

**enter
and
view**



Bridgewater Park Care Centre
July 2015

Enter & View

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Introduction

What is Healthwatch North Lincolnshire?

Healthwatch North Lincolnshire is an independent consumer champion created to gather and represent the views of the public on health and social care.

Healthwatch North Lincolnshire plays a role at both a national and local level, making sure the views of the public and service users are taken into account when reviewing service provision.

What is Enter & View?

Part of Healthwatch North Lincolnshire's strategic work plan is to carry out Enter & View visits. Healthwatch North Lincolnshire authorised representatives carry out visits to health and social care services to meet residents, staff and visitors and hear their views and make recommendations where there are areas which may require improvement.

The Health and Social Care Act allows representatives of local Healthwatch organisations to enter and view premises and carry out observations for the purpose of local Healthwatch activity. Visits can include hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter & View visits can take place where people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

Healthwatch Enter & View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they will inform the lead officer who will inform the service manager, ending the visit. Similarly, where issues arise during a visit, any concerns are raised with the manager on site so that urgent matters can be addressed. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the residents, visitors and staff who contributed to the report on that date.

Acknowledgements

Healthwatch North Lincolnshire would like to thank the care home, residents, visitors



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and their staff for their contribution to the Enter & View programme.

Visit Details

Service Details:

Name and Address	Bridgewater Park, Bridgewater Road, Scunthorpe, North Lincolnshire, DN17 1SN.
Service Provider	Meridian Healthcare Limited.
Type of Service	Residential home with nursing.
Specialism	Dementia care.
Registered Manager	Julie Anne Moulton.
Description of Building	63 single rooms, all but one en-suite.
Latest CQC Report	5 th September 2013: The service met 5/5 CQC national standards.

Dates Undertaken:

2pm-4pm, 20th July 2015.

Authorised Representatives:

- Kirsten Spark
- Nadia Afrin
- Linda Byrne
- Bushra Khan

Theme of Enter & View:

The experience and quality of life of residents.

Purpose of the visit:

The purpose of this visit was to:

- Observe the environment and routine of the care home with a particular focus on activities provided for residents.
- Speak to as many residents as possible about their experience of living in the home, looking at personal interactions with care staff and others providing their care.
- Speak to family members visiting residents about their perspective on the care provided.

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- Give care home staff an opportunity to share their opinions on the provision of activities and general care provided.

Methodology

This report summarises themes and highlights good practice identified from the Enter and View visit to Bridgewater Park and makes comparisons against previous visits to various care homes across the area.

Healthwatch undertakes engagement on an on-going basis using a local 'Experiences Survey' which identifies any areas of concern with health and social care services as well as identifying good practice. In December 2014, Healthwatch North Lincolnshire produced a report called 'Nursing and Residential Care Homes in North Lincolnshire' which detailed the findings of Enter & View visits to 20 care homes across the area at the request of the People Scrutiny Panel of North Lincolnshire Council. Healthwatch North Lincolnshire is now beginning to produce separate reports for individual care homes that have had Enter & View visits.

Healthwatch North Lincolnshire informs each selected care home of the intention to undertake the Enter & View visit prior to the date of visit. The aim is to speak to residents, family members and other visitors and staff. This visit ran from 2pm to 4pm on the 20th of July and although visiting schedules do vary per home visited, the questions asked remain the same. Enter & View posters were sent to care homes with a request that the poster be displayed to inform residents/family and staff of Healthwatch's Enter & View powers and the purpose of the visit.

On this particular visit to Bridgewater Park, Healthwatch North Lincolnshire Enter & View authorised representatives gathered the views of eight residents, two members of care home staff, the care home Manager and a visitor. These responses were gained through a combination of face to face interviews and questionnaires for staff to complete which were returned anonymously.

Authorised representatives used semi-structured interviews with residents, visitors and staff, allowing the questions to be adapted to suit those residents less able to communicate. To supplement the interviews, the Enter & View team carried out observations. Sufficient time was spent on each interview in order to build trust and rapport and to listen to responses to the open ended questions. Questions focused on activities and general care provided.

Some residents in the care home had varying levels of dementia and although Enter & View representatives spent time with them, the responses provided were at times limited due to

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the capacity of the residents to hold a conversation. In cases where residents were less able to communicate, Enter & View representatives used observation and interviews with staff to gather more detailed information.

At the end of the visit, verbal feedback to the care home manager was provided. Whilst we would not expect all recommendations to be implemented by the care home, we would anticipate that areas of good practice will be adopted where feasible and appropriate. A formal response from the care home is included at the end of the report.

