

Details of visit**Service address:****6 Beighton Road, Woodhouse, S13 7PR****Service Provider:****Balmoral Care Home****Date and Time:****2 March 2015****Authorised****Linda Gregory, Helen Rowe****Representatives:****Contact details:****Healthwatch Sheffield, The Circle, 33 Rockingham Lane,
Sheffield, S1 4FW****Acknowledgements**

Healthwatch Sheffield would like to thank Balmoral Care Home, the service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views 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 need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



Purpose of the visit

- The visit is part of an ongoing planned series of visits to residential homes, Looking at the care provided. Specifically to find out whether the care provided meets people's needs, whether people's wishes and needs are respected, to discover what people and their families think about the services that are provided and to find out whether people's dignity and privacy are respected.
- As part of our work with the Health and Wellbeing Board, we will be asking a specific set of questions about dignity.

Strategic drivers

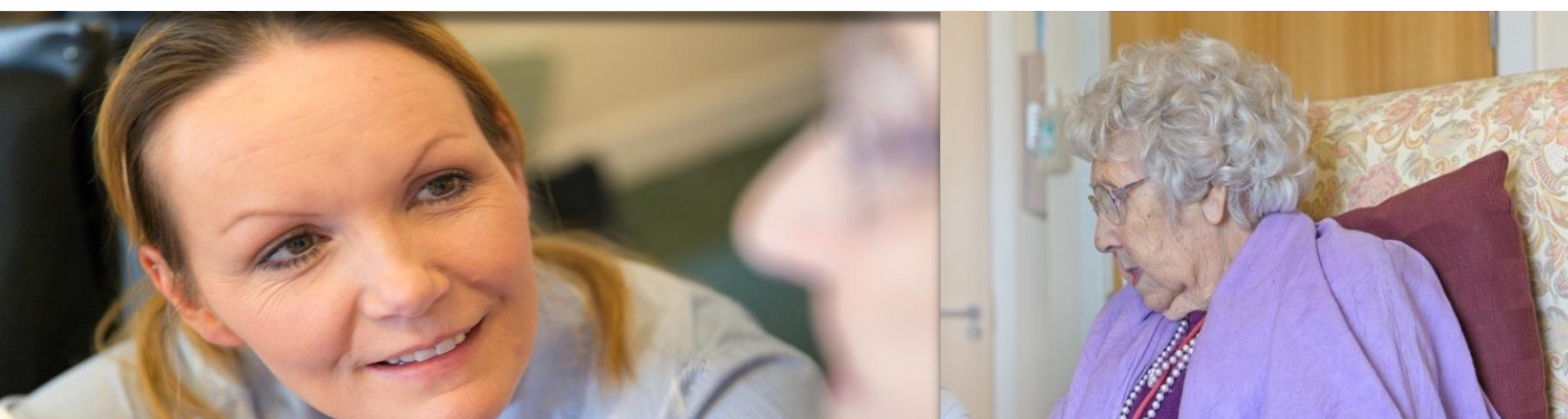
- To continue with a planned series of Enter and View to residential settings started by the former Sheffield LiNK
- To ask particular sets of questions about dignity, oral health and dementia.

Methodology

All information recorded within this report has been collected using the following methods;

- Discussion with staff
- Discussion with residents
- Comments from carers and/or relatives
- Results of structured interviews
- Documentation provided by service providers/staff/proprietor.

After speaking with staff and service users and completing our observations, we shared our initial thoughts with the manager and gave a snapshot of our findings and recommendations.



Summary of findings

Our impression is of a well run home where staff and residents appear to be happy with the service provided. The home met the needs and respected the wishes of the people we spoke to, ensuring that both basic needs are met well and additional activities are offered. We were particularly impressed with the dementia unit and felt that some of their practice could be cascaded further across the home. This is a home which can build on the good service it already provides, especially by looking at how it can further involve service users, relatives and the wider community in its development.



Results of Visit

We began our visit in the reception area, where required information was displayed, the displays were tidy and not overcrowded. No Healthwatch leaflets were available, so we left some. There were hot drinks available for visitors and seating was pleasant and well placed. A visitors' book was in use.

Throughout the home the décor was in good order and suitable. Lounges were laid out well but with a tendency towards placing chairs around the edges of the room. Most lounges also had a designated dining area. There were no unpleasant odours noted in the home on our visit.

Staffing levels and training – We found the unit to be well staffed with plans in place to fill current vacancies and ensure enough staff to cover holidays and sickness. We were told about staffing ratios to residents within each individual area of the home, these levels were very good and we saw this in practice during our visit with all three areas of the home having suitable levels of staff to provide for an enjoyable eating experience.

A wide range of training is provided for staff, including onsite training relating to infection control, medication, first-aid, moving and handling, safeguarding and DOLS, equality and diversity and working with people with dementia. Staff confirmed that they are encouraged to undertake NVQ qualifications.

The day of our visit was the first day of induction for the new manager, the area manager had been running the home for a number of weeks and will continue to support the new manager in their induction period. The new manager has experience of managing a dementia care unit and also has nursing qualifications.

