



Enter and View Report

Details of visit:	Blossom Care Home
Service address	10 Church Street, Ravensthorpe, Dewsbury
Service provider	Blossom Care Home Limited
Date and time	28 th September 2015
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Acknowledgements

Thank you to all the service users, staff, visitors and relatives at Blossom Care Home, who spent time talking to us about their experiences of using services or working here. Thank you to Anuradha Sachdev (Person in charge) and Ruchi Malik the new service Manager for helping us to arrange our visit, for talking to us about how the service operates and for taking the time to show us around Blossom care home.

Disclaimer

Please note: This report relates only to a specific visit and the report is not representative of all service users (**only those who contributed within the restricted time available**)

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch Kirklees to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may look at a single issue across a few settings, or may be in response to local intelligence about a single setting. We may visit services because they are located in an area we have not visited before or deliver a type of service we want to know more about, to help us to understand how that kind of service works.

The Service

Purpose of the premises/service

Blossom Care Home is registered to provide residential care and respite for older people.

Staffing and client numbers of the day of the visit

On the day of Healthwatch Kirklees visit there were 12 Residents at Blossom Care Home the day of our visit. The home can accommodate 19 residents when full.

Staff on at the time of our visit were the registered person in charge, service manager, 1 senior care worker, 1 care worker and cook.

The Visit

Methodology

We completed an announced visit of Blossom Care Home which took just over two hours to complete. During the visit we consulted with residents, visitors and staff.

We agreed that this visit would be informal. When speaking to residents, we used prompt sheets with questions around choice and dignity, food choices and activities, but questions were not asked in a specific order, nor were all questions asked of all residents. Some of the residents at Blossom Care Home have mild dementia. It was hoped that this unstructured method of speaking to clients would help to engage them in free-flowing discussion on their experiences of using Blossom Care Home. We also observed body language to gauge interest in what we were asking. We noted people's comments as they spoke to us, after getting their consent to do this.

In addition, we wanted to report on the overall impression of the Blossom Care Home, including the atmosphere, appearance and smell and whether clients seemed satisfied to be there; we used the five senses method.

Focus/Strategic driver

The focus for this visit was to gather feedback on how the service ensured that people needs were met, access to activities and choice of meals. We additionally looked at activities provided at the home. Our decision to visit Blossom care home was to learn more about the service provided and because it was an area we hadn't visited yet.

Who we spoke to

We spoke to seven residents staying at the home. Visitors had the opportunity to speak to us directly or fill in a survey about their friends or family member's experiences of Blossom Care Home.

Staff had access to a survey about working at the service which they were able to post in our ballot box at the time of the visit. Service users and relatives were given instructions on how to star rate the service on our website.

Overall Impressions

Premises

The home is a two storey building in a residential area of Ravensthorpe opposite a local church, just a short walk from the busy main road with many local shops nearby. The service has roadside parking and a small car park at the rear. There is a garden to the rear of the property, which we were told was a secure area but we didn't access this ourselves on the day. The décor of the home was in need of freshening up as it was tired looking but it was explained to us that the home was having changes in preparation for a new registration application, should this be successful plans were in place to re-decorate at this point. They were applying to offer beds for people with specific nursing needs related to dementia.

On the ground floor there was a dining room with a lino floor. There were two tables in this area both seating six/eight people on each table. The chairs around the table were inviting, a resident chose to sit here and join us during our initial meeting with the manager and appeared relaxed about being there. The room itself seemed empty with just the two tables, although the décor was light in colour it lacked soft furnishing to make it homely looking.

The attached large lounge was carpeted with the chairs placed along the walls and a television mounted on the wall at the far end. The conservatory attached to the lounge at the end of the room was a bright sunny area; the chairs were arranged to be closer together encouraging more conversation. This door (French windows) was very stiff to open when we accessed the room. No residents were using this room at the time of our visit and the door was shut; it was explained by the manager that one residents doesn't like it open. We witnessed staff members using this area for a private handover talk. We were told this area was often used for family visits.

The staff office, kitchen, resident's bedrooms, communal toilets, shower room and bathroom were also on this floor. The bathrooms were clinical looking areas.

The notice board displayed some local news and information which were a few months old, the board was overcrowded.

The temperature of the service felt comfortable and the atmosphere was calm. The areas we visited seemed visibly clean but we noticed an unpleasant urine odour in some areas of the home. This was mainly the foyer as we entered and the toilets near the main entrance it was noticed that one of the resident had a strong urine smell when they passed by on two occasions. We discussed the smell in the communal areas with the manager later.

Visitors are welcome at any time although asked not to come at mealtimes. The service is happy to provide a meal if advance notice is given, no charge is made for this.