Summary of Findings

Overall, residents said they were generally happy with the care provided at their care home and enjoyed living there, though some residents would prefer to live at home so they could have retained greater independence. Most residents accepted that it was in their best interest to live in the care home as they were no longer able to look after themselves and residents were appreciative of the help they received.

Despite the mostly positive views of residents about the care home, some residents found some staff to be unresponsive and unsocial. One staff member in particular was regarded by residents as especially hostile, so much so that one resident has been put off joining in activities because of this behaviour. Healthwatch Enter & View representatives also observed the solemn attitude of some staff members which is different to previous visits to other homes where staff members were found to be caring and enthusiastic. Issues in terms of staff responsiveness to call bells were also reported along with cases where staff members were unwilling to provide answers to residents' queries.

Most of the home appeared to be well decorated and tidy, though Healthwatch representatives did observe items left around in some areas which were potential trip hazards or infection control issues.

In terms of activities both inside the home and out and about, residents reported that they were very happy with the options that were organised by the activity co-ordinator. Residents had the choice on whether or not they liked to join in with the activities and were assisted where necessary to enable them to do so.

Residents were also generally happy with the quality and quantity of food on offer in the home and were free to choose where to take their meals.

Despite the freedom of choice demonstrated in terms of food and activities, the care provided was not always tailored to the individual in terms of personal choice in clothing and belongings. One visitor suggested that this could be down to the forgetfulness of staff members when it comes to individual requests. In most cases residents' basic needs were met by staff members, such as help with moving around the home safely and help with getting ready for the day.

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Results of Visit

Layout of the Care Home

At the entrance to Bridgewater Park was a large banner displaying information regarding end of life care and several memorials to residents who had recently passed away. Although this may be considered as a thoughtful gesture, Healthwatch representatives felt that this was not the most appropriate way to greet visitors to the home and did not provide a cheerful introduction. Despite this, inside the home itself, the décor was welcoming and pleasant throughout.

The communal areas in the home were particularly well presented, laid out with small groupings of chairs to encourage socialisation rather than the standard circle of chairs typically found in many care homes. In the Elderly Mental Infirm unit (EMI), there was an area next to the nurse's station where many residents sat together, some having been brought in in wheelchairs.

The corridors around the home displayed nostalgic photographs of Scunthorpe which linked the building to the area and there were pictures of historic film stars for residents to reminisce about. There were also comfortable seating areas provided in the corridors where residents could rest if needed whilst moving between rooms or for a change of scenery. In one communal room, staff had left 'fairy lights' draped over a curtain pelmet as residents had asked for these to be kept up. However, it was not clear if staff had checked this as a potential fire hazard. Near one communal room, an old poster was displayed for a resident's survey carried out in 2013, which gave Healthwatch representatives the impression that things were not always kept up to date.

Some areas of Bridgewater Park were observed to contain trip hazards or other issues where the residents' safety may have been at risk. Some items were seen left lying around in the communal lounge of the EMI unit, where a number of used tissues and a fruit stone were on window sills. The Healthwatch Enter & View team considered this to be a serious risk, especially in terms of infection control. In the 'Relaxation Room' there were some old withered balloons under some of the tables and coat hangers left on the bookcase which gave the impression that the room was neglected.

Some areas of Bridgewater Park had laminate flooring and although this is often considered to be easier to keep clean, Healthwatch representatives reported an unwelcoming smell.

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In one communal area, a seat pad had been removed after the resident had gone for their meal and the chair base was unclean and full of crumbs. Despite this, the home was generally well-kept and staff members were seen to be cleaning floors during the visit.

The dining room at Bridgewater Park was constructed with a partly conservatory type roof which was bright and let lots of sunlight in. This, however, had a greenhouse effect and as it was a warm day when the visit took place, staff had opened all the windows and doors before mealtime in an attempt to keep the room cool. Each dining area had a fan or an air-conditioning unit in it, with a thermometer displayed to monitor the temperature. On arrival in the dining room, Healthwatch representatives heard staff and residents asking if it was cool in there today, demonstrating that this was a regular problem. The Healthwatch team observed that staff made every effort to ensure that the room was as cool as possible.

Good practice was observed in the dining room, which had a whiteboard with the date and the weather displayed on it for the residents' information. However, the menus were displayed less clearly as they were located on a wall above a cupboard, which seemed to be for staff use rather than to inform residents. There were no pictures of food around the room to aid residents' understanding of the dining area.

