



Enter and View Report Berkshire Care Home

April 2018



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Executive Summary

3 Authorised Representatives visited Berkshire Care Home on 7th February 2018 between 10-12.30 & spoke to 5 residents, 1 family and 3 staff.

Residents gave very positive comments about their care and the staff. Positive ways of working were observed, that showed consideration for individual choice, dignity and person-centered care during our visit. Residents were happy with the variety and quality of the food. There were regular resident and family feedback sessions and the most recent minutes of these were on the notice board.

Interaction between care home staff and residents was caring and responsive. The activities coordinator had a plan of activities. However, residents spoke about a lack of activities that provided intellectual stimulation.

The home environment was generally clean, tidy and well decorated. Thought had been given to the dementia friendliness of physical environment, using King's Fund guidance.

Residents did have regular access to GPs, however we were concerned that some residents were finding it difficult to access a dentist and see a dentist regularly.

About us

Healthwatch is the independent consumer champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

We listen to what people like about services, and what could be improved, and we share those views with the people who have the power to make changes happen. We also help people find the information they need about services in their area. We have the power to ensure that peoples voices are heard by those running services. Our sole purpose is to help make care better for people.

Acknowledgements

Healthwatch Wokingham Borough would like to thank the manager of Berkshire Care Home, Caroline Walker, for her co-operation, openness and willingness to work with us. We would also like to thank all the service users and staff we spoke to at Berkshire Care Home

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time. This report is written by Healthwatch volunteers and is meant to convey what users of the service and staff said.

What are Healthwatch visits?

Healthwatch has a legal power to carry out “Enter and View! visits to health & social care services to find out how they are being run and make recommendations where there are areas for improvement. Any visit conducted by Healthwatch must not affect the care, privacy or dignity of the people whom use the service.

People who undertake visits on behalf of Healthwatch, have special training and are formally known as “Authorised Representatives.”

Details of the visit

Service Address	Berkshire Care Home, 126 Barkham Road, Wokingham, RG41 2RP
Service Provider	Alliance Care (Dale Homes) Ltd
Date & Time	7 th February 2018, 10:00-12:30
Visiting Team	Nick Durman, Patricia Harcourt, Pauline Manser

What services does Berkshire Care Home provide?

Berkshire Care Home is a two storey residential care home in Wokingham Borough, approximately 1 mile from the town Centre. There are 50 single rooms and 4 shared rooms spread over the 1st and 2nd floors. 28 of the rooms have en-suite WC. There are currently 46 residents living at the home. Berkshire Care Home provides palliative Care, Day Care, Respite Care and Convalescent Care

Care Quality Commission inspections of the Berkshire Care Home

The regulator, Care Quality Commission (CQC) inspected Berkshire Care Home in September 2016. The home was rated as **requires improvement**. The CQC carried out a further inspection in November 2017 but the report wasn't published until after our visit on 7th February 2018, whilst improvements had been made since the last inspection there were still areas that were rated as **requires improvement**. <http://www.cqc.org.uk/location/1-2454695393#accordion-1>

What does good care look like?

The charity Independent Age wanted to find out what people know about quality of care in care homes. They worked with Healthwatch to develop 8 quality indicators that a good care home should have:

Have strong, visible management

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Have staff with time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Have good knowledge of each individual resident and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Offer a varied programme of activities

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Offer quality, choice and flexibility around food and mealtimes

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms, and accommodate different preferences around mealtimes.

Ensure residents can regularly see health professionals such as GPs, dentists or chiropodists

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Accommodate residents' personal, cultural and lifestyle needs

Care homes should be set up to meet residents' cultural, religious and lifestyle needs as well as

their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Be an open environment where feedback is actively sought and used

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

What we did

The visit was announced in advance and the home managers received notification by e mail. Prior to the visit Nick Durman (Lead Enter and View Authorised Representative) visited the home to discuss the visit further and left a poster for the residents advertising our visit and also left some leaflets explaining about Healthwatch Wokingham and its role.

Staff provided guidance to the visit team about who was appropriate to approach to interview. The purpose of the visit, the role of Healthwatch Wokingham Borough, and the way in which information would be used was explained to those spoken to in order that they could provide informed consent.

Information was gathered by using semi-structured interview questions and observation in combination. Separate question schedules were developed for residents, staff and visitors based on guidelines from the Social Care Institute of Excellence and comments from contacts working in Adult Social Care. Questions were open ended, designed to be administered flexibly and in a conversational style. Information was recorded using written notes which were collected in by the visit lead at the end of the visit. The visit team used a checklist to record and comment on observations around the home.

The visit concluded with a team debrief where comments, compliments and concerns were highlighted. The home manager was given opportunity to comment on the draft report prior to finalisation.

