



Enter and View Report

*Bassett House Care Home,
Royal Wootton Bassett*

Tuesday 17 May 2016

About Healthwatch Wiltshire

Healthwatch Wiltshire is a local, independent service which exists to speak up for local people on health and care issues. We listen to people's experiences (good and bad) of health and care services and feedback their views to the people who plan, pay for and deliver these services.

What is Healthwatch?

Healthwatch Wiltshire was established in April 2013 as a Community Interest Company to be the new independent consumer champion and to gather and represent the views of our community. Healthwatch Wiltshire plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account. It also provides a signposting service for people who are unsure of where to go for help and to give information about how to make a complaint. It also reports concerns about the quality of health care to Healthwatch England, who can then recommend that the Care Quality Commission take action.

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.

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 the Lead Enter and View 'Authorised Representative' who carried out the visit on behalf of Healthwatch Wiltshire.

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Enter and View Visit Report

Date	Tuesday 17 May 2016
Authorised Representatives	Mary Rennie, Healthwatch Wiltshire Lead June Barnes, Volunteer Sarah Davies, Volunteer Mary Winterburn, Volunteer
Service Visited	Bassett House Care Home, Royal Wootton Bassett

About the service:

Bassett House is a purpose built care home which opened in 2011 and provides accommodation for frail older people. It is owned and managed by AMS Care Wiltshire Limited. The facility includes a specialist unit for residents with dementia type illnesses. The home is able to care for sixty three clients. Accommodation is provided on three floors, each with its own dining room and lounge. The ground floor is reserved for general nursing care, while floors 1 and 2 cater for people with dementia. Residents have their own room with en suite shower and toilet.

Purpose of Visit:

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.

How the visit was conducted:

Information was collected from observations of residents in their day to day situations, including lunch, interviews with staff, residents, relatives and the care home Directors against a series of agreed questions; reference to the latest CQC report (May 2015) and a final team discussion to review and collate findings.

The team spoke to the Directors, the Lead Nurses, several members of the care staff (but only one in depth), six residents, four visiting relatives and two visiting friends. Two other relatives contacted Healthwatch Wiltshire directly outside this visit.

Observations and Findings:

Bassett House is a large modern brick building situated in a residential area on the outskirts of Royal Wootton Bassett. There is level access and plenty of car parking for visitors. Attractive planting surrounds the building which is accessed by entry phone. There are views to the fenced garden beyond. The entrance is light and airy with no unpleasant smells. Hand gel is available at the door. There is an ideas and suggestions

box where visitors sign in, and copies of the Handbook for Residents, the Statement of Purpose and the Spring News Bulletin are displayed. The signing in and out book also records if residents are being taken out by families and friends. A Healthwatch poster was displayed in the foyer, advising residents and their families that the team would be making a visit.

Although the visit was unannounced, the team was warmly welcomed to Bassett House by the Lead Nurse. She answered questions readily and offered supplementary information. Refreshments were served in the attractive reception area while the team awaited the arrival of the Director. A Health Care Assistant gave us a cheery welcome, and as did a nurse who was accompanying a resident in his electric wheelchair to the entrance.

When the Director arrived, the team moved into the Manager's spacious and tidy office. The Lead Authorised Representative explained the purpose of the visit. The Director readily answered questions and offered other relevant information before taking the team on a tour of the home. At the moment, there are 58 residents. All areas were pleasantly decorated, in "calming" colours, with handrails painted in a contrasting colour. Carpeting was not too bright but contrasted with the walls and furniture. In the communal areas there were no unpleasant smells. However, on the top floor there were one or two individual rooms with residents in bed where there was a smell of stale urine. All residents have their own room, with their name and a photo on the door. Everywhere else that we saw was spotlessly clean and well maintained. We were pleased to see good facilities for the staff too, with a staff room on one floor and changing rooms with showers on another floor. There was a cinema for residents which was used for other activities including tea parties, and staff training. It could also be turned into a pub. In the dining room on each floor there were tea and coffee making facilities for the use of residents and visitors. There was a wall clock in the dining area although it could have been larger, with plain stand out numerals on it. We did not notice a sizable display of a 'day and date' calendar for residents.

Staffing

We were told that each floor has one registered nurse and four care assistants on the day shift (8 am-8 pm), plus two 'floaters' - care assistants who help on both the first and second floors, as necessary. As a result of the Registered Manager observations on the top floor one morning, a member of the housekeeping staff has been detailed to help with breakfasts and clearing up, plus serving coffee, to free up the care staff for direct resident care. The team thought this demonstrated a willingness to change practice and be innovative for the benefit of residents. The Director acknowledged that there were ongoing difficulties in recruiting care workers, and that agency staff were used to make up staffing shortfalls. However, they only use a couple of agencies and aim to get continuity by asking for the same people. Retention of permanent staff was seen as critical. They were paid above the living wage and good performance was recognised by small tokens of appreciation. Thank you notes were displayed on notice boards. Personal development was encouraged - one care worker had gone on to train as a nurse.