Personalised Areas

The residents' own rooms were well decorated and personalised with the individual's own belongings. As expected in a home where some residents have dementia, some residents' rooms in the EMI unit had their name and a picture of their favourite things displayed on their doors so people could know a bit about them and to encourage conversation with other residents and staff members.



Individuality and Control

Residents at Bridgewater Park were asked a series of questions to determine the extent to which the care provided was tailored to them as individuals and how much control they had over what they did each day.

Do you like living here?

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Residents were asked what they liked most about the care home and if there was anything they thought could be improved. Healthwatch representatives found that most residents were generally happy in their home. Amongst the things liked the most was the quietness of the location and the homely atmosphere that made life for many residents in the care home easy to adapt to. Some residents enjoyed the organisations that came to visit the home such as the church services. One resident said that they really liked their bright room and particularly valued the safety catches on the doors. It was clear that feeling safe was particularly important to ageing residents.

However, some residents were less positive in terms of their feelings about the care home, referring specifically to a lack of choice over having to live there.

'It's not a case of liking it; it's more a case of adapting to it.'

Another resident spoke of feeling depressed whilst staying in the home on a temporary basis, demonstrating that not all residents find it easy to adapt to life in the care home.

Tell me about an ordinary day – Is every day the same?

Residents were asked if they liked having a routine or if they valued days with more variation. Healthwatch representatives wanted to know if residents felt they had sufficient control over their everyday lives.

Some residents told Healthwatch representatives that there was a routine to follow each day, but mentioned that the trips out of the home provided occasional variation. Other residents seemed to take more control over how they spent their days, mentioning activities they liked to do in the home such as playing dominoes or watching shows.

'It's whatever you like it to be.'

One resident told Healthwatch representatives how their daily routine had been disturbed by an injury that prevented the resident doing what they usually liked to do.

'Days are very unsteady at the moment.'

Overall, residents had the freedom to choose whether or not they wanted to follow a routine each day. Residents with fairly good health valued trips out of the home and activities provided within the home to ensure each day was not the same. Those with a lack of independence due to medical issues had less control over what they did each day.

If you need support getting ready for the day, do staff help you?

All residents spoken to at Bridgewater Park told Healthwatch that if they needed support getting ready for the day, staff were there to help. Residents would try to be independent where possible, doing what they could for themselves, but were very grateful for the help they received when getting dressed and getting around the home. Residents with health

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issues were less able to be independent and relied on staff to get them ready for the day and to the area of the home they liked to spend time in most.

‘Due to illness I’m not always mobile and staff help by taking me around the home’.

One resident told Healthwatch that although they did own their own wheelchair, they often used the home’s chairs to get around. Another resident valued that the staff helped transport them to the communal room each day as this is where they liked to spend their time.

Do you choose what clothes to wear?

Healthwatch North Lincolnshire wanted to find out if residents at Bridgewater Park that had the capacity to choose their own clothing were able to do so. Most residents said that they did have the choice of what to wear.

‘I choose my own clothes; it’s the same as at home’.

However, a relative of a resident told Healthwatch representatives that her Mother did not seem to have control over what she wore each day.

‘The carer helps her get ready but sometimes they are mismatched clothes. I ask “did you choose that Mum?” She says no.’

Issues with the laundry service at Bridgewater Park were also reported to have inconvenienced residents who wished to have control over dressing for the day. One resident reported that labelled clothing often went missing and that coloured and white clothes were sometimes mixed so that the colours ran. Sometimes clothes were returned to residents un-ironed.

A visitor told Healthwatch that if such laundry errors were queried, staff replied “it’s not my job” or “I wasn’t on that shift”. Therefore, although staff did help residents who needed assistance dressing, the clothes were not always selected to meet individual choices and staff members were not always willing to follow through answers to residents’ problems. Another resident reported a similar problem, saying that staff were only willing to do what they considered to be ‘their job’ and were reluctant to help with other tasks. Healthwatch representatives found this to be very different to the situation in most previously visited homes, where staff members were willing to go over and above their jobs to help the residents in their care.

Safety and Support

Healthwatch representatives wanted to find out if staff supported the residents at Bridgewater Park to make healthcare appointments and move around the home safely.

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Residents were also asked how they felt about staff helping them to do things and to what extent the staff engaged in social time with the residents.

If you need an appointment with your doctor, do staff arrange this for you? Do staff arrange your transport to the surgery?

All residents interviewed by Healthwatch confirmed that if needed, the care home would assist residents to make an appointment to see their GP. However, it was not clear if residents were supported to access routine appointments as well as emergency visits. One resident told Healthwatch that if a hospital visit was needed, a hospital escort was provided and GP visits to the home could be arranged where necessary.

