

**healthwatch**  
Bedford Borough

**Enter & View**

**Training Report**

**Lilibet House**

**6th June 2018 & 14<sup>th</sup> June 2018**



**Enter and View (E&V) report - Lilibet House Residential Care Home**

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|--|---|
| <b>Name and address of Hospital</b>          | Lilibet House Residential Care Home - 65 De Parys Ave, Bedford MK40 2TR       |
| <b>Description of care /service provided</b> | Residential care home   |
| <b>Names of Authorised Representatives</b>   | Linda Hiscott, Soniya Dhariwal, Naomi Masih, Ashok Khandelwal, Jennifer Foley |
| <b>Date of visit</b>                         | 6 <sup>th</sup> June 2018 and 14 <sup>th</sup> June 2018                      |

**Background**

As part of the Healthwatch Bedford Borough access to health services, an Enter and View visit to Lilibet House was undertaken. We conducted two training visits on 6<sup>th</sup> and 14<sup>th</sup> June 2018, and are very appreciative of the staff and residents for allowing this to happen as a training opportunity. The team were provided with some background information prior to the visit. The team met with the staff and looked around the home and spoke with some residents who were using the service.

Lilibet House is a residential home serving long term and respite care services to those with a degree of Dementia and Alzheimer’s.

**Welcoming**

On arrival of the first visit on 6<sup>th</sup> June 2018, we were welcomed by Beverley Williams, the Quality Manager, and on 14<sup>th</sup> June 2018, we were welcomed by the Registered Manager, Alison Hoey. During the first visit, we were escorted to an upstairs dining room for a pre-visit meeting, and during the second visit, we had the meeting in a side room in the lounge area. During both visits, we had the opportunity to explain what Enter & View entails and the reason why we were conducting the visit. We also got an insight into how the home is run, the management team and ask any questions such as, how residents’ needs are met.

Upon entering the home, on both visits, there was a noticeable smell of urine in the hallway and both lounge areas adjacent to each other. On entering the home on 6<sup>th</sup> June 2018, one resident wanted to go out, so a member of staff accompanied her on a short walk.

We noticed there were a number of colourful pictures of residents and staff around the home, including the décor. There was also a clear and up to date information board near the entrance.

The overall atmosphere in Lillibet House was welcoming. The team observed that patients were treated with respect and dignity.

The home has 30 single rooms which are currently all occupied. All rooms are fitted with individual hand wash basins, with communal walk-in shower/wash rooms on each floor and has access to mobile hoists if needed. None of the rooms have en-suite facilities.

We were informed that 10 of the 30 residents are mobile, whilst the remaining 20 are not. Therefore, it is key that the home is easily accessible. We noticed there were ramps and a lift.

We observed staff to be attentive and engaging with residents in all rooms. There was good evidence of hair care and other therapeutic activities to keep residents occupied, and residents are encouraged with independent activities, such as making themselves a cup of tea, subject to risk assessment.

The home is cleaned regularly and has a deep clean bi-weekly, but are able to request an extra clean when required.

## **Safe**

The home currently employs 6 Senior Care, 2 Team Leaders, 17 full-time Care Assistants, 4 part-time staff, 3 kitchen staff, 1 Laundry Assistant, 1 Housekeeper, 2 part-time cleaners, plus a part time handyman. This is along with the Responsible Individual, Manager and Quality Manager. All staff wear coloured uniforms to differentiate the different roles; and, all staff wear name badges. In the mornings, there are 7 members of staff on shift - 1 senior and 6 care staff, in the afternoons, there are 8 members of staff - 1 senior staff and 7 care staff, and at night, there is 1 senior staff and 2 care staff. During the mornings, there is one care staff who is on a 1-2-1 basis with a resident, in the afternoon, there are two 1-2-1 residents, and at night there is one 1-2-1 resident - all of which are funded by Continuing Health Care (CHC).

There is a procedure for signing in and out of the building which is adhered to by all staff, residents, carers, family, and visitors alike. There is also a buzzer to gain access into the building. However, during both visits, staff were already attending to residents between the two lounges areas, so we were immediately greeted and welcomed into the home.

We were informed during the meeting with Beverley, and as stated in the Statement of Purpose, that all staff receive training and must possess a minimum of NVQ Level 2 in Health and Social Care. All staff are qualified to Level 2 and 3 in Health and Social Care. Alison has an NVQ Level 3 in Health and Social Care, and Beverley possesses an NVQ Level 3 in Health and Social Care, NVQ Level 4 in D32 and D33 Assessors Awards, and LMC Level 5. All staff are expected to work to the Code of Conduct and are selected for their qualities of reliability, integrity, friendliness and professionalism, and all are interviewed thoroughly. Reference

and DBS checks are cleared prior to employment. New staff members are continually assessed for their ability to achieve the Care Certificate to ensure they meet the 15 Standards of Care, as follows:

- Understanding your role
- Personal Development
- Duty of Care
- Equality and Diversity
- Working in a Person Centered way
- Communication
- Privacy and Dignity
- Fluids and Nutrition
- Awareness of Mental Health, Dementia and Learning Disabilities
- Safeguarding Adults
- Safeguarding Children
- Basic Life Support
- Health and Safety
- Handling Information
- Infection Prevention and Control

