



# Enter and View Visit Report

## Beech House Nursing Home

Visit date: 31<sup>st</sup> August 2017

Publication date: 12<sup>th</sup> October 2017

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# About Healthwatch Shropshire



**Healthwatch Shropshire is the independent health and social care champion for local people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



## Details of Visit

**Service** Beech House Nursing Home  
Wollerton  
Market Drayton  
Shropshire  
TF9 3NB

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**Provider** Springcare Ltd

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**Date / time of visit** Thursday 31 August 2017 10.30am to 2.00pm

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**Visit team** Two Healthwatch Shropshire Enter and View Authorised Representatives

## Purpose of Visit

**Dignity, Choice and Respect:** to explore the quality of life experienced by residents in Beech House.

### 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 experience of all service users and staff, only an account of what was observed and contributed at the time of the visit.

## Context of the Visit

Healthwatch Shropshire has been doing Enter & View visits to care homes since early 2014. Since then visits have been agreed as the result of comments received directly from people using services or following a request for us to visit from organisations which commission and regulate services, including Shropshire Council and the Care Quality Commission (CQC). This year we decided that we would visit a number of homes across the County of different size and CQC rating that we have not received any comments about.

Beech House Nursing Home is one of 15 homes run by Springcare Ltd across Shropshire, Cheshire and the Wirral. It serves the north of the County and is one of the larger homes in Shropshire, registered to take up to 54 residents.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

This visit was semi-announced and the registered manager was told we would be visiting but not the date or time.



## What we were looking at

### 1. How the home provides 'person-centred' or personalised care

- the choices residents have e.g. the food they eat, activities available, personalising their bedrooms, use of facilities (garden, lounge areas)
- if residents are happy living in the home

### 2. Whether residents are treated with dignity and respect

- how staff interact with residents, including attitude, delivery of personal care, encouraging independence

### 3. Whether the home offers a safe environment for the residents

- access to healthcare services, e.g. GP, optician, dentist, audiologist
- complaints procedure: opportunities to raise concerns or complain
- staffing levels, staff recruitment, qualifications, training

## What we did

When we arrived we met the Manager, who explained how the home is run and answered our questions. She then showed us around the building before leaving us to meet residents and staff. We also took opportunities to observe interactions between staff and residents over the lunch period. At the end of the visit we met with the Manager again to ask further questions and give our initial feedback on the visit.

As well as the Manager, we spoke to:

- Five residents
- One activity coordinator
- Four visitors



## What we found out

### The home

Beech House is on the outskirts of the village of Wollerton and surrounded by fields. The large original three storey building has been extended, with rooms off the corridors linking the two main buildings around a small courtyard garden. This garden area included a small water feature, a garden seat, flower beds and bird feeders.



Bedrooms are on two floors, and there were several lounge areas with a variety of comfortable chairs in addition to the main dining room on the ground floor. There is one lift in the newer block.

The bedrooms we saw were of different sizes, all seemed light and airy. The Manager told us that most bedrooms, particularly in the newer part of the building, had an en suite toilet and hand-basin. There was a variety of bath and shower rooms on both floors, although one bath was out of order on the day of our visit. Doors to bedrooms, bathrooms and toilets were all painted white, which made it difficult for us as visitors to find our way around upstairs.

Although registered for 54 residents, there are only 44 bedrooms and we were told the large 'double' rooms are rarely used for two people. There were 33 residents on the day of our visit, of which 30 required nursing care.

There was a noticeable smell of urine on the ground floor of the original building. When we commented on this to the Manager she told us that they had taken advice from a professional cleaning firm and would be using different cleaning products and an overnight 'deep clean' was planned for the week after our visit.

Parts of the home appeared in need of refurbishment, particularly the shared bathrooms. The Manager told us that Beech House is due for refurbishment as part of Springcare's rolling programme for all its homes. She did not know when this might start.

## Personalised care

### Choices - Menus and food

All the residents we spoke to told us that the food was very good and there was always a choice of two main courses and desserts at lunch time. We saw that residents could choose where to take their meals. It seemed that about one third of the residents came to the dining room or nearby lounge area, while others remained in their bedrooms. One resident told us they found the food excellent; “whatever you want you can have and as much as you want”. One resident told us they choose to have a light lunch, different from the main menu, because they feared they had put on too much weight.