Although the majority of residents spoke positively of staff help in terms of accessing health care, one resident commented that it could be a long wait for such arrangements to be made. It was not however clear whether the delay was actually caused by staff members themselves or the general delay associated with the difficulty of getting a GP appointment.

Another resident who was staying at the home temporarily did report an issue with their healthcare within the home which they thought could have been avoided had staff members been more responsive. The resident told Healthwatch how the District Nurse had not turned up at their allocated time for two consecutive weeks. The resident became worried as they were feeling poorly and needed a dressing changed which they could not do alone. The resident enquired to several staff members about this but nobody had come back with an answer. The resident decided to call the District Nurse personally, who then told the resident that there had been no message from Bridgewater Park requesting a visit. The resident felt that the staff did not take their health seriously as they joked about the mistake with comments such as 'oh dear, you're not smiling'.

On a separate occasion during the resident's short stay, they had an ear infection and swabs were taken. The resident told Healthwatch representatives how the manager had suggested that saline was used to clean the resident's ears which the home did have access to. However, the saline solution was never given to the resident. It was unclear whether or not the manager was a qualified nurse and thus in a position to diagnose residents' conditions and prescribe medication and treatments. However, if the manager was qualified, the issue here is that the patient did not receive the recommended treatment.

Overall, despite the fact that the majority of residents were happy with the amount of help that staff provided in terms of accessing healthcare, there were several instances reported by residents where healthcare arrangements were needed promptly and staff members failed to provide this. In such instances, the dismissive attitudes and behaviours demonstrated by staff members provide cause for deep concern.

Do staff help you move around the home safely?

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Most of the residents told Healthwatch representatives that if necessary, staff members were happy to help them move around the care home. However, at times staff were less responsive to residents' needs and this was seen by Healthwatch representatives and care home residents alike.

'At the moment, we help each other out'.

Staff members were rarely observed to be helping or checking on residents in the communal room at Bridgewater Park and one resident thought this was down to inadequate staffing levels. Healthwatch representatives did notice that there was a call bell system in place where residents could ring for help if needed but concerns were raised regarding the effectiveness of this system.

One visitor told Healthwatch representatives that the bell was often placed near the resident considered to be most alert, who could then call for staff when needed. This method is a concern as those residents less able to communicate may have struggled to ask the responsible resident to call for help. It was also unclear whether the resident responsible for the call bell had been asked if they were comfortable with the task. The visitor also told Healthwatch representatives that on some occasions, the call bell was left draped over an empty chair, raising concerns as to how responsive staff would be in an emergency. These concerns were confirmed to be an issue, as another resident later told Healthwatch that responses to ringing the call bells were 'poor' and residents could be left unanswered for quite some time.

How do you feel about staff helping you to do things?

Generally, residents at Bridgewater Park were very grateful for the help provided by staff members, with most needs being provided for. Some residents reported that they would rather be more independent, but due to illness were unable to do so. These residents were accepting of their limitations and were thus happy to receive the help needed.

However, some residents felt that the staff did not always give them the best possible attention. One resident reported making a request for something to a staff member, with no response over a week later. A resident's relative said that staff members often forgot things that her Mother needed, leaving the impression that although residents' basic needs were mostly met, the care provided at the home sometimes overlooked some of the things that made residents' lives more comfortable and enjoyable.

The forgetfulness of some staff was also reported by another resident, who commented that the senior carer who was in charge was often forgetful and when issues were raised, mistakes were brushed off with comments such as 'silly me'. The information provided by these residents and relatives suggests that staff training on meeting residents' needs would be worth revisiting. This was especially concerning when such issues are reported to occur often with staff at a senior level.

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Do staff have time to talk and listen to you?

Healthwatch representatives wanted to know if the social aspect of well-being in Bridgewater Park were being fully considered. As we found out, some residents found it difficult to adapt to life in the care home and being able to have a conversation with staff members helped some residents feel more comfortable in their surroundings.

Most residents told Healthwatch that the amount of conversation to be had with staff depended on the individual staff member. Most staff members made the effort to socialise and Healthwatch representatives observed residents and staff chatting together. Some staff members told Healthwatch they had worked at the home for near to a decade and therefore knew most of the residents quite well.

However, some residents made reference to a particular member of staff that came across as especially unsociable and hostile towards them. One relative told Healthwatch:

‘There is one member of staff that she [the resident] doesn’t like. She [the staff member] upsets her by being abrupt, by saying ‘don’t cross your legs!’

