

**healthwatch**  
Bedford Borough

**Enter & View Visit**

**Hepworth House**

**23rd January 2020**



<b>Name and address of Care Home</b>	<b>Hepworth House</b> 1 St George's Rd Bedford MK40 2LS
<b>Description of care /service provided</b>	Accommodation caring for adults over 65 yrs with Dementia, physical disabilities or Sensory impairments, who also require support with personal care.
<b>Names of Authorised Representatives</b>	Faiza Al-Abri & Emma Freda
<b>Date of visit</b>	January 23 <sup>rd</sup> 2020

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## **Background**

As part of the Healthwatch Bedford Borough's (HBB) work on reviewing access and the quality of health and social care services, an Enter and View visit to Hepworth House was carried out on the 23<sup>rd</sup> January 2020.

This visit was announced. HBB sent posters to Hepworth house to be displayed ahead of time to ensure staff, residents and families were informed of our impending visit.

Hepworth House is a residential care home providing accommodation for older people, who may be living with dementia, a sensory impairment or a physical disability, who require support with personal care. During the visit there was one short stay respite care resident.

The home can accommodate up to 18 residents in single en-suite occupancy rooms, with one double room which has two beds. The additional bed in the shared room, until October 2019 was used for short term respite. The current manager asked for this practice to be stopped as the permanent occupant does not have capacity to consent to sharing. Since October 2019 the room has been under occupied by one bed whilst renovation is taking place to create the 18th bedroom. At the time of visit 17 rooms were occupied.

12 residents were local authority funded with 5 private beds. There were no continuing healthcare (CHC) residents at the time of visit.

## **Summary**

The visit provided an opportunity to review the provision of care holistically, including health, choice, meals, visitors, leisure and dignity. HBB spoke to residents around the home as well as staff and visiting family and friends. Prior to speaking with residents, their consent was sought. The overall state of the home was discussed as well as the services being provided and any recommendations/suggestion that could be made to develop or improve the current delivery of service.

Questionnaires were used as a means of collecting feedback. The Questionnaires included both open-ended and closed questions. Both provide quality comparable data which can be easily analysed.

Overall HBB found the home to provide a caring environment, however the home in general is outdated and requires major improvement.

## **Welcoming**

The visit started with HBB staff being greeted with a pleasant welcome into the home by the manager. HBB were prompted to sign-in using a visitor log book. The entries appeared up to date and showed regular use.

It was pleasing to note a pleasant aroma within the premises. HBB began the visit with a background briefing with the manager regarding the home and the residents.

The homes staffing comprises of:

- 1 Registered Manager (Had only been in post for 12 weeks at the time of visit)
- 2 Team Leaders
- 2 *Senior Carers*
- 5 Care Workers
- 3 Fulltime night staff
- 1 Bank day staff
- 1 Chef (full time) 1 (part time)
- 1 Activity Co-coordinator (Post of soon to be vacant at time of visit)
- 1 Handy-man

HBB noticed there was no staff photo board in the communal area to familiarise residents and visitors with staff, as well as helping to differentiate between different staff roles within the home.

### **Safety & Wellbeing**

The main entrance door is kept locked, it included a door bell which alerted the staff to visitors. Doors throughout the home have different pin codes to allow safe access for authorised staff to areas such as the medication room.

Call bells are fitted in numerous places around the home including resident's bedrooms, toilets, shower rooms and lounges. The call bells are connected to panels and monitors which alert staff and pinpoint the location of the calls. HBB observed the staff using this system proficiently and promptly.

Residents were using various mobility aids such as wheelchairs, walking frames and hoists.

HBB observed handrails throughout the building including the toilets and shower rooms. The corridors were clear for residents to manoeuvre around however there was a cluttered room filled with boxes, files and broken furniture on the top floor. HBB saw this as a safety risk hazard for residents as the door to this room was not locked and in fact the door was wide open. The room is directly opposite a resident's bedroom, as well as a risk hazard to the resident, this also posed a fire hazard. The state of the room was brought to the Manager's attention during the visit, who explained, the home had plans to convert the room into a designated staff area with files and the home is currently dealing with it.