Input from the Girl Guides, Duke of Edinburgh's Award participants and work experience students from local schools is encouraged.

There is a small activities team and we were introduced to the Activity Co-ordinator who was doing hand manicures and massage that morning. She also helped serve lunch on the first floor. We saw a daily programme of activities, which includes whist, poetry reading, sing songs, a reading group and a music group. There were 1:1s with residents who have no visitors or who need individual activities. A member of the activities staff is on duty at weekends too. We were told that the local Rotary Club comes in regularly and runs coffee mornings and sherry mornings, with the help of a few relatives. There is a residents' choir and an annual concert at the summer garden party. One resident commended the Activity Co-ordinator for the way she adapts activities to residents' needs e.g. making chocolate crispie cakes. She said "she listens very well - she's one of the special ones".

Outings are arranged for residents and have included trips to the Outlet Centre in Swindon and to the Hay Lane Garden Centre. The cooperation of the local taxi firm, Brady's, was appreciated. Recently, staff and visitors have been taking residents to the cafe in the newly opened Housing 21 sheltered housing complex across the road, where they have been made welcome.

Methodist, Roman Catholic and Church of England services take place regularly.

The home has a contract with the local New Court GP practice and a GP visits once a week to see any residents - additional visits are made when necessary. The tissue viability nurse also visits when required. The home's policy is to keep residents with them until the end of their life, if that is their wish. There is support from the Prospect Hospice for palliative care. Visits from a dentist, chiropodist and optician can be arranged, or the resident taken to them.

Food

The Director told us that breakfast is served in the resident's room or in the dining room, whichever they prefer, at the time they choose. One resident likes his full English breakfast in the middle of the night and we understood from the cook that this wish is met. Menus are planned on a four week rolling schedule, and nurses sometimes make suggestions to the cook so that residents' preferences and needs are considered. Lunch is served in the dining rooms, but residents can stay in their own room if they prefer. There are sometimes two sittings at lunch to suit the residents. The Director invited the team to join some residents for lunch. This was expected at 12.30 pm but not served until 1.15pm - we were told that this was due to the new chef having a 'shadowing' day with the current cook. This was a long wait and the staff did not interact with the residents who were sitting waiting. The lunch was chicken pie with broccoli, cauliflower cheese and potatoes. We observed individual servings being done for residents. There was a pureed diet for those who required it. Residents were gently encouraged to drink squash. Some relatives were helping residents with their meals - in the dining room or in their rooms. Three staff were sitting down assisting residents and talking quietly to them. One gentleman we spoke to visited his wife every other day, thanks to a volunteer LINK driver. He said that the food had "gone off for a bit" but was "all right now". He said the staff were very helpful and gave him a daily update on his wife's condition. Supper is usually served in residents' rooms, but again they can eat in the dining room if they prefer.

Training

We were told by the Director that the home has its own induction programme, plus a six monthly rolling in-house comprehensive training programme, which includes mandatory topics such as fire training, manual handling, infection control, person centred care, equality and diversity, and record keeping, plus sessions on other topics e.g. the care of a resident with dementia, and the Mental Capacity Act. Staff are encouraged to do NVQs 2, 3 and 4. We met one care assistant who had no NVQ qualifications, but she said this was a personal decision because she is a mother and does not have time.

Points from the Care Quality Commission visit (May 2015)

The atmosphere we observed during lunch on the first floor was relaxed and there was a gentle buzz of conversation involving residents when they were able to join in. Salt and pepper were on each table. Bibs were being worn by most of the residents who were eating without assistance, but paper napkins were used for those being helped. We saw no plastic aprons on residents.

Although there are now pictures of toilets on those in the communal areas, there are no clear signs showing where the toilets are located. There are photos of each resident on their bedroom door, in colour, and large enough to see.

On the first floor there were three agency staff on duty - the registered nurse who had worked on the floor since June 2015, and two care assistants, also long term, who knew the residents well.

Good practice examples

A Relatives' and Residents' Satisfaction Survey is carried out 6 monthly and the results collated in time to be fed back at the twice yearly meetings for residents and relatives. Time is taken to explain what actions are being taken about the concerns raised, as well as to acknowledge the positive comments received. We were given a copy of the latest survey results, dated November 2015. A copy of the survey is sent out with the monthly invoices.