Healthwatch were informed of several instances where a particular staff member had a negative attitude towards residents, causing them to relate to some staff members much better than others.

‘Everyone is lovely but if anyone shouts at me, I shout back!’

‘Some do talk, but there are the “odd ones.” You know what I mean.’

One resident was advised not to go to the communal room to avoid negative encounters with the particular staff member.

‘Some [residents] suggested not to come in here, but I stick up for myself!’

Overall, most staff members seemed to get on well with residents and made the effort to socialise with them. There was only one staff member individually identified by residents as unfriendly and unapproachable.

Food and Drink

Are you getting enough food and drink throughout the day?

Most of the residents interviewed by Healthwatch representatives were satisfied with the amount of food and drink they were provided with throughout the day. However, one resident commented that the crockery and cutlery was often not clean and that there were

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lots of chips in the cups. Night staff were also said to have brought new drinks in the same dirty cups.

Another resident told Healthwatch that they found the handles on tea cups too tricky with worsening arthritis and thus requested to only have a mug. The resident was given a mug a couple of times but then this request was forgotten, despite this issue also having been brought up in the resident's care assessment. This resident was also diabetic and often fell asleep with cold tea beside them, with no offer of another drink until after dinner unless they asked for one. The resident's relative was seriously concerned that staff members were not ensuring that this resident's individual needs were being met in terms of hydration.

Do you get the option of where you can eat your meal?

Healthwatch representatives wanted to find out if residents had the freedom to eat where they preferred, whether this be with other residents in the dining room or in their own rooms. All of the residents interviewed by Healthwatch confirmed that they did have the option, with most preferring to eat in the dining room for the social aspect.

Most residents said that the set mealtimes were convenient, although one resident explained that no relatives were allowed to join them at meal times and instead had to wait in the communal area.

Do you like the food here?

Residents were asked for their views on the quality of the food provided at Bridgewater Park. Healthwatch wanted to find out if there were a variety of meal choices available and if alternatives were provided in case residents disliked the options that day.

All of the residents said that they enjoyed the food at the care home and plenty of options were available. One resident described the food as just what they would cook at home. Residents seemed to look forward to meals at the care home and told Healthwatch representatives of their favourite dishes. Individual needs were also catered for in terms of food such as diabetic diets.

Outings

Do you get the opportunity to go out of the home?

Healthwatch representatives wanted to find out if residents were given the opportunity to go out of the home in order to provide a change of scenery. All residents interviewed by Healthwatch were very happy with how often they were able to do this, mentioning both trips out organised by the home and outings with family and friends.

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‘We are going to Yorkshire Wildlife Park and Cleethorpes. I’m looking forward to it.’

‘I like to go to my Sister-in-Law’s house then we go to meet our friends.’

One resident told Healthwatch that they liked to sit in the garden to provide some variation to their day. Overall, the residents spoken to at Bridgewater Park seemed satisfied that enough opportunities were provided to get out and about.

Is there anywhere you would like to go that isn’t already offered?

Residents were asked if there were any other places they would like to be able to go that the care home did not already provide. The residents that were interviewed by Healthwatch were satisfied with the range of outings offered by the home, however one resident told Healthwatch representatives that they were not mobile enough to partake. From the feedback from residents, it was not clear whether less mobile residents were supported by the home to go on outings if they would have liked to, though one staff member informed Healthwatch that wheelchairs and walkers were provided by the home to use on trips out.

Privacy

All the residents interviewed by Healthwatch representatives agreed that they felt they got adequate privacy at Bridgewater Park. All residents interviewed told Healthwatch that when medical visits were needed, they were carried out in the privacy of residents’ own rooms. In all cases, staff members were said to knock on residents’ doors before asking to enter.

Worries or Concerns

Healthwatch representatives wanted to find out what actions residents would take if they ever had worries or concerns in the care home. Most residents mentioned that they would tell the care home manager, which gave the positive impression that residents had been informed of a singular port of call for any issues. This would be particularly important for residents who did not have contacts outside the care home. One resident commented:

‘The manager has open door sessions but to be honest, her door is always open and we are welcome to pop in and talk to her.’

Some residents told Healthwatch that they would talk to their family or friends in the first instance if they had a problem. Other residents said that in the event of an issue, they would alert the staff using the call bell system.

Overall, individual residents would go about voicing any worries or concerns in different ways, whether this be communicating with family and friends first, informing the manager,

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or using the call bell system to inform staff members. However, it was not clear if all of these methods would be equally as effective, given the issues with the call bell system identified earlier in this report.

Activities

Do you like to join in with activities in the home? What activities are provided?