The building has an old lift for people with limited mobility. The home has a full automatic fire alarm system and an emergency lighting system is also installed throughout the building. HBB observed appropriate fire extinguishers throughout the home including, carbon dioxide and water extinguishers. Once a week the fire

alarm system is tested throughout the home. The home has selected 3 fire marshals and fire training has been given to all staff.

Appropriate fire exit signs were visible around the home, as well as fire procedure certificates on bedroom walls.

Medication is being stored in a safe and temperature controlled room, out of reach and only accessible to competent staff, as well as the residents care plans and files. All daily logs and paper work are currently paper based, however the home informed us that they are currently in the process of moving over to electronic patient record software. The home has recently invested in iPads, which will be allocated to staff at the beginning of shift to use for their daily log entries. This will offer a vast improvement in terms of technological advancement and record keeping. The particular software that has been selected is also recognised nationwide, as one of the “UK’s leading care home management solution”.

A complaint and concerns poster was visible on the wall by the sign-in book. It was reassuring to see that visitor’s comments and opinions are welcomed and valued.

The home consists of two lounges, one day room and one quiet room. The day room has recently been refurbished to a good standard, offering a clean, modern look. The lounge had a flat screen TV with a cloud-based voice service attached (Alexa). HBB were impressed with this addition as it can respond to the resident’s simple queries and perform complex routines to provide information, entertainment, and general assistance using voice command.

When talking to residents, two residents raised concerns with us, one about their own care and the other regarding another resident. These issues were discussed directly with the home manager at the time of the visit, who agreed to start an internal safeguarding investigation and was able to feedback to us initially before we left the building. HBB followed up asking for clarification on what processes and actions had been taken since. HBB has followed this up accordingly.

Currently the home only has restrictions on visiting times after 9pm in the evening. The stated that they do not accept hospital discharges after 8pm.

The residents were asked what they would do if they felt unwell, one particular resident stated she would ring her buzzer “if staff only bothered to put the buzzer within reach”.

### **Activity**

Activities for residents appeared limited, there was no activity timetable displayed for everyone to see. At the time of visit, the home had a part-time Activities Coordinator who had just terminated her employment and was about to leave her post. Activities have previously been thought to include basic quizzes, singing, bingo, and physical exercises. After speaking to residents, they explained they would enjoy taking part in more structured activities. Residents also expressed taking an interest in memory games.

Residents were asked if they were included in the choice of activities, most residents appeared unsure whilst some said they did not re-call being given an option to contribute ideas. All of the residents spoken to said they would like to be involved in the contribution of the activities timetable.

Some of the residents HBB spoke with explained that although they cannot easily come out of their rooms they would still like to be involved in the activities. One resident requested for a one-to-one activity session, such as chair based physical exercises. This would be a good way of delivering quality care, based on the needs of service users.

Throughout the day the home appeared to have had sufficient numbers of suitable staff to keep people safe, however in regards to meeting the residents individual social needs HBB suggest the staff allocation is revised, in order to assist with activities such as card games, solving puzzles, audio books, etc. Especially for the residents that cannot make it to group activities in communal areas.

The Manager brought to our attention that an individual attended on a semi-regular basis and sang hymns to the residents. Residents told us that the individual in question only offered the same 5 hymns consistently at every visit, they found this repetitive and in some instances residents who would ordinarily take part chose to opt out based on repetition.

Most residents expressed religious beliefs, however, many of these needs were inadequately met. A thorough review of faith and spiritual needs of residents need to be undertaken.

Residents highlighted that a hairdresser visits once a week, however there is no appropriate place for appointments to take place, therefore the hairdresser sees the residents in their respective bedrooms. One resident, expressed her annoyance at having to bend her head forward over her en-suite bedroom sink and reported how uncomfortable this is. HBB suggest the home to look at ways to reduce discomfort, during what is supposed to be an enjoyable and relaxing experience.