The Manager told us that Springcare employs a nutrition consultant who supervises the menus in all the homes and advises the cooks on special diets. Some residents do not have much appetite and the Manager said that every day the kitchen makes a milk shake, fortified with extra calories and vitamins, to help these people to remain healthy.

We saw that the plated meals at lunchtime were individualised. Residents who can use a knife and fork have vegetables and meat prepared in the normal way. For those residents who used a spoon, the different vegetables were mashed with a fork so there was still some texture to enjoy. For residents who were fed by staff each type of food was separately pureed.

### Choices - Activities

When we arrived we saw a few residents in each of the three separate lounge areas. In one lounge we saw a visiting holistic therapist working with a resident. In another area, a resident was being helped to stretch and bend their limbs to increase their mobility.



There was a TV switched on at quite a high volume in two lounges, but no one appeared to be watching in either room. The televisions remained on at high volume while residents were eating their lunch in these lounges. One resident in a lounge told us the TV was very important to them and they got a lot of information from it.

The Activities Organiser told us that they had joined the home about three months ago. She seemed very enthusiastic and outgoing, and was obviously popular with the residents. She said she has tried to introduce some new ideas from her previous experience of working with young children, as well as talking with the residents to find out what they enjoy.

When we spoke to the residents they told us they did not involve themselves very much in the activities organised by the Activities Organiser, but one of them did tell us how much they enjoyed outings with two or three other residents in the minibus. Another told us they were looking forward to a shopping outing soon. The Manager told us the minibus is shared between several homes but is available on a weekly rota.

During our visit we saw some of the items created by residents during craft activities for a Summer Fete in 10 days' time. There were also some illustrated signs, placed at eye level for people in wheelchairs, at windows in the corridors. These encouraged residents to look out for things such as the horses in the field, or for different items in the courtyard garden. These seemed a novel way of engaging people's interest.

There is a hairdressing salon at the home. A visitor told us that their relative had a manicure every month and her nails were kept very smart. This was important to her.

### **Choices - Personalising bedrooms**

All the bedrooms we saw looked as though they had been individualised, with TVs, photos and various other personal objects.



### **What residents told us about living in the home**

One resident, who had lived at the home for 15 months, said “it is run absolutely perfect”.

Another resident said they “like being here, but would rather be at home”.

One resident, who had been in the home for more than three years, was being visited by family members at the time of our visit. One of the relatives told us that they had been involved in work in care homes in the Shrewsbury area and they felt that Beech House was better than others they had seen elsewhere.

One resident had been in the home for about a year. They were fairly independent, but needed a wheelchair to get about and told us they don't go outside at all, but said there were no problems and "I'm very content".

Another resident who had been there for four years said they could not find fault. When we asked if they liked it at Beech House they said "Yes".

One visitor told us their relative was disabled and remained in bed, but the care was "generally good". The family had made the odd complaint but they had found that things were done as a result.

## Dignity and Respect

### The call system

When we arrived, we heard a call bell sounding for several minutes, and there were other call bells heard during the course of our visit. We saw a lighted box in one corridor displaying the room number of the caller.



When we asked about the call system we were told there may be several calls at the same time but the display panel signals them in succession. There are three of these boxes downstairs and two upstairs. However the two upstairs appeared to be out of order on the day of our visit.<sup>1</sup> We were also told that the sound changes to a faster beep tone when the call hasn't been cancelled within a set time. The Manager told us that the set time was a few minutes. We heard this more urgent call sound on at least two occasions during our visit.

One visitor told us of their concerns about the length of time taken to respond to the call bell in their relative's bedroom, which could be up to twenty minutes. On one occasion, they had pressed the call bell and after 15 minutes went to find someone who they asked to help their relative, no-one came to the room for

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<sup>1</sup> Following the visit the Manager has informed us that **'All display panels were working at the time of the visit, they are checked regularly.'**

another 12 minutes. They also felt that if their relative was alone they would be unable to understand how to call staff using the complicated call bell because there are different buttons to press.

One resident told us they had complained once about a delay in responding to their call bell at night, but that staff usually respond within an acceptable time.