Healthwatch representatives wanted to find out if there was an adequate range of entertainment and activities provided in the home and residents' views on what was available. The majority of residents interviewed told Healthwatch that they enjoyed the activities provided and mentioned some of their favourites.

'I like to play dominoes and the hairdresser also comes in.'

'There was a sunflower competition – who could grow the largest.'

'I like to read, write and knit'.

Some staff members at the home also told Healthwatch that the home had links to the local community such as schools and church organisations that visited. Bridgewater Park also held a 'Handbag Day' where a retailer came in and displayed items available for residents to purchase.

Despite the variety of activities offered, some residents told Healthwatch that they did not like to join in with the activities provided but that this was their own choice. Staff members did not pressure them to take part if they did not wish to. Some of these residents had mobility issues and thus were not physically able to join in with the more energetic activities but others simply did not enjoy the activities on offer. One resident explained the difficulties with trying to find activities to suit all:

'There is an activity co-ordinator but she covers the whole home – she does what she can.'

Another resident explained to Healthwatch that they used to enjoy joining in with everyone in activities, but had since been put off doing so because of negative behaviour from a certain staff member:

'I did like playing dominoes until they said I'm doing it wrong. Now I watch TV.'

What activities would you like to do?

Residents were asked if there were activities they would like to be offered but were not already. Generally, most residents were very happy with what was already provided and particularly valued the organised trips out of the home.

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Does the care home help you to take part in activities you choose if needed?

Most residents told Healthwatch that where necessary, staff members would assist them in taking part in activities. This was observed by Healthwatch representatives on the day of the visit as one resident was helped to play dominoes. Another resident said that they were helped to move safely throughout the home when they wanted to visit the hairdresser. Residents who did not want to take part in activities commented that if they did change their minds, staff would assist them to participate where needed.

However, not all residents were able to do the things they enjoyed each day. One resident said that although they liked watching TV, staff would often leave it on the same channel all day without asking if anyone wanted it changing. Another resident told Healthwatch representatives that a relative had brought in DVDs that the resident might have enjoyed, but there was no DVD player provided in the communal area to watch them on.

Overall, most residents were satisfied with the levels of assistance provided where needs be, which enabled them spend their days taking part in activities they liked. However, some residents did feel that the staff could have been more attentive and responsive in helping them to do the things they enjoyed.

Is there anything that you enjoyed doing at home but don't get chance to do here?

Healthwatch representatives wanted to find out if there were activities or hobbies that residents had enjoyed doing before they went to Bridgewater Park, to assess whether or not these could be offered at the care home. Some residents told Healthwatch representatives that there were activities they did used to enjoy but could not do anymore, though this was mainly down to a lack of physical ability to do so rather than because it was not offered. One resident said they missed being mobile enough to do swimming, dancing and yoga. Another resident had liked the independence of having access to their own car to drive places as and when needed. Overall, residents were reminiscing about things they used to enjoy being able to do rather than extra activities they would have liked the care home to offer them. Some staff ensured Healthwatch that residents still had the option to go supermarket shopping if they wished, like they would have done at home.

Loneliness and Visiting

Do you find it easy to make friends here?

Not all residents found it easy to bond with other residents in the home. One resident told Healthwatch representatives that they felt isolated and had no real friends. The resident in question said that they would have preferred to be in a specialist home where they could

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discuss topics in common with others who lived there. This resident had mobility issues and was therefore often unable to socialise with other people or join in with some of the activities.

However, most of the residents interviewed by Healthwatch said that they had good friendships with other residents and that they all looked out for one another, providing a community feeling to the home. Most residents described one another as friendly and caring people to live with.

Are you able to stay in contact with friends outside the home?

All of the residents interviewed by Healthwatch said that if they wanted to, they had the means to keep up with friends that lived outside Bridgewater Park. Residents explained how they were able to call people on the phone, use the internet and some residents enjoyed writing letters. One staff member at the care home told Healthwatch how a resident often used Skype to video call friends and relatives who lived in countries across the world. It was not clear however, if residents with communication issues were assisted by staff members to use these methods of keeping in contact with those outside the home.

Are friends and relatives able to come visit you here?

Resident's spoken to at Bridgewater Park were very satisfied with the visiting hours available as the care home allowed friends and relatives to visit whenever they liked. Staff members told Healthwatch that visitors also had the option to put in requests to stay the night at the home with their friend or family member. Unlike many care homes visitors were allowed to the home at meal times, but were not allowed to enter the dining room and thus had to wait for residents in the communal area. Overall, Bridgewater Park was very flexible and accommodating in terms of visiting procedures.