### Outside space

It is very disappointing to note that despite the CQC inspection report of May 2019, the state of the garden does not appear to have changed. It is of vital importance to ensure that the garden is dementia friendly and easy to move around in, that surfaces are level and do not pose a health and safety risk, in regards to slips, trips and falls not only for residents but also for staff and visitors.

HBB were concerned at the height of the gate, which could provide unauthorised access to the premises. The fencing offered limited privacy to residents using the garden. HBB would like assurance that risk assessments for those residents who access the garden in its current state are in place and management of existing risks are adhered to.

## **Staff training and Qualifications**

All staff prior to commencing employment at Hepworth House are DBS checked. Suitable references are also a core requirement before starting work.

New employees have to complete a 4 day induction, where two of the days include shadowing staff. The different days consists of training, paperwork and daily log training. Staff are also required to complete manual handling and safeguarding training before becoming active staff members.

Upstairs near the staff locker room/toilet there is a staff notice board which displays posters and leaflets.

Hepworth House currently uses QCS Policies and Toolkits, and since the introduction of the new Manager, Hepworth House have introduced more stringent training including e-Learning modules.

The policies and information provided to HBB prior to the visit were clear and easy to read.

## **Privacy & Dignity**

HBB spoke to a number of residents and families with regards to privacy and dignity at Hepworth House. Residents expressed that overall they were happy with the level of respect dignity from staff. Residents were asked if staff knocked on their bedroom doors before entering to which they stated, in most cases they do. HBB observed staff at Hepworth House knocking on resident's doors before entering on numerous occasions.

Residents were asked if they are given the option of a male or female carer. All the residents who were asked said yes and majority stated they did not mind or have a particular preference. The manager stated that care plans are regularly updated and families are welcome to read and add information to the care plans after seeking appropriate permission.

Residents expressed they are mostly happy with the staff at Hepworth House and their level of care. Positive interaction was observed between staff and residents.

However due to the fact there wasn't an appropriate staff area available, staff were consistently observed using the residents dining area. This appeared intrusive for the residents and could be impacting on resident's willingness to use the communal dining area, particularly in relation to the level of noise.

One particular resident who did not speak any English, had trouble communicating with staff. It was very concerning to understand how this particular resident was given freedom to express himself and to offer individual consent. This was brought to the manager's attention, she explained his family are often contacted to interpret for him, as well as the home providing him with picture cards to assist his communication. This appeared limiting to both his individual communication needs

and didn't allow him choice. Such an individual needs the assistance of a registered interpretation service.

There were no bathing facilities within the home, only shower facilities with shower chairs if residents need the assistance. HBB felt this was limiting to patient choice, as the option for a bath wasn't available.

### **Dining/Housekeeping**

In regards to meals, residents are offered a choice of meals in advance of each mealtime during the day. Staff ask residents to make their choice of food three times daily. The vast majority of residents spoken to had issues with the dietary provision. HBB felt that the lack of wholesome meal choices were detrimental to the resident's wellbeing, both in terms of nutritional value and lack of aesthetic presentation especially for dementia residents. Meals appeared bland, uninviting and in some cases did not address cultural or additional dietary requirements.

A distinct lack of cultural awareness has meant that some resident's needs are left unmet. One particular resident stated "they occasionally offer us rice, but it's no good, she can do 300 things with a potato, I hate potato! I have to eat it because there isn't anything else to have". Such comments highlight the need for a radical re-think of the current menu choices to ensure they meet the individual needs of residents.

Given the additional communication needs of the residents, HBB were disappointed not to have seen picture based menus. This warrants further immediate attention in regards to choice and consent, this was queried with management at time of visit.

Residents reported that they are free to ask for something different as to what is on the menu however they were doubtful that other options would be provided.