Every day a 'resident of the day' is selected on each floor. A review of their care, the activities they take part in and the condition of their bedrooms is undertaken. In this way every resident is reviewed at least monthly.

Transfers from Merlin Court Care Home, Marlborough

Although we were originally told by the Director that the home had taken no residents from Merlin Court when it deregistered for nursing care in March 2016, we found two residents on the first floor who had in fact made this move. We spoke to the son and niece of one of them. The son said that things had been deteriorating at Merlin Court up to deregistration - it was in the middle of a building site with noise, dust and dirt which got into the home. His father was given three weeks' notice to leave - he had been there for four years. The son was recommended two homes for people with dementia - one had no vacancies, but Bassett House had three. He and his niece (who has a nursing background) visited and were impressed with the home and the Registered Manager whom they found to be open and honest, and happy to show them all areas of the home, including the main kitchen. The actual transfer of his father to Bassett House was well managed by Merlin Court, with an excellent handover of care. A Merlin Court care assistant did one shift at Bassett House to show the staff how his father was cared for, and

to help him to settle in. However, the son considered that Bassett House is a better home than Merlin Court, and he is pleased with the care his father is receiving, as is his niece.

What did people say about the service? Conversations with residents, relatives and staff

Residents

We were able to talk to several residents and their relatives. Two residents on one floor said they were generally pleased with their care. They liked the food and the staff. They said they chose not to join in with any activities but one said she was happy to “people watch” with everything that was going on. Another said she did go out and about (although we had no way of confirming this) but the other lady chose not to. We noticed that they had both had their nails done, which they liked. They said they choose what they would like to wear.

One resident in a communal area was greeted by a member of staff from the kitchen who came past with a trolley. He greeted her and she asked for a cup of tea. He had worked as a cleaner on the floor before and knew she loved her tea. He made her a cup before returning to the kitchen. Another resident was in her room and a care assistant came in while we were talking to her. The resident had just told us that she was able to get up when she liked and decide about a wash or a shower. The care assistant corroborated this and gave us an example: usually the resident has a shower but today she was feeling cold so the care assistant suggested a wash instead, which she duly had. Watching the interaction between the two of them, it was clear that the care assistant had a good rapport with the resident.

On one floor, those residents who were happy to speak to team members said they liked living in Bassett House, the staff were very pleasant and cheerful, and listened to them. It was generally agreed by residents and visitors that staff do not have enough time to sit and chat with residents but we witnessed that as staff passed by, they inevitably said hello, spoke a few kind words to the resident and checked all was ok. One resident said “People are kind, and will talk to you nicely even when short staffed.”

Relatives

We spoke to the daughters of a resident in the communal area. They explained that their mother had been admitted from Great Western Hospital NHS Foundation Trust, Swindon, in January for end of life care. The hospital doctor had given her two to four weeks to live. Their mother was not eating and was very frail. Since coming to Bassett House she had started eating and drinking, had put on weight and is up and about! The daughters were generally very pleased with her care. One or other visits every day, and so do other relatives. They said they would have no hesitation at speaking out about any concerns they had.

Another resident on another floor had two visitors. They were former neighbours who had supported their friend until it was clear she could no longer manage in her own home. They thought that the home was “pretty good and very easy going”. One sometimes brought in her dog and took him round to see other residents too. They were able to make themselves a drink when they visited and noticed that their friend had plenty of drinks too. However, they said that although their friend was always clean, they felt more

care could be taken of her personal appearance. They also wondered if sufficient check was made of her toileting requirements- she had had recurrent urinary tract infections. If they felt she was going “a bit loopy” they brought this to the attention of the staff and antibiotics were prescribed. They also reminded staff that their friend needed prompting to have her drinks.

Staff

The one staff member we spoke to said she enjoyed her job as a care worker very much, but that the personal care work was “non-stop”. More staff were needed as there was no time to sit and chat with residents, much as she would like to. “We need to get more involved with the residents”. She worked a rolling rota, planned in advance. Sometimes she worked up to 60 hours a week but she stressed that this was her personal choice. She agreed that the management were trying to get “regular faces” when agency staff were needed. She said it was hard watching the slow decline of a resident, and dealing with bereavement in the home, but “you learn to live with it”. She felt she could report poor practice if she saw it, but had never needed to do so. Summing up, she said “working here is fun”.

What other people told us

In preparation for the visit, we sent the home some posters to display so that people could contact us directly should they like to share their experiences. Two people got in touch.