Home has a cat called Beefy and when asked they said they are happy to take other small pets but these would have to be risk assessed at the time.

Upstairs

The upstairs area consisted of residents' bedrooms, shower/bathroom. The upstairs lounge was unused at the time of our visit. The manager informed us that this was in the process of been changed to support residents with Dementia.

Accessibility

Blossom care home is well signed building, the entrance itself was not immediately obvious, as it was set back around a metre from the pavement. There was ramp access and steps leading to the small front door. The rear garden also had ramp access.

Inside the building the entrance and corridors were narrow and we didn't notice any hand rails to support independence. The signs on doors were in an unusual script with no pictures, the manager later told us that they had arranged for suitable signage to replace these and the handy person was organising this to happen very soon. There was both a lift and stairs between the floors, we did not use the lift during our visit and didn't witness the residents either.

Health and safety

The home was in the process of fitting safety gates on the Staircase. This consisted of a glass gate at the bottom of the stairs but was not, as yet, finished. The gate was not in use.

Interactions between staff and residents

We noticed residents seemed chatty and relaxed at the home. The staff interactions we witnessed were warm, cheerful and respectful. Some residents had been living at the home many years and told us staff were very good and knew them well. One resident explained that even though staff had lots to do, they had time to talk, even the chef asked them what they liked.

"She's lovely her" (pointing at a staff member)

"They are kind to us, the staff are good"

Visitor's comments

"Staff are really nice and caring, my husband is looked after and better here"

Staff member said (from survey) that they knew the residents well and most of the time there is enough time to talk to them.

"We sit with residents one to one almost every day and families tell us a lot about them"

Food

Home cooked food is prepared on site. A menu was displayed for lunch and tea time in the dining room with a choice of two meals on the menu board. The chef explained the menu was changed as regularly as needed but mainly stayed the same as he knows what residents like. The manager explained that staff take notice if someone doesn't eat something and make a note of this. All residents are asked individually about the changes in meals to see what they want. The chef asks residents daily what their selection from menu choices at the beginning of the day. Some residents told us this when we talked to them, explaining they were looking forward to their chosen meal later. Food can be provided at other times, as requested.

Staff collect food through a serving hatch from the kitchen in to the dining room, which they serve directly to the residents. Meals provided are; full breakfast or cereal then cooked lunch and a cold or snack type tea. Some residents told us they really enjoyed the main meal -but cooked breakfasts were mentioned by the majority of residents we spoke to, all enjoying this.

“I had a bacon sandwich this morning” a resident told us.

Fish and chips from the fish shop are served for Saturday lunch everyone seems to enjoy this the manager informed us.

We asked about residents getting independently involved in making any meals. The manager told us that no residents have expressed an interest in getting involved in doing this, if someone wanted to they would risk assess this at the time.

One resident we spoke to felt the meals were too close together and the breakfast stopped too early, as they liked to stay up late, others seemed unsure of the times of food. Residents agreed the chef was good and some told us he came and chatted about food choices, he seemed like a popular person. Drinks were served by staff during our visit and residents had access to drinks on the tables at the side of their chairs also.

One resident said *“I have difficulty with cutlery but I'm determined to manage independently and having a small appetite it's not so bad”*

Visitors can stay for lunch and the large table is available for family meals if needed.

“Not a big eater, like breakfast”

“No complaints”

“Food good”

Activities

We were told that activities are provided by care staff at around 11am each day and sometimes in the afternoon. There wasn't an activities plan displayed, the manager

explained that residents were spoken to on a one-one basis and asked what they would like to do. The activities include, Jenga (block building game), cards, and music. On alternative months entertainers come to the home to provide a singing activity. The hairdresser comes weekly on a Tuesday and care staff paint nails and perform hand massage occasionally for residents should they require this. A lady previously has come in to do exercise but only a couple of the residents participated in this at the time so this has fallen away. The home held a BBQ last month for residents and relatives.

A couple of the residents had puzzle books or magazines to read but we didn't see any evidence of other books around the home. At the time of our visit the television was initially on, playing loudly in the downstairs lounge and latterly a care worker sat with the residents playing guess the music/artist game on a DVD. Some residents seemed engaged in this activity.

When we spoke to residents about what activities they get involved in or what they like to do at the home, some mentioned that they was nothing to do. A resident explained they would like to have visits from a dog as they had always had a dog and did not really like cats. Another mentioned there was more to do at a previous care home they had stayed and would prefer to be there, as there was more to do and interest them.

Some residents we spoke to didn't know what they could do, or wanted to do when asked what they would choose. One resident said they liked to go to the corner shop to get things like, bread and a staff member supported them to do this. We were told by another resident that loss of mobility and arthritic hands stopped them getting involved in some activities provided.

