| Healthwatch Cheshire East<br><br>Enter and View Report | |
|---|---|
| **Enter and View Visit to** | **Bentley Manor Care Home**<br>(formerly Rosedale Manor)<br>**Sherbourne Road**<br>**Crewe**<br>**CW1 4LB**<br><br> |
| **Date and Time** | **23rd August 2017 arriving at 10.00 am** |
| **Authorised Representatives** | **Denise Pritchard and Janet Lomas** |
| **Staff Present** | **Andrea – Deputy Manager** |

## Background

Healthwatch Cheshire is the consumer champion for health and care services. It works as an umbrella organisation for both Healthwatch Cheshire East and Healthwatch Cheshire West and Chester. We gather the views of local people and look at information about how well local services are performing. We then use that information to assist residents and communities to be listened to by the organisations that provide, fund and monitor services.

**What is Enter & View?**
Enter and View is part of the local Healthwatch Cheshire programme. The Health and Social Care Act (2012) grants local Healthwatch representatives powers of entry, allowing them to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, dental surgeries and GP practices.

## Purpose of the visit

As part of the work plan agenda for this year Healthwatch Cheshire continue to work in monitoring Nursing and Care provision across the area.

This work has the full support of health and local authority commissioners.

With this in mind, throughout the year, we visit a number of establishments with the intention of monitoring standards and continuity. This report is based on observations at the above service.

## Highlights from the Visit

- A warm welcome by the staff and time spent in showing us around the home.
- A variety of activities to suit all and also one-to-one opportunities available.
- Good recording of residents participation in activity

## General Information

Bentley Manor care home is part of the Harbour Healthcare Group. The home was previously named 'Rosedale Manor' with a name change following the new owners taking over in June 2016.
A recent CQC inspection (August 2017) – a day before our visit – has rated the home overall as Requiring Improvement. It was rated good in three areas (Effective, Caring and Responsiveness) but as requiring improvement in two areas (safety and Leadership).
Bentley manor provides care for people of old age, mental health difficulties, physical disability and dementia. Although registered to provide care for younger adults with a learning disability there are currently no residents of this category at the home.
Bentley Manor has 78 single rooms and one shared room. We were told that 60 rooms are furnished with en-suite WC.
Bentley Manor is within easy reach of the town centre, shops, transport and community amenities.
Harbour Healthcare advertise their homes as ***"… vibrant, homely, where independence, choice, dignity and the highest standards of care are valued above all else."***
Healthwatch Cheshire East were keen to see evidence at Bentley Manor that supported this statement.

## Environment

The home is bright, well decorated and furnished with colour schemes designed to help residents find their way around. Dementia residents are in the downstairs rooms and the home is divided into four sections with secure doors to each part.

The entrance hall is welcoming with attractive features including a notice board with information for relatives and visitors and interesting items of decoration. A daily newspaper, The Daily Sparkle, is available in large print and information for relatives is clearly visible.

The lounge areas have large windows , mostly floor to ceiling which makes the rooms bright and welcoming. The furnishings are attractive and the chairs look comfortable.

Most bedrooms have en-suite toilet and most have also a washbasin. We were told that Residents may bring small items of their own into their rooms if they wish and the whole feeling in the rooms and the main areas is one of uncluttered comfort. A TV is on all day at a fairly low level in the main areas but residents may retire to their rooms if they wish.

On the ground floor there are 34 dementia patients and nursing patients are cared for on the upper floor.

Residents on the ground floor may use the attractive secure garden area and there is a covered area for smokers away from areas of seating .

## Health and Wellbeing

**Staffing - There is** a Training co-ordinator who is responsible for helping staff to develop their knowledge and skills. All staff were pleasant and friendly in their care for residents giving the impression that they enjoy their work.

When discussing staffing arrangements Andrea made a point of telling us that staff are not permitted to use their mobile phones whilst they are on duty in order to protect the privacy of the residents. They may only use them during breaks.

**Food/ Meals** - The dining rooms were all bright, well decorated and with pleasant furniture. Tables were well set with good cutlery.
Menus appeared well balanced with reasonable choices; all were planned on a four weekly rota. However, we were told that individual residents could request special items if they wished
WE were invited to view the kitchen that appeared very clean and well organised.

**Laundry -** The laundry rooms appeared very well organised with separate red box for each resident's garments. Clothing is labelled by the staff whenever a resident enters the home to ensure that items are returned to the correct person. The rooms were tidy and the machines appeared to be running well. Duvets are washed regularly and clean ones are in evidence on shelves.