General

Is there anything else you would like to tell us about your stay in this care home?

Residents were given the opportunity to tell Healthwatch representatives anything that had not already been covered in the interview. The feedback from residents throughout the interviews had on the whole been very detailed and so most residents had no further comments. However, one resident took the opportunity to elaborate on their concerns over the particular member of staff that had been mentioned by several residents throughout the interviews. The resident told Healthwatch representatives that they felt as though they were not fully supported by staff in general and that they did not appreciate the way the certain staff member chose to communicate with them in particular. The resident described

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the staff member's way off addressing them as inappropriate. The reports of this staff member's behaviour demonstrated a lack of compassion and care towards residents which has proved to be different to the kind and caring demeanour of staff in other care homes previously visited by Healthwatch North Lincolnshire.

This issue of staff friendliness and responsiveness was a recurring theme mentioned throughout the interviews with residents and visitors alike and thus features often throughout this report.

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Conclusions

A number of themes have emerged from the experiences of residents, visitors and staff which are detailed in the findings from this Enter & View visit to Bridgewater Park.

Choice

Residents at Bridgewater Park valued the ability to make their own choices and maintain a degree of independence where possible in the home. The majority felt in control of what they did each day, from following a routine to taking part in the abundance of trips and activities offered to provide variation. It is recognised that some residents were unable to make these choices due to their mental or physical health, but in some care homes, a fixed regime exists for all residents and Bridgewater Park showed flexibility in contrast to this. Residents had the freedom to decorate their rooms with personal items and family and friends were able to come and visit whenever they liked or even request to stay overnight. The residents enjoyed the food at the home and had the choice of what meal to have, although menus for residents' information were not displayed clearly. Residents could decide whether to eat meals in the privacy of their own rooms or in the communal dining area. In these areas, Bridgewater Park has shown good practice by offering choice and freedom where appropriate, allowing residents to maintain a degree of independence. However, instances were reported whereby residents were unable to choose what clothes to wear or what TV channel to watch, suggesting that the degree of choice could be extended.

Individual Care

Most residents at Bridgewater Park were happy with the help that staff gave them to access healthcare in terms of booking and getting to appointments and all reported to receiving adequate privacy during medical visits at the home. However, some issues did arise in this area whereby individual needs in terms of health care were not always met. One particular resident was failed by staff on two separate occasions whilst ill and requiring access to care from the District Nurse. At a later date, a senior staff member also failed to provide the resident with treatment that was easily accessible, calling into question the quality of training of staff at all levels in the home. Another resident requested to only be given drinks in a mug as they found the handles of tea cups tricky because of various health problems. This request was met for a few days before it was forgotten, despite having been mentioned in the resident's care assessment. This resident's relative raised concerns as staff did not monitor the resident's hydration levels as had been requested. Therefore, although most residents were satisfied with their care, there were instances where residents' individual needs were not met and where serious consequences could have followed.

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Health and Safety

Bridgewater Park came across as a generally well looked after residence and residents valued the security aspects of the home such as safety catches on windows and doors. The majority of residents told Healthwatch representatives that staff were always on hand to help them safely around the home, and the home provided wheelchairs to use if necessary. However, Healthwatch representatives did observe some issues that could be resolved to better ensure the health and safety of the residents. In the communal area, 'fairy lights' had been left hanging on a curtain pelmet at the residents' request, which Healthwatch representatives considered as a potential fire hazard. In the communal area of the EMI unit, a number of used tissues and a fruit stone had been left lying which could cause infection control or choke hazard issues. Although most of the residents told Healthwatch that staff were responsive when needed, issues were identified with the effectiveness of the call bell system. Some residents did report a rather slow staff response rate and a relative had witnessed that on several occasions that the call bell had been left with one resident who was considered to be the most awake or had been left on an empty chair. Staff were also rarely observed to be checking on and monitoring residents in the communal rooms, raising questions as to how well residents could alert staff in an emergency. As discussed in the previous paragraph, issues were also reported by residents who failed to access the necessary healthcare when needed which could have had a negative effect on the residents' health.