“Not really do anything- happy to sit”

The results were varied on involving visitors and relatives in choices of the planning of activities provided in the home with one saying yes and others saying unsure or no.

Choice and Dignity

Residents can have their own ornaments, furniture, pictures and photos in their bedrooms and the manager said she was happy to paint the room as required, in colours to suit. We were told there were call buttons in bedrooms to ask for help when needed. Staff were visible in the main communal areas. When we spoke to a resident who preferred to stay in the privacy of their own room and watch TV or read, they informed us that they just came to dining room for meals or when they felt like it. We also witnessed that some residents choose to have their bedroom doors open and others theirs shut.

There was one bathroom on the ground floor with a bath. The manager told us that most people prefer to use the shower rather than having a bath. We asked if residents were aware the bath was available she informed us that residents were asked and most choose not to use. Also the hairdresser uses this room when they come so residents are aware there is a bath should they want one.

It was explained by the manager that resident's choices are met around food. When a resident or family member tell staff about choices they like or dislike they try their best to accommodate. If a resident doesn't like seeds in their jam we get it without.

One resident told us they were very grateful for the considerable care shown during a recent hospital visit when a staff member stayed with them until needed, when a relative was not able to get there. They felt informed about their care as the staff member explained to them what was happening and then informed their relative later.

A resident said that sometimes the staff visited with their own children and they enjoyed this.

Some residents explained they depended on staff for help but tried to be as independent as possible themselves, they had help with dressing and getting out of clothes.

“Like been at home”

“Come when needed”

“Do feel looked after”

All three visitors filling in the survey agree that the home was catering for the individual needs of the person they visit and that they felt safe at the home. Two agreed that they felt involved and informed in their care with the third saying sometimes. One visitor said the support from other health and social care services who come into the home were good, the staff survey also said good service provided.

One visitor had concerns about whether the person they visit had their toileting needs met. They reported that the resident has been left waiting to go to the toilet sometimes. We were informed that the visitor has already taken action to address this but still has concerns about this.

Additional Findings

Resident's comments about Blossom Care Home.

“No complaints”

A resident agreed he was comfortable here *“it's not bad”*

“Happy to be here”

The results from visitor's surveys about how they rated the service and the personal care of the person they visit receive was varied with one person saying *“very good”* another *“good”* and one scoring *“average”*

Changes suggested by visitors were

“Re-decoration of the home”

“Just to make sure [resident] gets to go to the toilet when s/he needs to and just to make sure s/he gets good care”

The one staff survey we received said that it was very good working at the service and they were happy with their work load most of the time. Staff are offered opportunities for further training and they would feel comfortable speaking to a senior member of staff with any problems or concerns relating to work.

They thought that the overall service for residents was very good and they would recommend this care home to their own family and friends.

When we asked what would make services better for residents?

“More training for some staff”

What do you think is good about this care home?

“It’s a small cosy home. We are more like a family to each other. Good quality of care as well”

Conclusion

During Healthwatch Kirklees’ visit we found Blossom care home to be friendly, and most residents spoke positively about their experience of living there. We spoke to seven residents during our visit who appeared happy and content to be there and many commented on the high quality of the food, especially the breakfast.

However residents’ comments about the provision of activities to keep them entertained informed us that Blossom care home may be lacking in this area. We felt that the less frequently used rooms such as the conservatory would be more inviting with the door open, as this was a pleasant sunny area to sit. We found that the residents enjoyed reminiscing about past times with us and felt this could be incorporated in activities provided.

The staff interactions we witnessed were warm, friendly and caring. All residents looked well cared for but concerns around some toileting needs were highlighted on the surveys completed on the day.

It was encouraging to see that the feedback we discussed with the manager on the day was taken seriously and noted down and the plans to re-decorate were a positive step. Although no individual comments were made by the manager for the recommendations, she has contacted Healthwatch Kirklees to assure us that they will rectify any problems and work on the recommendations.

Recommendations

Enter and view Recommendations	Feedback from Blossom Care Home
<p>We recommend that a set period of time is protected each day for a named care worker to run activities.</p>	
<p>We recommend that an activities board is displayed to promote the activities being held there. It can be as flexible as is needed, however it is important for residents to be able to see what is available and have something to look forward to doing during the coming days or week. It will also enable visitors to see what is available for their loved ones to do and to ask them if they have participated.</p>	
<p>We recommend that an environment to encourage group and individual engagement in books or reminiscing material and memorabilia be provided in communal areas.</p>	
<p>We recommend that residents are encouraged and supported to use the rooms that are currently unused, such as upstairs lounge and the conservatory. These could be used as activity or reminiscence rooms.</p>	