**Medication** - Medicines for individual patients are stored in separate boxes in locked trollies which are securely anchored. The nurse who was doing a medicine round showed me the system. They use an 'E Mar' electronic method which not only records the regular medication but also makes it simple to record any PRNs (pro-re-nata – '*as needed*') and DDAs (Dangerous Drug Act). Records can be checked easily using the record storage system.
The cabinets were not stored in a temperature controlled area.
Local doctors are used but residents may have their own GP if preferred. Doctors visit regularly and obviously if required. If a resident has an accident and needs to go to hospital a member of staff accompanies them. If they need to stay in hospital a relative is asked to take over for visits.

**Fire drills** - A fire exercise is carried out weekly by the sounding of the fire alarm. It did not seem to be a full evacuation but that is probably because of the nature of the residents. The big 'evac' mattresses are present on the wall at the head of each staircase.

**Activities** – There are two activity co-ordinators who told us about the many activities that were available to the residents. These involved one-to-one activities as well - for those residents who did not want to be part of a group activity. We suggested to staff that this was quite a positive thing and perhaps something that could be advertised as well as the group activities. We were shown notes that were added to the resident's individual record to show what they had participated in. Representatives felt that this was evidence of good practice.
Activities included hairdressing, nail painting, bingo, singing, making fruit smoothies, arts, crafts, seasonal activities and baking. There is a greenhouse on site and gardening equipment for residents to use. We were shown some of the materials used with residents (Appendix i)

We were told that a clergyman comes in every Monday morning and holds a service in the small office by the front door.

A list of daily activities indicated that something was happening every day for a wide range of interests. A small bus is available that will take wheelchairs and this is used when possible for visits to such places as Blakemere and the Sea Life centre. Sometimes events are held at the home in the evening – a recent example of this included and 'Elvis' evening.
A hairdresser attends every Monday and a chiropodist comes regularly.

Representatives spoke to one of the activity co-ordinators who appeared to have a good understanding of providing activities to suit individual needs and appeared to have a person centred approach to her work. She spoke about the need to remember that times move on – ***"… That someone's memories may be more recent with sports events etc."***

## Feedback

There is a resident's survey that is carried out regularly (Appendix ii) and the results are published. There are opportunities to provide reviews on the care provided. The website currently shows a high score of 8.7 out of 9.0 but no reviews could be located to see what people had said. We were told that there is an open door policy if people wish to raise a complaint or concern.
A 'Feedback Tree' with leaves attached is displayed in the home and available for peole to comment on each 'leaf' of the tree. We suggested that these comments could be made larger and readable so that all can see them.
We spoke to several residents during the visit. One lady on the dementia care unit had a visit from her husband who told them that they were able to go to town together with the support of care staff from the home. They said the meals were OK.
We were told that advocacy services (Age UK) come into the home on request.

## Additional Comments

We wish to thank  Andrea For giving us a warm welcome and for spending a considerable amount of time showing us round the home and giving comprehensive information about the home.

## Suggestions for improvement

- Advertise the many one-to-one activity opportunities available.
- Make the 'Feedback Tree' more visual and readable.
- Review website entries and review information.

## Appendix items

Daily Sparkle

Bentley Manor

Wednesday 23 August 2017

### On This Day



Sir Roy Strong & Julia Trevelyan Oman

On 23rd August 1935, Roy Strong, the art historian, was born in Middlesex. He was appointed as director of the National Portrait Gallery at the young age of 32. Six years later, he went on to become the youngest director of the Victoria and Albert Museum. He was only 38.

He became Sir Roy Strong when he was knighted in 1982. He has always been a striking figure, noted for his flamboyant and colourful style of dress.

He and his wife were also passionately interested in garden design.

### The Way We Were



Cocktail watch

Did you wear a wristwatch? I had a very nice silver coloured watch with a pretty linked strap. We used to call them cocktail watches. Mine had a pearly face and a bit of diamante round it. It was more like a bracelet really.

The problem was that, because the face was very small, it was almost impossible to tell the time with it!

The watch I wore for everyday use was much bigger. It wasn't as big as a man's watch but it was big enough to see the hands and numbers. It was a wind up watch – no batteries in those days.