Once the Care Certificate training is completed, staff continue to train and the minimum courses that they attend consist of the following:

- Health & Safety
- Food Hygiene
- Manual Handling
- Fire Training
- First Aid
- Infection Control
- Managing Challenging Behaviour
- Understanding Alzheimer's/Dementia
- Falls Awareness
- Pressure Care Awareness
- De-escalation
- Deprivation of Liberty
- Safeguarding of Vulnerable Adults (SOVA)
- Mental Health Awareness
- Swallowing Awareness

As stated in the Statement of Purpose, when a resident is assessed to have a specific care need, the management team arrange training specifically designed for conditions, such as Diabetes, Parkinson's etc.

Once recruited, staff undertake two weeks of supernumery training and ten week supervision to get an insight into their role and responsibilities. Staff are instructed during induction training with regard to Fire Prevention/Drill Policy. This is where staff are trained on the use of the home's fire appliances, evacuation, raising the

alarm etc., and the allocation of Fire Wardens on each shift. Fire drills tests are carried out regularly to ensure all staff have a comprehensive understanding of their responsibilities, and a full evacuation of residents is carried out periodically. This is to confirm the viability of the Fire Risk Assessment that is in place.

All doors are fire doors, and have locks. Residents have a choice to lock their bedrooms and are able to lock their rooms from inside. However, in case of emergencies or if staff believe there is reasonable doubt, staff can unlock the room from outside. Some residents have a key for their room following a risk assessment.

Although we were not shown where medication is stored, we witnessed a medicines round where staff go round with a trolley to distribute medication to residents. Residents can choose to self-medicate, however, they must undertake a risk assessment to ensure they are safe to do so. Help and advice is given if residents do then choose to manage their own medication. There are a minimum of four rounds of medicine distribution throughout the day, which is done by senior staff and Team Leaders. The home also has an electronic system which keeps stock of medication and indicates when they need to restock. Medication is managed by staff and ordered accordingly under the instruction of their GPs. Staff find triggers and review them to try and prevent them in the future.

Residents are registered to local GPs, but most residents are registered to Pemberley Surgery and some with De Parys Medical Centre. We were also informed that 70% of the residents are on Deprivation of Liberty (DoLs) which are reviewed regularly. There is regular contact with GPs and the Home have a good relationship with District Nurses and other healthcare professionals. The staff also stated that the Complex Care Team are very good and helpful.

During one of our visits, we noticed on one of the floors were blue sacks in which residents can put in their dirty laundry, waiting to be washed. The laundry room is locked when not in use. We were briefly shown the laundry room facilities. During the first visit, Beverley (QM) was asked if there were issues regarding residents getting their laundry back. Beverley stated that every Home that she has worked in has an issue with this. Beverley also stated that they have tried several ways to try to assist this i.e. individual bags, name labels, snappy tags with room numbers, key-working responsibilities and only Senior Team taking items around the Home from the laundry.

In relation to housekeeping, there is regular spot checking and general cleaning/tidying up of the home throughout the day.

### **Caring and involving**

As stated in the Statement of Purpose, 'Care Plan development is achieved through their various activities designed to encourage mental alertness, self-esteem, and social interaction with other residents and with recognition of the core values, which are fundamental to our philosophy'.

Once a care plan has been put together, it is regularly assessed to ensure residents' needs are being met. Families are encouraged to participate in the resident's daily routine as far as practicable and are invited to attend all care reviews. Residents and their relatives are always welcome to speak with a senior member of care staff if they have any concerns. The Residents Care Plan is reviewed on three levels:

- Daily on a shift-to-shift basis
- At the end of the 8 week assessment period
- Thereafter monthly or earlier in the light of any changes

Residents' daily care notes are discussed at shift handovers so the oncoming staff are aware of any changes to the Care Plan. All amendments are recorded in full and require authorisation of the Home Manager or Senior Care staff. Certain amendments may require GP authorisation. The Home has electronic Care Plans which are retained securely. This allows staff to access all information at all times. It also allows for the remote monitoring of the daily notes and building handovers.

Some residents have regular 1:1 time with a care staff member where they discuss how they are doing. The Managers demonstrated clear knowledge of DoLs.

During both visits, we found that staff treated residents with respect, offering support for activities, but not taking over, allowing time for people to do things for themselves. We were pleased to see that they have an Activities Coordinator who sometimes speaks to residents individually to find out what sort of activities they would like to participate in.

Aside from the general fee for the Home, which depends of the type of facility required, the type of care package, and the needs of the individual resident, residents can pay extra for things such as, dry cleaning, transport, monthly visits from the private Chiropodist/foot masseur etc. The home also has a policy on therapeutic activities which take into consideration the residents' interests, skills, experience and medical conditions. However, there is an additional fee for some of these services also. The activities are then designed to encourage the residents to remain mobile and take an interest in life. Residents are encouraged to continue or pursue new hobbies and interests. Activities take place on a regular basis, such as walks into town or by the river, breakfast or tea locally or at a nearby hotel, trips to monthly tea dances and theatre, and day trips. There is a consultation with residents to make sure they are involved in the decision making. The home also has a Sensory Lounge which offers manicures and hand massages, newspaper or magazine reading, music and sing-a-longs, flower arranging, arts and crafts, visiting musicians and magicians, cards, board games etc.

