



## Enter and View Report

*Blenheim House,*

*Melksham*

*Friday 10 June 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. © This report is the copyright of Healthwatch Wiltshire CIC and may not be reproduced, in whole or in part, without the prior written consent of Healthwatch Wiltshire CIC. This includes, where present, the Royal Arms and all departmental and agency logos and images. Any enquiries regarding this publication should be sent to us at [info@healthwatchwiltshire.co.uk](mailto:info@healthwatchwiltshire.co.uk) you can download this publication from [www.healthwatchwiltshire.co.uk](http://www.healthwatchwiltshire.co.uk)

## Enter and View Visit Report

<b>Date</b>	Friday 10 June 2016
<b>Authorised Representatives</b>	Julie Brown, Healthwatch Wiltshire Lead Stacey Plumb, Healthwatch Wiltshire Staff Sarah Davies, Volunteer Mary Winterburn, Volunteer Elizabeth Price, Volunteer
<b>Service Visited</b>	Blenheim House, Melksham

### About the service:

Blenheim House is a purpose built care home with the capacity to accommodate 53 residents and is managed by Majesticare. The accommodation is spread over three floors, with the ground floor offering residential care, the first floor specialising in dementia care and the second floor in nursing care. There is at least one dining area on each floor, as well as other seating areas. Other facilities include a library, cinema and hair and beauty salon. All residents have their own room with ensuite shower and toilet. At the time of our visit there were 48 residents. Building work is being undertaken to extend the home.

### 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 breakfast, interviews with staff, residents, relatives and the care manager against a series of agreed questions; reference to the latest CQC report (June 2015) and a final team discussion to review and collate findings. The team spoke to five members of staff including the registered manager and deputy manager, three visiting relatives and eight residents.

### Observations and Findings:

Blenheim House is situated on the outskirts of Melksham, the building looked in good condition and the entrance was attractive, decorated with flower pots. There was a small car park, with space for a few cars.

The reception area was welcoming and had a large arrangement of fresh flowers in the centre and a small cafe for residents, their visitors and staff at the back. During the visit one of the

residents was observed helping a member of staff to refresh the flowers and several residents were seen using the cafe. On entering the building through two sets of automated doors we were initially met by a resident in the reception area. Staff came promptly and met us but we had some concerns at the ease with which we could enter the building. The lifts and stair wells had key code access. The home had the feel of a hotel more than a home, and we were told that this was the feel they were trying to achieve.

We were given an extensive tour of the home and shown around the three floors. We were introduced to staff members on each floor. The deputy manager seemed to have a good relationship with the staff team. All areas were pleasantly decorated and furnished. Handrails were painted in a contrasting colour. Flooring was not too bright but contrasted with the walls and furniture.

On the first floor, which specialised in dementia care, we noticed a smell of stale urine around the pool table area. Some rooms had large pictures on the door that the residents had chosen, however we were told that one of the other residents had removed some of these and that they were in the process of being replaced. This floor looked slightly less well maintained and in places the paint work was scuffed and scratched. Staff said that the residents liked to move the furniture around and that this could be the reason for this. There was a clock, that was decorative but people living with dementia might struggle to use it to tell the time.

There were no unpleasant smells on the ground or second floor and they were very clean and well maintained. The residents had their name and a photo on their bedroom doors. We noticed that there was no visible antiseptic hand wash in the reception area except in the visitors' lavatory, or on the other floors.

There was a large garden with places to sit, raised flower beds and easily accessible by those in wheelchairs. We observed one resident taking himself into the garden in his electric wheelchair. The garden was surrounded by fencing so was safe for all residents. There was a pond which was covered. On the first and second floors there were glassed in balconies which allowed residents to enjoy being in the fresh area safely.

### Residents

We spoke to eight residents during our visit, across the three floors. The residents all appeared well presented. The residents spoke highly of the staff, and on the whole felt that they were well cared for. A resident said "staff are always in good humour, I can have a laugh with them." One resident said they "really love it here". Residents said that they felt safe and would feel comfortable speaking to the staff if they had any concerns. The residents said that staff gave them choice i.e. if they didn't want to get up at a certain time then staff would come back later. We asked residents how staff communicated with them and no concerns were expressed. The residents had personalised their rooms with photos and their own furniture. On the dementia floor each resident had a memory cabinet containing photos and items that their families had bought in. Most of the residents said that call bells were answered promptly, but a couple of residents said that sometimes they had to wait a while until a staff member came. One resident said that occasionally they had to wait for their medication.

## Food

We were told that people were offered a choice of two things at mealtimes, but that if they wanted something different this was accommodated. People said that they could choose to eat in the dining room or their own rooms. Most of the residents said that they enjoyed the food, one said that it could be hotter and one didn't like the food but had now spoken to staff about this. The residents on the ground and second floor had tea and coffee making facilities in their rooms, and could access the café on the ground floor.