### **Health provision**

80% of the residents were registered with the local De Parys group, however some had expressed a wish to stay at their existing GP practices. GP's currently perform home visits and were reported to generally arrive within 2 hours from initial contact. District nurses visit daily to administer insulin. This appears to be working well.

Whilst some residents reported on having had their flu jabs from local GP's they could not recall having any regular health checks. In relation to oral health monitoring and adherence to the NICE guidance, the guidance states that "All residents should have an "oral health assessment" when they move into the care home, with the result recorded in their care plan. The aim is to maintain and improve their oral health and ensure timely access to dental treatment".



Currently the home does not have a visiting dental service. Some residents reported not having seen a dentist or a denture specialist since before coming to Hepworth House. The home advised the new software they had adopted has a dental section that they plan to use as an oral care tool.

Whilst in situ we were shown a brochure for an optical provider who offers domiciliary visits and specialised in dementia care. The visit was pre-planned for the following day.

### **Infection control**

Hepworth House are expected to comply with the legal requirements of the regulated activities that they provide. Including health and safety regulations, control of substances hazardous to health, food safety and others.

There are hand sanitisers placed on walls in a number of locations around the home for staff, residents and visitors to use, this was refreshing to see as it demonstrates adequate infection control practice. This practice heavily reduces the risk of decontamination as well as complying with, 'The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance'.

According to most of the residents and families, cleaning rounds are regular and efficient, they stated that their bedrooms were cleaned daily. One particular resident was not impressed with the level of cleaning, however, they did agree it was regular. Staff were observed wearing uniform however no name badges were worn. HBB would suggest a revision of the policy around appropriate work force dress code as uniforms appeared inconsistent and in some cases and inappropriate for the work place.

There were colour coded infection control bins in every toilet that were emptied regularly. Disposables such as incontinence pads are dealt with appropriately.

The home does not employ a designated Laundry Assistant, therefore staff are currently expected to rotate laundry duties within their normal shifts. This reduces the number of staff on the floor, limiting staff attention to residents.

In terms of laundry services, there were no colour coded laundry bags. The home explained that dirty laundry was often taken straight to the laundry room.

The laundry is currently conducted in an out building which was in a poor decorative condition. Folding and sorting of clothes is done in the main building as there are no facilities for this in the current laundry room. The machines also appear to be outdated with visible peeling paint and rust on them. The owner advised us that the appliances were under a service contract and were only 2 years old. These were carried over from the previous home ownership. Discussion was had about updating these appliances.

Residents expressed their appreciation of the prompt return of their clothes from the laundry. They expressed occasional mix ups of clothes but also added it happens very rarely. Family were happy that the home labels the residents clothes.

The home has a medium-sized kitchen, with a hanging area with white kitchen coats and aprons. It appeared clean, there were colour coded chopping boards and utensils stored appropriately. A fire blanket was available and the cook wore appropriate clothing including a hair net.

Hand washing signs were available on the kitchen walls. Hand gels were also in reach.

### Conclusion

Overall HBB found Hepworth House to provide a caring environment for residents.

Whilst the day room has recently been refurbished offering a new and modern touch, it would be pleasing if the quiet room could be given equal attention, as residents use that room also. Despite some improvements, there is still no doubt a lot of work needs to be done on various features of the home, from health provision, introducing person-centred care, further staff training, to full refurbishment.

Staff job descriptions need to be reviewed and changed appropriately where responsibilities are clear and detailed. Health provisions need close attention as a whole from primary care, secondary care, and dental care to Opticians. Care plans require immediate review and more details need to be included in order for residents to receive the best person-centred care. Currently the home appears to be running a one size fits all approach which limits resident's choice and reduces satisfaction.

HBB were concerned with a particular resident who complained of constant worsening severe pain yet was unable to advise on whether he had seen anyone about this. This was raised with the manager.

