

Enter and View Visit Report Sheet

Date of visit: 16.11.11

Service/premises visit: Beatrice Court, Lichfield

Authorised Representatives who undertook the visit:

Brenda Constable
Hester Parsons
Pam Davies Ratcliffe

Reason for the visit: As part of the programme to visit a range of care establishments across the 8 districts in Staffordshire

REPORT TITLE

1. Report Overview

The care home offers patient centred care in an environment that is warm and friendly. Although not purpose built as a care home, significant efforts have been made to ensure a homely atmosphere within Beatrice Court. In addition to Beatrice Court which contains 6 units there is a further unit in City Gate Lodge, a listed building on the same site. Clients' rooms and communal areas are decorated in different styles, as selected by the residents and their families/friends.

The home is registered for 128 beds and it admits clients suffering from a range of conditions including dementia, physical disability and those who are frail elderly. Care is either on a residential care basis or as full nursing care depending on the needs of the client.

Throughout our visit we observed caring staff who interacted well with the residents, were polite and friendly with visitors and who appeared to enjoy their work.

The home welcomes visitors throughout the day. It has good professional links with local GP practices and community nursing and therapy staff. There is also a good working relationship with the local college.

2. Reason for the visit

Beatrice Court is a registered care home providing residential and nursing care to a mixed client group in the south east of the county. At the Enter and View workshop in July the decision was taken to undertake visits to a number of care homes across the county and the selection of Beatrice Court was entirely random. There have been no concerns reported to the LINK regarding this care home.

3. Approach used

Discussions were undertaken with the Manager of the home and the Quality and Compliance Manager for the company Restful Homes Group.

Residents and staff were observed throughout the visit and some service users and staff were spoken to. The environment was assessed in relation to communal areas and, with the agreement of individual residents, their rooms.

Lunchtime was observed in one of the communal dining areas.

4. Observations/findings

Beatrice Court accommodates a range of residents including those requiring general help with daily living, elderly mentally ill requiring either residential or nursing care, general nursing clients with such conditions as Parkinson's Disease and stroke and some palliative care. The home provides 24 hour nursing care with both RNs and RMNs on duty across the 24 hour period. Staffing levels are satisfactory with the norm being a 1:5 ratio in the morning, 1:6 in the afternoon and 1:10 at night. Registered staff are supported by care workers with junior care staff all trained to NVQ Level 2 and senior care staff to NVQ Level 3. There is also the opportunity for care staff to progress to NVQ Level 4 as a step towards accessing nurse training. In line with company policy agency staff are not used but the home has a number of bank staff available and permanent staff are often prepared to undertake additional hours. We were advised that sickness levels are low and rarely sporadic odd days. Dependency levels are under constant review by the Manager and if necessary staffing levels are increased to meet the care needs of the residents. The Manager (a qualified nurse) is not supported by a deputy but there are 2 Senior Sisters who are responsible for nursing care. When the Manager is on leave, The Operations Manager or the Quality and Compliance Manager take overall responsibility for the home.

All new staff undertake an induction programme which ensures that all mandatory training is completed during their first week of employment. This includes fire training, health and safety, dementia and tissue viability. There is an annual update on all mandatory training. The home operates a link nurse system for tissue viability with training provided by the Tissue Viability Nurse at the PCT. Care staff also receive tissue viability training and this is bought in from an external provider.

Prior to admission to the home a prospective resident is assessed by the Manager. The relatives are invited to be in attendance and to contribute to the assessment process. On admission a core assessment is undertaken to formulate the care plan following which there is on-going reassessment as required. Care plans are updated when the condition of a resident changes. Where residents are in a stable condition care plans are reviewed at least monthly. Residents and their relatives/friends are involved in decisions about their care and relatives will sign the care plan. The home does not have an agreed discharge procedure because discharge is rare other than for occasional respite clients who will be discharged to their ongoing care plan.

The home has a rigorous risk assessment process which is applied to all care plans. This includes a Waterlow score in relation to tissue viability, nutrition assessment, falls, the use of bed rails and "do not disturb at night" assessment. In addition the water temperature is checked weekly by the on-site maintenance man to guard against Legionella. He works full-time 9am – 5pm Monday to Friday and is available on call at weekends. The home also employs a full-time decorator .

As required physiotherapy and occupational therapy are accessed via the PCT and there is a good working relationship with these visiting professionals. Residents can choose their GP from the 4 practices in the city. One practice however generally cares for the EMI (elderly mentally ill) patients and those in City Gate Lodge, undertaking two rounds a week. Another practice cares for most of the remaining residents and will visit as required or because a three monthly review has been flagged up. Currently there is no Activities Co-ordinator as this role was undertaken by a care assistant who recently left to further her career. The post has been advertised and following interview the post has been offered to a prospective candidate and the result of CRB checks are awaited. At the moment the staff are organising the programme of activities for the residents. Activities include

movement to music, cinema days, games and trips out. For the more able residents, they can arrange external appointments for example with the bank and the home will provide a care assistant to escort the individual.

The home has an ongoing programme of refurbishment but this has been accelerated following a fire last year which resulted in 51 residents being evacuated. The Manager is quite rightly proud that evacuation of the residents was completed within 15 minutes with no adverse affect to the residents although two members of staff were checked out at hospital but were not detained. Decisions about the decor in the communal areas is made by the Resident/Relative Forum which also provides general feedback on the way the home is operating and offers suggestions for future service provision including menu ideas. New signage is currently being developed which will include pictures as well as words. There is ongoing debate about which colours are most effective. The home uses key code locks for security and the safety of residents. Residents' rooms are locked externally in order to ensure that residents who wander are not free to enter somebody else's room.