## Activities

There was a weekly activities program for all residents, arranged by a dedicated activities co-ordinator. That morning the activity was gardening and we observed several residents joining in with this. Other activities included trips out to the pub and shopping trips. Some of the residents we spoke to said that they enjoyed taking part in these, others chose not to get involved and this was their choice. We were told that the home celebrates national holidays as well as resident's birthdays. One resident spoke of a lady who comes in to teach painting, this is something new that he has taken up since moving in to Blenheim House and is something that he particularly enjoys. The painting teacher had also painted pictures for some of the residents at their request. The home also employs a companion to spend one to one time with the residents. We observed one gentleman spending time with the companion, and were told that she visits each resident most days, but particularly residents who don't have visitors or are at the end of their life.

## Relatives

We spoke to the relatives of two residents. Both thought that Blenheim House was a pleasant place for their relative to live. One mentioned how he was always offered meals if he was visiting over a meal time and that he liked joining his father for this. One relative thought that sometimes there wasn't enough staff cover over the weekend and that one staff member was not enough to cope with serving dinner. The mother of one relative that we spoke to had lived in Blenheim House for several years. She had spent two and a half years on the first floor for residents with dementia. As her mother's needs changed it was agreed that her needs were now more nursing than dementia and so her daughters asked if she could be moved to the second floor specialising in nursing care. We were told that this was arranged quickly. We were told that the staff and management involved friends and family, and they were kept up to date by telephone and email as well as regular meetings with the manager. One relative said that she appreciated a call in the middle of the night by staff as her mother had had a fall and was being taken to hospital. There was designated room that family and friends could use if they wished.

## Staff

The staff were appropriately dressed. We observed several staff members speaking to residents in a kind and caring manner. We did notice one staff member refer to the residents as "they/them", particularly on the dementia floor and we felt a more personable term like "the residents" or "some of the residents" could have been used instead. One staff member said she was concerned that there sometimes weren't enough staff on the night shift. We were told that sometimes bank or agency staff are used to cover any shortfall, but they try and use regular people from the agency for continuity. Staff said that the home had experienced a "bumpy" period with high staff

turnover. They said that they felt that this had recently improved and that people with experience of care work were now being recruited. Several staff members said that they valued the regular staff meetings that were now taking place and that they thought that “open discussions” meant that they were “coming together as a team”.

The deputy manager talked about organising staff training and told us about the new staff induction process. Training courses had taken place the previous week in catheter and venepuncture (taking blood) and this had increased the confidence of some staff. Some dementia training had taken place and more was planned for the following week as some of the staff had not yet undertaken this.

When talking with the manager, difficulties in engaging with GP’s and getting them to carry out home visits was mentioned. Often practice nurses were sent in the place of a GP and they had not introduced themselves to the management. They said that they had attempted to make contact with the GP surgery and had not had much luck, but that a meeting was scheduled soon with the hope to resolve this.

#### **Conclusions and recommendations:**

The visiting team felt that Blenheim House was a pleasant place to live, friendly and welcoming. In general residents spoke highly of the home and the care they received. Overall, everywhere was clean and smelt pleasant, with the exception of a few areas that were brought to the manager’s attention. We were told that there had been an unsettled period amongst the staff team but that this was now improving, and it is a credit to the staff that this had not seemed to have had an effect on the residents.

#### **Recommendations:**

We suggest that the home considers the following recommendations:

1. Risk assess the security of the front entrance in regard to members of the public being able to enter unattended during day time hours.
2. Continue to address any unpleasant smells, particularly on the dementia floor. This floor could also benefit from a refresh in decoration in places.
3. Large clear faced clocks on all levels could be beneficial to the residents, as well as day and date calendars.
4. Monitor and address occasional call bell waiting times and waits for medication.
5. Continue the work taking place to ensure staffing levels are always sufficient, particularly at night, and the recruitment of experienced staff members. Continue the recent initiatives promoting regular staff meetings and open communication that appears to be improving staff morale and team working.

## Acknowledgements:

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

## Provider Response:

Please see our response to the recommendations on the report.

1. Risk assess the security of the front Entrance  
This has been addressed and a new system in place to ensure no members of the public can enter unattended
2. Continue to address any unpleasant smells, particularly on the dementia floor. Refresh decoration on this floor.  
The home have addressed the issues and will continue to do so
3. Large Clear faced clocks on all floors  
This can be sourced but was not mentioned at the feedback session
4. Monitor and address occasional call bell waiting times and waits for medications  
This is monitored by the EMAR (electronic medication administration records) System
5. Continue the work taking place to ensure staffing levels are always sufficient particularly at night, recruitments of experienced staff members. Recent initiatives promoting regular staff meetings.  
I do not feel this should be a recommendation as this is already happening and will continue to do so. However we really appreciate the team highlighting the improvements on point 5.

## Control Sheet

Date submitted to Healthwatch Wiltshire office as draft version	16 June 2016
Date sent to provider to check for factual accuracies	30 June 2016
Date response from provider	08 July 2016
Follow up actions	April 2017