It was exciting to notice the amount of digital transformation being introduced within the home, such as 'Alexa', Smart TVs and iPads. Technology has proven to be a great way of providing and storing data with its many tools to guide care delivery.

However, in regards to the residents it is important to keep in mind what they are familiar and comfortable with. As well as infusing the home with a modern aspect, keeping with current times it is also key to continue with and increase activities residents are familiar with.

HBB were impressed with the dementia friendly bus stop wall mural, that have been added upstairs.

It was very clear to see the initial impact the Manager has had on the home in the short period she has been employed. Residents highly compliment her efforts. Her plans for the future of the home appear promising and full of hope.

### **Recommendations**

- The garden needs to offer a dementia-friendly safe space for residents. One that is easy to get around for those with limited mobility, has points of rests and interest and is closed off so that residents who like to explore remain safe.
- HBB noticed there was no staff notice board in the communal area familiarising the staff at the home, HBB suggest this would be a good idea to look into as this can create positive communication opportunities between employees, residents and families/visitors.
- Outdated laundry appliances need to be looked at closely. The home should look into updating the laundry room and adding shelves with named baskets for clothes.
- More attention is needed on the dietary cultural needs of residents.
- HBB suggest a GDPR compliant Data protection sign in book, as a means of concealing visitor's sensitive data.
- A wider variety of activities should be offered, taking into consideration music, quizzes, arts & crafts and gardening.
- Uniform policy needs to be revised, as this was not consistent and in some cases appeared inappropriate for the work place.
- Ensure call bells are placed in residents reach.
- HBB suggest de cluttering the upstairs room and ensuring it is then put to good use, for either residents or staff. Potentially even as a hair salon for residents.
- A registered interpreting service should be sought for residents who cannot speak English or communicate with staff.
- Resident's religious beliefs need to be taken into consideration and options to continue practicing their chosen faith needs to be offered.

## Appendix 1 - Service User Comments

### Positives

- “I have visited my friend at Hepworth House for 8 years and I am very satisfied with the care and dedication of all staff and management”
- Name one good thing? “The standard of care”
- “New registered Manager is excellent”
- “I always get my clothes back the same day”
- “Big improvements being made - new television, big clock ad activities board”

### Needs improvement

- “Communication problem with some staff, but getting better”
- There is only one phone line in the premises and it is always engaged, second line could be considered for relative to phone residents.
- “Food is terrible. Really bad”
- “I call it a careless house rather than a care home”
- “Sometimes clothes go missing”

- Leisure activities -I'm unable to attend due to my legs, but only just got here so I don't know



## **Appendices**

### Appendix 2: Questionnaire

#### **Residential Care Home Visit Questionnaire**

<b>Name and address of care home</b>	
<b>Room number (if applicable)</b>	
<b>Name of the user of this service (optional)</b>	
<b>Names of Authorised Representatives</b>	
<b>Date of visit</b>	

#### **Purpose of this Visit**

The purpose of this visit is to obtain your views as a user of these services in terms of the quality and nature of care you receive. In carrying out visits, Healthwatch Bedford Borough may be able to validate the evidence that it may have already collected from, for example, other users, their carers and families, which can subsequently inform recommendations and be fed back to the provider organisation to take appropriate action to improve services if necessary.

#### **Note to Authorise Representatives:**

\*Please tick and make comments in the boxes provided as appropriate and check with the user throughout that their answers are accurately recorded.

#### **A. Provision of Care**

1. Are you happy with the staff and do they treat you in a kind manner?

**Always**       **Usually**       **Rarely**       **Never**

2. Are your wishes carried out in a private and dignified manner in respect of Personal care, washing and bathing and help with dressing?