To support residents' faith and spiritual beliefs, Lillibet House displayed a clear offer for residents to be able to attend or access different faith interventions. If residents wish to attend religious services outside of the Home, the residents should, if necessary and where possible, arrange for transport and accompaniment with friends or relatives. If this is not possible, care staff can be made available to accompany if staffing levels permit.

Guests are encouraged and are able to visit residents as regularly as possible, but at reasonable times. Guests are asked to let Senior Care know of their arrival and departure, and to sign in and out of the visitor's book. However, the Home has recently introduced protected meal times when guests are advised to avoid meal times. If residents need encouragement with eating, relatives are welcomed. Staff make guests aware of any infection that could be passed on and effect the frail and vulnerable residents.

For residents and visitors, there is a designated smoking area outside the Home and under supervision if deemed necessary after assessment. In regard to alcohol, arrangements can be made for residents to keep alcohol either under lock and key, or in their own room. Again, this is subject to assessment and consultation with family and GPs.

### **Well organised and calm**

Different ethnic communities are warmly welcomed, and we were advised that they receive support from outside to meet the needs of potential residents.

The Manager displayed a clear awareness of residents' individual needs in regard to dietary requirements. A four weekly rotating menu is reviewed regularly and choices are readily available. The Home runs an individual special lunch once a month when a particular resident chooses his/her favourite meal. Tea, coffee, and other hot drinks are served regularly and are available at any time of day. We were informed by Beverley during the first visit, on 6<sup>th</sup> June 2018 that the Home has groceries delivered by a local supermarket three times a week, and all food is cooked on site. Each resident's food preferences are recorded and assessed by staff within the computerised care information and also in the residents' rooms. They have a hydration initiative which encourages residents to keep hydrated.

The Home had a number of notice boards that were displaying information about a range of services available. There were pictures of the residents participating in activities within and outside the Home. There was also clear signage for toilets and shower rooms.

Lilibet House has pets - cats, budgies, and rabbits. Residents are encouraged to help with the care of the pets. All of the cats have been wormed and checked for fleas. If a resident had a pet prior to moving into the Home, they may wish to bring them with them when they move. Each case is reviewed individually with all the residents' wishes taken into consideration. Visitors are also encouraged to bring in their dogs to share with the residents.

Lilibet House also actively supports the Friends for Life Society who regularly visit the Home to befriend residents, and is a helpful way of bringing the local community into the Home.

## Summary

Overall, the team felt that the home offered a good standard of care to residents and valued and supported the staff teams. The atmosphere was welcoming, and it is a homely environment whilst delivering a professional and caring service.

The Care Planning system is thorough and person-centered. The care staff were friendly and it was evidenced that staff treated service users with dignity and respect. All areas appeared clean, although, the carpet in the lounge areas needed a thorough and deep clean, or even a replacement. The residents who spoke with us were positive about the home and the care they received. However, one resident stated that the door access can be a problem at times. We noticed, due to health and safety, door handles were high up on the doors.

### The following recommendations were made:

- The Manager continues to pursue the replacement of the carpets in bedrooms and lounge areas. This would rectify the urine/damp smell in the lounge and hall areas. We have been informed by Beverley that this is already a part of the on-going programme in place at Lillibet House. The carpet in the lounge has a homely, warm feel to the atmosphere and there is a rigorous deep, professional clean that is in place at the home, and more recently a new product has been implemented.
- Continue to develop activities for residents, including trips out.
- Statement of Purpose could do with being refreshed due to some spelling and grammatical errors.

## **About Healthwatch Bedford Borough (HBB)**

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

### **Our vision is that**

#### **Healthwatch Bedford Borough will be:**

- *a critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.*
- *seeking to empower all patients with confidence to make an informed choice about their health and social care needs.*

### **Our Mission is that**

**Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:**

- *provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.*
- *act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.*

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

## **HBB Board**

This is the body responsible for overseeing the work of the organisation.

Board members are:

- Anne Bustin (Chair).
- Linda Hiscott (Strategic Director)
- Laurie Hurn (Finance Director)
- Richard Winter

There is also one non-executive Director - Jon Boswell.

The Board meets on a regular monthly basis.

## Contact Information

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## HBB Staff

Soniya Dhariwal - Service Development Officer.  
Emma Freda - Communications and Public Engagement Officer.  
Laurie Hurn - Administrator and Company Secretary.  
Jennifer Foley - Signposting and Information Management Officer.  
Naomi Masih - Modern Apprentice/Administration.

## Important Note

HBB is a Community Interest Company (CIC). It is registered with Companies House as Company No 8385413.

The four Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

**The HBB strapline is as follows:**

*“A strong voice for local people”*