One relative felt that staff did not know the residents individually and important information about the residents was not passed between staff. For example, one staff member had tried giving their relative their tablets whole, when it is noted that they should be crushed. Staff members were also unaware of the relative’s request that their family member be moved into an adapted chair (which had been especially supplied) so that she was not in bed all day.

The other relative’s experience of their family member living at Bassett House was historical and had been dealt with through the CQC and Wiltshire Council’s safeguarding team at the time it was raised.

Issues

At the end of the visit, the team met with the two Directors and discussed the following findings:

- Merlin Court transfers
- Smell of urine in a couple of bedrooms
- NVQ qualified carers
- Staffing issues / problems of recruitment

The team appreciated the frank and open way in which the Directors had responded to the visit. They acknowledged that communication and openness are key to a well-run establishment and said they were keen to adopt innovative ideas (such as the introduction of a recruitment bonus for staff who recommend someone for employment) and to interact with their staff, residents and their family members to achieve this.

Conclusions and recommendations

Team members felt that Bassett House was a rather pleasant place to live and was made as homely and welcoming as possible for the residents. Overall, everywhere was clean and smelt pleasant, with the exception of a few areas that were brought to the Directors attention. Although there is always room for ongoing improvement, the overall impression was of a welcoming and well run care home.

Recommendations

1. The Activities Coordinator and her varied programme were praised. As the summer weather arrives, there may be more opportunities for using the attractive garden, and more gardening activities, perhaps in raised beds. (One resident said she had only been in the garden five times in five years - "I miss my garden ... I would like to do some gardening." Another said "There's not too much to do but I like games, reading and puzzles.") Other opportunities for interaction should be encouraged (e.g. simple verbal activities to occupy residents if lunch was delayed again for any reason).
2. Some residents we spoke to said they would welcome more physical activity. Perhaps chair based exercise classes could be offered (Age UK Wiltshire has a trainer), or perhaps the local health trainer could advise. One resident thought that sitting in her chair all day was "half the trouble with my legs". A couple of other residents thought they would benefit from ongoing physiotherapy. Could this be arranged?
3. Care workers should be reminded periodically that personal choice is important to residents. Comments from residents included "I would like to have more baths, rather than showers, as that would help my legs" and "the staff just pull things out of the wardrobe and say "that's nice" and put it on me - they don't ask what I would like to wear." Another resident said "Some of the staff listen to me, but not always. They think they know best. Sometimes I resent being told what to do and I rebel."
4. Large day and date calendars for communal areas could be provided on each floor.
5. The team found the lunch was hot and delicious, although the addition of another colourful vegetable (e.g. carrots) would have made it look more appetising on the plate.
6. The Directors acknowledged that recruitment and staffing are an on-going issue. One resident told us "Sometimes I have to wait half an hour - 'wait a minute' - 'I'm doing so and so' - I find that hard." Residents and visitors agreed. The home should continue in its efforts to provide continuity of care by using the same agency staff whenever they can. A visitor commented "They are short staffed and have quite a few agency staff. They are very nice and receptive to her needs."

Acknowledgements:

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

Provider Response

It is Healthwatch Wiltshire's policy to allow the service provider the opportunity to see the Enter and View report in draft form within 2 visits of any visit to allow them the opportunity to check the report for accuracy and to comment on any of the key findings or recommendations.

The Director of Bassett House provided Healthwatch Wiltshire with the follow response to the recommendations made within this report:

1. Our residents use the garden in the summer for activities and growing plants, vegetables etc. The raised beds are mainly used by residents for growing small plants and vegetables. Currently the residents are growing Sun flowers, tomatoes, herbs, lettuce and other similar things. We note the comment from one resident, however it seems odd as our carers and activity co-ordinators are always taking residents to the garden on sunny days. In relation to activities again we have a lot of activities. As you are aware the lunch was delayed on the day as it was the first day of induction for our new head chef.
2. We note the comments in relation to physical activity. Currently our activities co-ordinators carry out chair based exercises with residents on a regular basis. In relation to physiotherapy, we do access physiotherapists through the GP when required for residents.
3. We note the comments. The Health Care Assistants as part of regular supervision and training are reminded that personal choice is important to residents. Following your report we have checked and noted that staff always give the residents choice which includes baths, clothing and food.
4. Noted your suggestions.
5. Noted. We are currently in the process of changing Menus and will incorporate your suggestion.
6. We note the comments. In relation to the nurse call, we monitor the response times and can confirm that it has never taken us half an hour. Sometimes when residents are waiting it seems longer than it really is.

Control Sheet

Date submitted to Healthwatch Wiltshire office as draft version	26 May 2016
Date sent to provider to check for factual accuracies	07 June 2016
Date response from provider due	21 June 2016
Follow up actions	