Staff

Through the observations of Healthwatch representatives and interviews with residents, issues with staff responsiveness and friendliness were a recurring theme. Some staff members had worked for the home for many years and had thus developed a good relationship with residents. Some staff members were observed chatting to residents, however not all staff members made the effort to socialise with residents in this way. One staff member was regarded by residents as particularly hostile, so much so that one resident was put off joining in activities because of the negative attitude towards them. Another resident told Healthwatch they felt they had to 'stick up' for themselves in the communal area because of this behaviour. This was much unlike the attitudes of staff members observed by Healthwatch on previous Enter and View visits to other homes, where staff were generally friendly and attentive. Although most residents were happy with their care at Bridgewater Park, some residents did have issues arise which were poorly dealt with by staff members. One resident had reported losing their false teeth and another about missing clothing, both of which were brushed off by comments such as 'I wasn't on shift that day' or 'that's not my job. Again this dismissive attitude was different to what Healthwatch

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had observed in other homes, where staff were happy to go over and above their job, following up answers to residents' queries. Individual requests were reported to often be forgotten by staff members, such as a particular mug for ease of use or booking a visit from the District Nurse, which were often met with comments such as 'silly me' or 'oh dear'. As previously mentioned, Healthwatch representatives observed that staff rarely checked on residents in the communal rooms and some residents reported long delays in response times when using the call bell system. However, the activity co-ordinator was well regarded by residents, who told Healthwatch they were mostly happy with the range of activities on offer. Such activities involved links with local organisations such as schools and retailers, which provided variety to the way residents spent their days.

Friends and Family

Bridgewater Park had very flexible visiting hours, as friends and relatives were able to come and visit whenever suited them. Requests could also be made for relatives to stay overnight. Various methods for residents to stay in contact with friends and family were available, including using Skype calls via the internet, using the telephone and writing letters.

Recommendations

Overall, it is important to share with care home staff the positive feedback from residents and visitors following this Enter and View visit, and to celebrate the areas of good practice identified in this report. However, the following recommendations for improvement are based on the findings of the visit on the day:

1. Care home to consider relocating memorials in entrance to a more suitable location e.g. the garden. This would improve first impressions on entering the home.
2. Care home to consider assessing the safety of the fairy lights on the curtain pelmet for residents' and staff safety. An alternative may be displaying these in a different location.
3. Care home to update old resident surveys and other displays to ensure all is up to date.
4. Care home to ensure residents' health and safety by keeping all areas clean and tidy. Ensure waste items are removed and disposed of, including used tissues in case of infection control issues and fruit stones/balloons as choking or trip hazards.
5. Care home to clean home regularly, including less obvious areas such as under residents' chair cushions.
6. Whilst the weather and date were displayed well, care home to consider making menus more visible for residents' information. Care home to consider putting pictures of food around the dining room to aid residents' understanding of the room's function.

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7. Extend residents' individual choice where possible and appropriate, including freedom regarding what clothes to wear each day.
8. Care home staff members to be willing to take responsibility for mistakes and follow up queries to ensure the best level of care is given. Ensure staff communication with both other staff members and residents regarding the actions taken to rectify these queries in order to find a solution and keep residents updated.
9. Care home to ensure residents' health by providing access to healthcare when needed, including booking the required appointments on behalf of residents where appropriate and necessary.
10. Ensure that qualified healthcare professionals are able to diagnose residents and prescribe treatments and that the relevant medical personnel are called in to deal with residents' health issues when necessary.
11. Care home to ensure that staff members of all levels have undergone the required training, especially in terms of how to communicate positively and appropriately with residents. To aid staff in remembering or individual care requirements, the necessary equipment should be provided such as notebooks etc.
12. Care home to explore ways of improving response times for call bell system and to ensure that the call bell itself is not left on empty chairs. If the bell is to be left with a particular resident, ensure said resident is happy to take this responsibility. Ensure this system is supplemented with regular checks by staff members around the communal rooms and is not used as an alternative to such observation.
13. Care home to ensure that staff members demonstrate attitudes that encourage residents to partake in activities they enjoy should they want to. Staff members should make the effort to develop rapport with residents and ensure that they feel safe and welcome in the home.
14. Care home to ensure that individual requirements are met where possible and appropriate, such as monitoring the hydration levels of residents who need reminders and providing such residents with the requested cup that allows them to do this themselves.
15. Care home to take extra care when cleaning crockery and cutlery, to ensure basic health and hygiene standards are being met.
16. Where possible and appropriate, care home to ensure that less mobile residents are able to go on the trips organised by the home if they'd like. This may mean extra support for such residents or an increased availability of wheelchairs where feasible.
17. Care home to ensure that all residents have the support needed to participate in activities and spend their days as chosen. This may mean small tasks such as asking residents if they want the TV channel changing (note that if this is in a communal room there should be a consensus achieved before changing the channel) or if they'd like to be moved elsewhere for a change of scenery.
18. Care home to continue to ensure a reasonable temperature is maintained in the dining area for residents' health and comfort.

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Response