The manager operates an "open door" policy which ensures that there is an easy route for residents or their relatives if they have a complaint. Complaints are dealt with as quickly as possible through discussion with the member of staff where this is required. Complainants can also go directly to one of the Directors who will ensure that the matter is managed appropriately. Any staff complaints are similarly dealt with immediately. A regular complaints audit is undertaken.

All meals are prepared on site in an adjacent building. Observation of the kitchen showed it to be clean and tidy. The chef was proud to advise us that he receives a good environmental report year on year. Meal times are generally protected but relatives are welcome to come in and assist with feeding if a resident requires it. All meals are fortified using full fat milk, butter and cream. If a resident is however on a weight reducing diet or has a raised cholesterol unfortified meals are provided. Residents are encouraged to eat in the dining areas but if they choose they can have their meals in their room. There is a 4 week rolling menu with a set meal for lunch but with a wide range of alternatives if so desired. Supper is a light meal but there is always the choice of a hot dish such as cheese on toast. A cooked breakfast is also available. Residents make their choice of meal the day before but there is flexibility for a change of mind on the day as a few extra portions are available. It was noted that the menu was in large print and reinforced with pictures for ease of understanding. At the lunch we observed the food was nutritious and well presented. It was nice to see that material serviettes were in use across the board. Where required residents are assisted with feeding and this appeared to be handled sensitively. Drinks appeared to be readily available both at meals and when in the sitting areas. There were also snacks available in the lounge areas.

The home has a laundry on site. This has been re-equipped as this was the seat of the fire last year which was due to a duvet that self ignited. All residents' laundry is managed on site unless requested otherwise by relatives. Dry cleaning is sent off site.

The residents have access to 2 hairdressers, one who works from the salon within the home and one who will see residents in their room. The prices charged are very reasonable.

The residents' rooms we observed were all individually decorated and although there was some standard furniture, residents are encouraged to bring in their own furniture and to personalise their rooms. All rooms have a call bell.

Each of the units has a secure medicine trolley which is kept in a locked room or where this was not possible, chained to a fixed bar. Medication is supplied by Lloyds Pharmacy and comes bubble packed for ease of administration. Each resident has a MAR sheet (medicine administration record) which includes a photograph of the individual and which is signed by the nurse when medicines are administered. Control drugs are stored in a locked cupboard inside another locked cupboard and are checked at each shift change over. The home tries not to use anti-psychotic drugs and there is close working with the Consultant Psychiatrist in order to achieve this.

There is open visiting within the home until 8 pm. The home appears to welcome visitors and in fact is providing support to relatives particularly those whose family member is in the EMI unit. Visitors are invited to come and join residents for Christmas lunch or tea or other meals over the festive period. There are good connections with local schools and the children provide some entertainment. The British Legion also gets involved if there are

residents who are ex service men or women. There are no resident pets but pets can visit with relatives if so wished.

As we visited most of the communal sitting areas we noted that the chairs tended to be placed round the edge of the room. When raised with the Manager she advised that a number of residents found it difficult to negotiate chairs in the centre of the room and could be disorientated by it. There was also a safety issue. We observed at the entrance to one lounge the carpet appeared to have been roughed up which could potentially be disorientating to patients and also a possible trip hazard. We also noted in 2 of the lounges there was a slightly unpleasant odour. In relation to one lounge the Manager indicated that the odour related more to one resident than to the lounge per se. In the large lounge on the ground floor however chairs were set in clusters with patients able to communicate in small groups. It was also noted that fire extinguishers were enclosed and again this was a safety issue as previously a psychotic patient had pulled one off the wall and thrown it. We observed very good interaction between staff and residents and were impressed that the Manager knew the name of every resident. The residents we spoke to were very happy in the home many having been there for some time. We asked about meeting the spiritual needs of the residents and were advised that a Church of England Vicar will come if requested and that a RC Priest comes to administer communion. Two residents in City Gate Lodge go to church regularly. Other religions are accommodated as required.

5. Conclusions

During the visit it was possible to ascertain that the residents were treated with dignity and respect and that where possible both they and their relatives were involved in decisions about their care. We observed good levels of staffing and good interaction between staff and the residents. There is a comprehensive programme of staff training and care staff are encouraged to gain qualifications and further their careers. The company takes risk assessment very seriously both in relation to individual residents and also in relation to the running of the home. We were provided with a range of policies and procedures particularly in relation to infection control but also human resource policies on staffing issues. It was clear that there are good admission arrangements which includes the opportunity for prospective residents and their relatives to visit the home prior to admission and for relatives to be involved in the assessment and care planning process. The nutritional needs of residents were well managed and meal times organised as a social activity as far as possible. Despite the lack of an Activities Co-ordinator we observed live entertainment with as many residents as possible encouraged to attend.

In view of the comments above it is reasonable to confirm that the aim of the visit which was to assess the quality of care provided to the residents was being met.

We would like to thank Rosie Howell Manager and Eileen James Quality and Compliance Manager for the time they committed to the visit and the open way they discussed the operation of the home. We were also please to meet briefly with Tom Cawley Managing Director Restful Homes Group.

6. Recommendations

- The carpet at the entrance to the EMI lounge on the top floor be looked at to ensure that it does not pose a risk to residents
- The Manager and staff consider what action could be taken to minimise unpleasant odours from communal lounge areas

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Draft Report checked for accuracy/appropriate use of language:	✓
Draft Report submitted to service provider for comments:	✓
Final Report approved by the LINK:	
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