**Always**       **Usually**       **Rarely**       **Never**

3. Do you have a say in who cares for your personal needs (e.g. male or female carers)?

**Yes**       **No**

4. How often is your room cleaned per week? \_\_\_\_\_

**General comments/summary Section A**

**B. Leisure activities**

1 Are social events organised?

**Always**       **Usually**       **Rarely**       **Never**

2. Are you involved in deciding what and when activities take place in the home?

Yes  No

**General comments/summary Section B**

**C. Health provision**

1. What do you do when you feel unwell?

2. Do you have access to a Dentist or Optician?

Yes  No  Not necessary

3. Do you receive general health checks on a regular basis?

Yes  No

If so, please state how many times per year? \_\_\_\_\_

**General comments/summary Section C**

**D. Choice**

1. Do you always get your own clothes back after they have been laundered?  
And how long do you have to wait?

Yes  No  Not applicable (i.e. I do not use the laundrette)

2. Can you choose what time you go to bed and get up?

**Always**

**Usually**

**Rarely**

**Never**

3. When you are unhappy with anything is there someone you can talk to in confidence?

**Yes**

**No**

4. Is the level of noise at the home acceptable?

**Yes**

**No**

5. Do you have any religious requirements?

**Yes**

**No**  – If your answer was no, please skip to section 'E'

If so, are you able to attend places of worship (e.g. Church, Mosque, Gurdwara etc.?)

**Yes**

**No**



**General comments/summary Section D**

**E. Privacy**

1. Are you able to lock you room when you leave it unattended?

**Yes**       **No**

2. Do staff knock before entering your room?

**Always**       **Usually**       **Rarely**       **Never**

**User`s general comments**

**F. Meals**

1. Is there a good choice of food on the menu?

**Yes**       **No**

2. A) Do you need help to eat?

**Yes**       **No**  – **If your answer was no, please skip to question 4**

b) If so, is assistance provided in a dignified manner?

**Yes**       **No**

3 Do you have any special food requirements (e.g. allergies, religion based, diabetic etc.)?

**Yes**  **No**  – **If your answer was no, please skip to question 5**

If so, are these met to your satisfaction?

**Yes**       **No**

4. Can you have, or make a snack or drink?

**Yes**       **No**

5. Is it possible to have meals or drinks other than at set times?

**Yes**       **No**

6. Can you have breakfast in bed?

Yes

No

7. Can you choose whether to go to the communal area or stay in your room?

Yes

No

### General comments/summary Section F

### G. Visitors

1 Can family and friends visit at any time?

Yes

No

2. Are there places where you can spend time in private with your friends/family?

Yes

No

3 Are family and friends able to take you out on visits with them?

Yes

No

4 Are pets allowed in the care home?

Yes

No

5. If so, are you allowed to take them out for a walk?

Yes

No

**General comments/summary Section G**

**General**

1. If you could make one change about the care home what would it be and why?

2. Name one thing good thing about the care home

3. Name one thing that you do not like about the home

Are there any other comments you would like to make about the service and care you receive that we have not asked about?

**General concluding comments**

## 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. The individual Directors are:

- Anne Bustin - Chair
- Linda Hiscott
- Laurie Hurn
- Ashok Khandelwal

- Tracy Cowan - Non-Executive Director  
The Board meets on a regular monthly basis.

### Contact Information

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Office telephone: 01234 718018

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### HBB Staff

Faiza Al-Abri- Service Development Officer.  
Emma Freda - Communications and Public Engagement Officer.  
Laurie Hurn - Manager and Company Secretary.  
Jennifer Foley - Signposting and Information Management Officer.  
Shanice Dadhria - Administrative Assistant

### Important Note

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

The five 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”***

The logo for Healthwatch Bedford Borough. The word "healthwatch" is written in a bold, lowercase, sans-serif font. The "h" is blue, "e" is pink, "a" is blue, "l" is blue, "t" is blue, "h" is blue, "w" is blue, "a" is blue, "t" is blue, "c" is blue, and "h" is blue. The "o" is replaced by a green circle. Below "healthwatch" is the text "Bedford Borough" in a smaller, blue, sans-serif font.

**healthwatch**  
Bedford Borough