### Privacy and personal care

We saw that all staff knocked before entering a bedroom, even with a lunch tray in their hands. There were signs to hang outside the room when personal care was being carried out. We observed that bath and shower rooms have been designed to maximise privacy; there were walls and shower curtains in place to make sure residents could not be seen from the doorway



A visitor told us they felt that their parent was comfortable and treated with respect. However they had been concerned that they had been told their relative needed to increase their fluid intake but that staff seemed to be recording drinks given to their relative rather than what they actually drank. The visitor thought this had improved since raising their concern.

A resident said that their bedroom was kept “spotlessly” clean. Staff vacuumed the carpet in the bedroom and cleaned the en-suite room every day.

### How staff interact with residents

We took the opportunity to observe interactions between staff and residents during the lunch period.

The square tables in the dining room were attractively laid, with tablemats, napkins and tumblers for water. There were 10 residents at these tables, some were brought in wheelchairs by staff, and others had made their own way and sat in their usual places. There was some conversation between residents at two of the tables while they waited for the food to be served. Two more residents chose to eat at chair-side tables in the lounges.



One resident in a wheelchair was taken to the lounge off the dining room. The member of staff made sure they were comfortable and then sat down to feed them, chatting in a friendly way and making good eye contact, to check when the resident was ready for another mouthful.

There were five residents in the dining room who needed support from staff to eat. There was one member of staff who positioned themselves between two residents, feeding a spoonful alternately to each. We did not see them speak to or make eye contact with either resident. All other staff assisting residents with eating however showed great consideration, patience and a friendly manner.

One resident feeding themselves using a spoon was having difficulties. A care assistant very discreetly offered a plate surround support to stop the food sliding off, and a little later sat down beside the resident to help them finish their meal.

One resident sitting alone had not touched their food. A care assistant went to speak to them, crouching down to eye level. The member of staff returned soon after with a yoghurt to have instead.

Members of staff in the dining room encouraged all the residents to have a drink with their lunch, pouring water or fetching tea.

There seemed to be enough staff to look after the residents in the dining room as well as to deliver trays to people in their bedrooms.

## Safe environment

### Access to healthcare services

The Manager told us the nursing home receives an excellent service from the local medical practice. The GP visits twice a week, and the surgery also supplies the medicines from its pharmacy. One resident said that the doctor was very helpful when they had had a problem, and now always called in to say hello if passing their room on the way to see another patient.

We were told a local firm of optometrists visit every three to six months but will also visit on request. A resident told us they had had an eye test done in the dining room and had just received their new glasses.



The home arranges for a visiting dentist if necessary, but most residents travel to an NHS practice in Shrewsbury for treatment.

We asked about hearing aid services and were told that the audiology department at The Princess Royal Hospital in Telford will sort out repeat prescriptions for residents who are registered with them, and will send out an audiologist to assess a new resident on request.



We saw a notice in the hall, where it can be seen by residents and their visitors, listing the dates for visits by the chiroprapist.

### Opportunities to raise concerns or complain

The clearly labelled complaints procedure was hanging in the entry hall, near to a notice advertising the dates and times of meetings for residents and their relatives. There were also prominent notices with the names of two residents who will represent others at these meetings if desired.

The Manager told us there had been a request at a recent residents meeting for a bird table and bird food to attract wild birds close to a window. The home was also about to trial a different way of displaying pictures in the lounges because residents said they couldn't see them properly.

Residents and visitors told us they had confidence that issues raised with the Manager would be addressed. The visitor who had concerns about the length of time taken to respond to a call bell believed this was because there were not enough staff.

### Staffing levels, staff recruitment, qualifications, training

We were told some staff were very long-serving (25 years plus). There seemed to be enough staff on duty at the time of our visit.



The Manager told us there are competency-based self-assessments undertaken by both clinical and non-clinical staff, with training arranged as necessary. All staff have an induction programme when they begin work at the home and there is a regular programme of mandatory training sessions at the Head Office in Whitchurch that staff are rostered to

attend. Springcare uses a commercial training company for staff undertaking National Vocational Qualifications (NVQs) and the Manager said she is also working towards a higher NVQ award.

In the nurse station we saw a notice for staff giving the topics for planned supervisions each month.