What our Visiting Team saw

The manager, Caroline Walker is in the process of obtaining CQC registration. She had only been in post for a few months. She was enthusiastic and committed to making the necessary improvements. Additional staff have been recruited. She talked about changing the culture within the home, e.g. staff should see themselves as one team whose role is to look after all residents across the whole building. In the past some carers would only operate across single floors of the building they are now much more integrated as a whole team.

Décor:

We were told that the home has been undergoing re-decoration and this is evident throughout the house with new, fresh paintwork and wallpaper.

The manager told us that they were using the Kings Fund best practice guidelines to improve the physical environment so that it was dementia friendly. We were shown a new 'reading area' corner that had recently been completed and had been designed with dementia friendliness in mind. This

also stopped equipment being left in that area which was one issue that had been highlighted by the CQC as not safe to leave equipment there.

One visitor noted that the downstairs communal areas smelt of cooked food, probably because the kitchen was adjacent to the dining room which is also joined to communal rooms. During our visit we passed the kitchen door several times which was always open.

We were also shown an area on the 2nd floor that used to be a rather bland corridor, they were in the process of re-decorating this to include paintings/pictures of iconic film stars from the past. There is also a nurses station in that area that we were told will be removed and changed into a sitting area. However, care needs to be taken whilst this area is being re modelled as one of our visiting team tripped on a protruding chair leg in that area.

The bathrooms, toilets and shower rooms we saw were all clean and tidy apart from the visitors toilet, which one of our felt could benefit from refurbishment. We also were shown several empty bedrooms, they were all of different sizes and configurations and were all clean and tidy and nicely decorated. We were told that residents could bring their own furniture and TVs if they wanted to and could re-decorate their rooms too. Some of the windows looked unclean in the communal areas and in some of the bedrooms we were shown.

Whilst walking around the home the residents call bell went off several times. The call bell was very loud until it was answered and turned off by a carer. Due to the loudness of the bell we found it intrusive and one resident commented about the loudness of the bell.

Residents helped to take part in a range of activities:

We saw a visible list of the week's activities on at least 2 noticeboards. There were activities planned every day of the week. We were told that there were 2 activities coordinators. One worked Monday-Friday and the other on weekends. The activities coordinator told us about the various activities that take place, these included:

- Painting
- Baking
- Individual activities in residents' rooms
- Visits to flower show
- Trips into town
- Flower arranging
- Gardening
- Pet dog visits
- Volunteers from church visit the home
- Mobile library visits the home

It was clear that some activities took place in the conservatory as there was visible activity equipment including art work and what appeared to be preparations to do some flower potting. When we entered the dining room some residents were sitting at the dining tables reading and knitting. We saw 2 gentlemen sitting in the lounge watching television and one resident was entering the conservatory to take part in an activity.

The manager told us that they are fund raising to try and buy a minibus as this would enable more trips out.

Staffing:

The manager explained that usually on day shifts there would be 1 nurse and 8 care staff on the ground floor and 2 nurses and 9 carers on the first floor. Generally, those residents with the highest care needs have their rooms on the first floor. At night there would be 1 nurse for each floor and between 4-6 carers for each floor. The home runs a 2 shift system, day shift is 08:00 - 20:00 and night shift is 20:00 - 08:00. There is always a staff handover between the night and day shift personnel.

We noticed there were lots of care staff on duty across both floors of the home. They were courteous and respectful when dealing with the residents and whenever we heard a resident asking for something the carers responded quickly.

Whilst talking to the receptionist/carer in one of the offices we saw a very detailed list of varied training on a notice board, this included fire safety, manual handling, equality and diversity, safeguarding, health and safety, infection control. When we spoke to the manager about training she explained that for new staff there was a 2 week initial training induction, this includes time to get to know the residents and will include shadowing existing carers. All training should be completed within 6 weeks of start date. All training is provided by a face to face trainer from the home, there is no e-learning training. Training also includes the Mckinlay end of life training.

A staff member told us they had worked at the home for 2 years and there had been a lot of improvements in that time. They told us more care staff had been recruited and this enabled staff to be more person centered with residents. They mentioned that the manager was very supportive, was easy to talk to and felt comfortable raising any issues or concerns with the manager.

Residents Food and choices

There were menus on the tables in the dining room and on the wall outside on a notice board. There were various hot and cold food options for Breakfast, Lunch and Dinner. We asked one resident what happens if they don't like any of the options on the menu, they told us *"I can ask the staff for something else and they will get it for me"*.

We spoke to some residents who said they have their meals in their rooms. One resident told us *"If I don't feel like getting up to have breakfast they will bring it to my room."*

The home also advertise that family and friends can eat in the dining room for a small charge.