Meeting needs and respecting service user's wishes – On admission a life history is compiled for all service users with the support of relatives, this is kept in the individual's folder and helps to inform their care plan and confirm their likes and dislikes. Within the dementia unit, life history summaries are displayed outside each resident's bedroom door with a visual clue as to what is important within

their lives, for example a copy of a completed crossword, for someone who particularly enjoys crosswords. We felt this was a good example of ensuring that an individual's needs and wishes are known and respected. All over the home the displays on walls were geared to the needs of the residents. Within the dementia unit there were nostalgic and stimulating items on all walls e.g. sports equipment, like fishing rods, football shirts, household items etc. The dementia unit has met the highest standard of the company's own PEARL accreditation scheme for the past couple of years and aims to maintain this standard. All care plans are reviewed on a monthly basis and family are routinely contacted to ask their views.

Activities – a range of activities are on offer within the home these are different for each type of resident the home provides for (Dementia Care, Nursing Care and Residential care for over 65's) We saw, games /jigsaws etc on tables being used. The home employs an activity coordinator who divides their time between all of the residents.

We were told about the dementia unit keeping chickens, and their use of the garden and conservatory space in order to provide a change of environment and a chance to exercise.

In the residential unit residents told us of outings, and regular activities to participate in within the home, some we spoke with were going to the knitting group after their lunch that day. Other residents told us of how they were able to potter in the garden areas as much as they wanted to. One resident carried out by choice tidy ups in the garden on a more or less daily basis as they enjoyed, "feeling useful" as they put it.

The chickens had been looked after by the residents, and further chickens were to be obtained later this year. One resident likes to cover the reception desk on regular basis, "they ask me when they arrive if I get paid to do this I tell 'em I do it because I enjoy it"

There is a lounge area on the upper floor that has been converted into a "pub" setting and once a month an event is held that relatives /friends are encouraged to attend along with the residents. This area also doubles as a quiet space for private visits as an alternative to the residents bedroom or sitting with everyone else in one of the lounges.

More formal entertainment is also provided on a monthly basis and groups, such as local choirs come into the home.

We asked about contact with the local schools and were told this happened but not on a regular basis, staff said they would make contact with the schools and see if a better more regular relationship could be established.

Meals and Nutrition – Catering staff meet all new residents within the first 48 hours of them arriving, and get a feel of their likes and dislikes. Catering staff are keen that all the different types of diet were provided and explained special diets and the equipment used to achieve these.

Service users are able to choose on the day what they want for their main meal (this is served in the early evening). If a resident does not want the choice for that day then an alternative of their choice

is always found.

At lunch time we observed residents being offered a choice of a range of sandwiches and/or soup and a pudding. Individual requests for an alternative e.g. yogurt were met with no issue. The residents choose whether they eat in the dining room, lounge or their bedroom. On all the three units there are mini kitchens where drinks and snacks can be made at any time.

Drinks were available in all sitting areas throughout the day and people were encouraged to drink by the staff. Residents commented that the food was good and plentiful. No-one made any negative comments about food in any way.

We observed residents being assisted with eating where required, protective aprons were provided where needed, tables had cloths and were laid appropriately.

Health Services provided – An optician comes on a monthly basis, the chiropodist every 4-6 weeks, a dentist also visits regularly. Residents confirmed they have been seen by these health professionals. The manager confirmed that the G.P. visits on a weekly basis and that they have a good relationship with the practice. The community nursing service attend when required for the residential unit and the dementia unit. We observed a community nurse attending to a resident during our visit.

The home also has a pharmacist who visits on a regular basis and part of their role is to audit medication and provide support and advice.

Other services are provided in the home, such as a hair dressing service. Users confirmed this, and one male resident told us how the hairdresser kept his beard in good order as well as cutting his hair.

Dignity and Respect – The home has appointed Dignity Champions, their names are listed in the reception area, along with other useful and required information.

Staff all receive training around Dignity and Respect. One member of staff talked to us about the importance of ensuring a resident's privacy and dignity when providing care, being sensitive to how the person likes to be covered when being washed and dressed, but also the importance of basic good manners, "I always knock on the door before I go in" "please and thank you's must be remembered". We were told how during staff training the staff experience for themselves what it feels like to be hoisted, being moved by slider sheets and evacuation seats, to enable them to understand what it is like, and how to provide care in a dignified and respectful manner. We observed staff talking to residents by name and confirming what they wanted or needed to do in relation to getting to and from the dining table. When they had finished people were asked if they were ready to move from the dining table, some wanted to stay longer and staff agreed and left them till later.

End of Life Care – The home has an end of life care policy and plans are completed at an appropriate time with the resident and their relatives and involving the G.P. They try to keep their residents

within the home even when nursing care is needed. We were told of a resident who had returned from hospital at the end of 2013 with an expectation that they would live only a few more days who is still being cared for and nursed in the home.

The home seeks to provide individual care, to involve relatives and ensure that the individual's dignity is respected and preserved.

Service users felt they were treated with dignity and respect and relatives spoke positively of the home and of how the staff respected their relative's wishes. A relative of a deaf resident told us of how the home was "deaf friendly" and that "it is brilliant".

There are fortnightly coffee mornings as well as the "pub" evenings to meet with relatives but there are no formal consultation mechanisms.

The home does not currently involve the residents in staff recruitment or the running of the home.

Additional findings

Recommendations

- To extend the use of the life history summaries to all the units within the home.
- To consider a more formal structure for consulting and involving relatives in the running of the home.
- To consider additional mechanisms for involving service users in the running of the home.
- To consider involving service users and relatives in the appointment of staff.
- To look at how the outside space could be further improved.

Service Provider response

No comment has been received.