We spoke to the Activities Organiser who started working at the home about three months ago. She told us that she had attended a two day induction programme in Whitchurch when she started. We asked her about appraisal or supervision. She said that during the first six months supervision happens every four weeks and she had found it very supportive. She said that when she started the job she felt as though “it brought me into a family”. The Manager also told us they had arranged for an experienced activities coordinator in a different home to mentor her in this new role.

## Additional Findings

We saw evacuation packs at the top of every staircase, to be used in the event of fire.

## Summary of Findings

- We found a warm and friendly atmosphere throughout the home and the residents we spoke to said they liked living there.
- Residents and visitors told us of the choices they can make, for example the food they eat. We saw, and were told, that staff are flexible in responding to different needs and requests.
- Residents and visitors told us that privacy is respected in the giving of personal care.
- During lunchtime we observed that most care staff were considerate in responding to residents’ needs, except for one who seemed not to communicate with the residents being fed.

- There is a programme of activities being developed by the recently-in-post Activities Organiser after speaking with the residents.
- We saw signs around the home to engage people's interest, for example one sign encouraged residents to look out for horses in the field.
- We were told by a visitor that the call bell control pad in bedrooms is not suitable for disabled or confused residents and we saw there were problems for staff to decide who needed attention from the limited information on the system's display panels.
- Effective arrangements appear to be in place for residents to receive appropriate healthcare from other services.
- Residents and visitors said management responded positively to suggestions, and to address complaints.
- There seemed to be sufficient staff available on the day of our visit, but we did hear the call bell system sound for long periods at times.
- We were told about the training and supervision programme in place for staff.
- There was a smell of urine on the ground floor of the original building and the manager told us that they had spoken to a professional cleaning company and a 'deep clean' was planned for the week following our visit.
- Some parts of the home appeared to be in need of refurbishment. The manager told us this work will be completed as part of Springcare's rolling programme of refurbishment but did not know when work would start.
- The property has been extended in a number of directions and we found it difficult to make our way around. For example there were no signs showing the way out and the plain white doors made every corridor look the same.



## Recommendations

- We suggest that management consider whether the current call bell system meets the needs of all residents and staff.
- We suggest that management find some way to support new residents and visitors to find their way around the home, including clearly indicating toilets and bathrooms.
- We hope that the planned deep clean and refurbishment programme will start as soon as possible.

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## Service Provider Response

Healthwatch Shropshire has received the following response to the visit and report from the Manager of Beech House:

Would you please thank the ladies who completed our visit, and thank them for their comments.

The Manager had provided the following information and action plan in response to our recommendations:

**We suggest that management consider whether the current call bell system meets the needs of all residents and staff.**

All resident call bells work to the same system.

The system has 3 different alert sounds - call, assistance and emergency.

On some call bell fobs there are 3 different buttons to press - 1 for each alert.

For those residents that cannot manage the 3 different call bells there is a one button bell on a cord that is easier to use

For those residents who cannot use either system staff regularly visit the resident to ensure that they are safe and that their needs are met.

If the call alert is not answered in a timely fashion the sound changes to assistance, if the assistance alert is not answered in a timely fashion the emergency alert is sounded.

If staff need the assistance of another member of staff they will use the assistance call straight away.

In an emergency situation the emergency call will be used.

There are 5 audio/visual display units within the home - 3 downstairs and 2 upstairs.

The sound can be altered for day or night use - slightly quieter at night as not to disturb sleeping residents.

No action required.

**We suggest that management find some way to support new residents and visitors to find their way around the home, including clearly indicating toilets and bathrooms.**

Visual display signs will be placed in strategic places around the home indicating specific areas.

This will be overseen by the Manager and Activities Co-ordinator.

**Update:** This was completed on 22<sup>nd</sup> September 2017.

**We hope that the planned deep clean and refurbishment programme will start as soon as possible.**

- Deep clean of lounge carpet

To be overseen by the Housekeeper, Maintenance and the Manager.

**Update:** It was decided that the best course of action was to actually replace the carpet - completed 22<sup>nd</sup> September 2017.

- Refurbishment programme to commence

To be overseen by the Managing Director of Springcare Ltd.

**Update:** As of 27<sup>th</sup> September 2017 - The refurbishment of all of Springcare homes has commenced, refurbishments on track. Designer has made first visit to Beech House.

## Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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