Family/Relatives comments

We met with one family member at the home who had travelled to Wokingham for 2 days to see her mother. She told us that they visit about 3 or 4 times a year and always unannounced. They have always been happy with the care their mother had received. They praised the care staff and said their Mother had never raised any issues that had concerned them about her care. They did raise the issue about the difficulty in finding a local NHS dentist who would visit the home and that no local dentists appeared to have hoists in their surgeries. However, they have just found a dentist (Bean Oak Dentist) who would see their mother at the surgery in her wheelchair.

Resident comments

Our visiting team spoke to 5 residents. All said they were well cared for, content and the staff we saw seemed to be genuinely concerned with the residents' wellbeing.

We spoke to a gentleman in the conservatory. He told us he was happy living at the home and the staff and his care were good. He told us he likes to take part in activities and said, "*I like to do art and I'm just waiting do some now*". He also likes to go into the large rear garden when the weather is nice.

The gentleman we spoke had been at the home for 8 years and his nephew visits regularly. He told us "*I like my room and how it is decorated*". He goes into the garden regularly and sometimes does a little gardening. He was potting up bulbs with others in the activity room as we arrived and said he joins in most of the activities which he thought were available as listed on noticeboards. He plays the guitar often at gatherings of residents as organised by the staff and he also paints. He likes the food, but had not felt like eating much recently. Said the staff would always find him an alternative. They had actively encouraged him to eat and his appetite was nearly back to normal. He is pleased with their efforts. He is happy at the home and said "*I cannot think of any improvements*".

One resident has been at the care home for a few months. She said "*I feel a little cramped in my room as it does not have a en suite*". Her sister visits often and they looked at various homes before choosing this one. The main reason was that it was more reasonable than most. She joins in some activities but mostly prefers to stay in her room. The staff will take her into the garden if she wants and accompany her downstairs if she wants to eat in the dining room as they fear she might fall on her own. She says there are plenty of staff around but she sometimes has to wait. She can see a visiting doctor if need be, but a dentist is a problem. They were taken out in a minibus before Christmas, which she enjoyed. Fresh water was brought to her while we were in her room and she showed us how the cup was marked as hers so she would always have the same one. She was shocked on arrival to see how many residents were deaf or have dementia, which may be why she spends a lot of time in her room.

After starting a conversation with a female resident we realised that she had a dementia. We were not informed of this in advance. A carer came along and told us that her children visit every week. She has many dolls that she calls her children and baths them every day. The carer clearly knew about her dementia and seemed very keen to help her. She moves around a lot and is not always safe, but she has a sensor under her bed so they know if she has got up in the night. She was offered painkillers for her back while we were there and the carer seemed genuinely concerned about her pain. She says she likes the food and looks forward to meal times.

A resident we spoke to had been at the care home for about 9 months. She is quite happy in the home and does not want to change. Her children visit regularly. She told us the meals are good and she is pleased with them. She comes down for lunch but has tea and supper in her room. She told

us *“the meals are very nicely served”* She would join in activities but she is not mobile. We did hear earlier from the activities coordinator that some one to one activities are carried out in residents rooms. She feels well cared for and is grateful that so much is done for her. Has not yet needed a doctor or dentist. *“I am disappointed that there is no-one as intelligent who I can have a serious conversation with.* Apart from this she cannot think of any improvements which would make life here better.

Healthwatch suggestions

1. **Activities** - Whilst various activities were on offer there appeared to be a lack of activities for intellectual stimulation for some. NICE guidance defines meaningful activities as those that provide emotional, creative, intellectual and spiritual stimulation. Whilst the activities programme met most of these definitions for meaningful activity perhaps more could be done for person centred, individual, intellectual activity inside or outside of the home.
2. **Access To Dentists** - There are guidelines about care home residents having access to medical care including dentists. One resident, one family member and the manager mentioned the difficulty about accessing local NHS dentists particularly for those who have mobility issues. Many dentists do not have hoists to move patients from wheelchairs into the dental chairs. As a result, there is a concern that not all residents are having regular check-ups. The manager has been looking to resolve this issue but it is still a concern.

Service Providers Response

“Although we are having major difficulties in finding a visiting dentist, we do still ensure that our residents see a dentist but we have to arrange a taxi to take them which has become very costly for them. We are continuing to seek alternative dentist.

Regarding our activity program, we are constantly reviewing our content to ensure that all our residents can take part in something they enjoy. We regularly meet with them and ask for their ideas. We have a wishing well theme which ensures that every resident has their wish granted. There are many intellectual themes included in our program such as visiting Historians, Church Service, Poetry sessions, art and music therapy and quizzes and discussions. We feel that activities play a major part of our residents’ day and strive to achieve a varied, stimulating and rewarding programme for them.”



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