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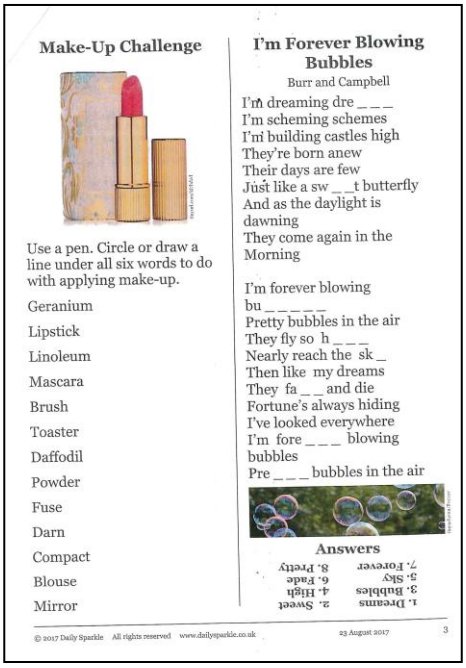

### Make-Up Challenge



Use a pen. Circle or draw a line under all six words to do with applying make-up.

Geranium
Lipstick
Linoleum
Mascara
Brush
Toaster
Daffodil
Powder
Fuse
Darn
Compact
Blouse
Mirror

### I'm Forever Blowing Bubbles

Burr and Campbell

I'm dreaming dre _ _ _
I'm scheming schemes
I'm building castles high
They're born anew
Their days are few
Just like a sw _ _t butterfly
And as the daylight is dawning
They come again in the Morning

I'm forever blowing
bu _ _ _ _ _
Pretty bubbles in the air
They fly so h _ _ _
Nearly reach the sk _
Then like my dreams
They fa _ _ and die
Fortune's always hiding
I've looked everywhere
I'm fore _ _ _ blowing bubbles
Pre _ _ _ bubbles in the air



### Answers

1. Dreams
2. Sweet
3. Bubbles
4. High
5. Sky
6. Fade
7. Forever
8. Pretty

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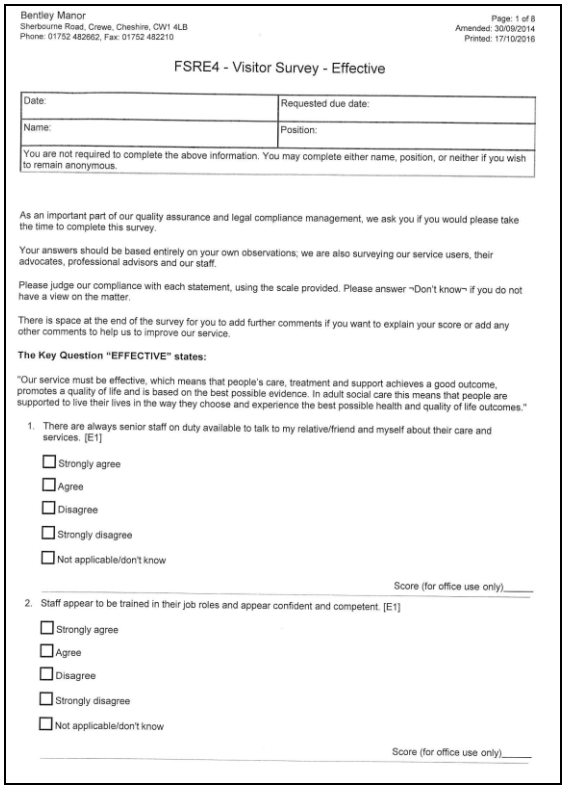
## Appendix ii

## Residents survey example



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FSRE4 - Visitor Survey - Effective

| Date: | Requested due date: |
|---|---|
| Name: | Position: |
| You are not required to complete the above information. You may complete either name, position, or neither if you wish to remain anonymous. | |

As an important part of our quality assurance and legal compliance management, we ask you if you would please take the time to complete this survey.

Your answers should be based entirely on your own observations; we are also surveying our service users, their advocates, professional advisors and our staff.

Please judge our compliance with each statement, using the scale provided. Please answer ¬Don't know¬ if you do not have a view on the matter.

There is space at the end of the survey for you to add further comments if you want to explain your score or add any other comments to help us to improve our service.

**The Key Question "EFFECTIVE" states:**

"Our service must be effective, which means that people's care, treatment and support achieves a good outcome, promotes a quality of life and is based on the best possible evidence. In adult social care this means that people are supported to live their lives in the way they choose and experience the best possible health and quality of life outcomes."

1. There are always senior staff on duty available to talk to my relative/friend and myself about their care and services. [E1]

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Not applicable/don't know

Score (for office use only)_____

2. Staff appear to be trained in their job roles and appear confident and competent. [E1]

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Not applicable/don't know

Score (for office use only)_____

| Feedback from Provider of Service |
| --- |
| *At time of publication – no feedback received.* |