, there are times when it is appropriate for Healthwatch to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow Authorised Healthwatch Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and View visits are:

- not part of a formal inspection process, neither are they any form of audit;
- a way for Healthwatch Wiltshire to gain a better understanding of local health and social care services by seeing them in operation
- carried out by Authorised Representatives who have received training and been DBS (Disclosure and Barring Service) checked
- a way for Authorised Representatives to observe the service, talk to service users and staff and make comments and recommendations based on their subjective observations and impressions in the form of a report.