

# Enter and View Report

Bentley Court Care Home  
Semi-announced Revisit  
24 January 2020



**healthwatch**  
Wolverhampton

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## What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows 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, optometrist 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and 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 Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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## Provider details

Name and Address of Service: Bentley Court Care Home, 29 Nordley Road, Wednesfield, Wolverhampton, WV 11 1PX

Manager: Rebecca Steadman

Service type: Care Home

Client type: Care home with nursing for residents of old age or dementia.

## Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Care Home Manager, staff and all the residents and family members for their co-operation during our visit.

## Disclaimer

Please note that this report is related to findings and observations made during our visit made on 24 January 2020. The report does not claim to represent the views of all patients, only those who contributed during the visit.

## Authorised Representatives

Mary Brannac, Lead Authorised Representative

Ashley Lovell, Authorised Representative

## Who we share the report with

This report and its findings will be shared with Bentley Court Care Home, local Wolverhampton Councillors, City of Wolverhampton Council, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

## Healthwatch Wolverhampton details

Address:  
Regent House  
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## Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Purpose of the visit

A semi announced visit was undertaken at Bentley Court Care Home in response to intelligence received from Healthwatch Wolverhampton stakeholders. Healthwatch Wolverhampton also undertook a visit to Bentley Court Care Home in August 2018 where 32 recommendations were made, so this was an opportunity to revisit.



*Bentley Court Care Home*

## What we did

Authorised Representatives introduced themselves to a member of staff who lead them into the staff room to meet the manager. The purpose, timeframe and structure of the visit were explained to the manager before being taken on a tour of the home by a senior member of staff. Authorised Representatives then engaged with residents, relatives and staff on each floor of the home.

During the visit we engaged with four residents and two relatives.

## Summary of Findings:

Authorised Representatives were very impressed with the change the home had gone under since our last visit. Clear progress has been made to the quality of the home as well as the quality of care. Both residents and relatives felt heavily involved in the care received. Staff actively communicate with both residents and relatives and an obvious sense of community was felt by the Authorised Representatives on the visit.

## Findings:

### Environment

#### External

The care home was purpose built 10 years ago and provides care for 77 people. The exterior of the home was well kept and had a small car park adjacent. On arrival, the car park was very busy due to the workman carrying out home refurbishments.

#### Internal

The reception area was bright and open, Authorised Representatives were asked to sign in and use the hand gel. By the signing in book, there were resident surveys and feedback slips. The reception area had tea and coffee facilities, leaflets about the home's monthly activity schedule and 3-weekly food menus on display.

The home was under refurbishment at the time of our visit, new vinyl floors had been laid throughout the home for easy maintenance, along with new fittings and furniture. The corridors were wide and newly painted and decorated with images of movie starts from the fifties and sixties. Music from the same era was also softly playing throughout the home. There was a wheelchair 'car-park' on one the corridors where wheelchairs were kept when not being used to keep corridors and rooms clear of clutter.

The home was currently creating a new bar area, complete with pub stools and a Bluetooth juke box. Residents will be able to use this area for different types of activities and were able to receive a beer for a monetary donation. On the day of our visit, staff were preparing the home for a Scottish Burns Night celebration.

Residents doors had been painted different colours and door numbers added to resemble front doors. Residents rooms were personalised with photographs, trinkets and other decorations and had recently had new vinyl floor applied.

The home was split across two floors with dementia residents living on the bottom floor, this was a recent change, so they are able to access the garden more easily. Each floor had its own lounge and dining room. One resident was affected by the move but was understanding of the change.

Signage had also improved since our last visit; signage was large and colourful with images depicting the name of the room.

Authorised Representatives on the visit were impressed to see such a big physical change in the environment and remarked that it felt like a different home all together.

## Essential services

Residents explained that they were able to access additional services when they needed to. One resident told Authorised Representatives that the GP carries out visits in the home. Another resident explained that the home is really good at arranging for them to go into hospital to have their catheter changed when needed.

The relatives that engaged with Authorised Representatives felt confident that their family members are able to access additional services when needed and that the home were good at informing and involving them when visits to the GP or hospital were needed.

## Access

The residents who engaged with Authorised Representatives were all reasonably happy and content in the home. Some residents said it was their “home”, whilst another said they were; “reasonably happy but I would rather be at home. It’s just not possible anymore. I am happy here.” Another resident told Authorised Representatives; “I do like it here - they look after me”. Residents seemed content in the home, they were observed regularly interacting with staff.

Relatives were also happy with the home and that their residents felt the same way. One relative explained that their resident seemed happy in the home, they are unable to communicate it to them but the relative had no concerns. Another relative told Authorised Representatives; “they look after [the resident], they treat [the resident] well. [the resident] is doing much better here.”

## Safe, dignified and quality services

The residents that engaged with Authorised Representatives felt safe in the home, one resident said; “I don’t feel safe anywhere else”. Residents also felt that staff treated them with dignity and respect and that they are friendly and helpful. One resident said, “they always do their best for me”.

Residents felt that the staff were relatively good at responding to them when they press the call buttons, one resident said; “all I have to do is press this button and they come to see me in about five minutes”. No residents raised any issues with the length of time they wait for assistance or staff attitude.

It was also observed by Authorised Representatives that staff were continually checking in on residents throughout the home, helping residents to the toilet or just checking to see if they were okay.

Relatives felt that their family members were safe and that they were treated with respect and compassion. One relative did raise a concern with Authorised



Representatives during the visit, this related to bruising on the arms of their family member, they suspect this was down to the medication they were on and not anything untoward, but when they had asked the home they did not get a response. This was brought up with the manager during the end of the visit who explained the bruising was because of the condition and medication of the resident, they also informed us that they had informed the relative before. The manager asked a senior member of staff to discuss it with the relative immediately. While the relative felt their family member was safe, the perceived lack of communication when asking about their care was a concern for them.

Other relatives spoke highly of the staff during the visit saying that they are very helpful and friendly towards them and their relatives and that when they need assistance staff are quick to help.

## Information and Education

We asked residents if they received a welcome pack when they arrived at the home, the majority said they remembered getting a pack, while some couldn't remember but felt that their family members might have received it on their behalf.

Some residents explained that they receive leaflets on a monthly basis about what is taking place at the home, and that staff also talk to them about activities to see if they want to get involved. One resident said **“the staff always let me know if anything is happening. It's not a problem for me to find things out.”**

Residents also mentioned that they had seen the notice boards around the home and felt well informed.

Relatives remembered being provided a welcome pack as well as getting regular newsletters and information about activities taking place at the home and updated about the care of their relatives. On the whole relatives felt very well informed about the home and the care of their family.

One relative did explain that while generally they are well informed, when they first started using the home they were not informed about hairdressers and chiropodists etc. and did not know that the resident was using them until they received a bill for the cost, they informed the home they didn't want these extra services provided by the home and that alternatives would be arranged. The home was very accommodating to the request.

## Choice

Residents were asked if they had a choice regarding their clothing, food and drink. The majority of residents felt that they did have a choice. Another resident said they did have a choice over their clothing, but they didn't really care what they wore.

One resident explained that they had a choice over the food they ate, but that sometimes there's nothing on the menu that appealed to them, but staff would offer the choice of a sandwich which they liked. One resident with dementia explained that they are shown cards with different meals so that they could choose from that. Another resident explained how "I don't like the fish and chips this place makes, but there is a lovely chippy down the road so my son will pick some up for me".

Residents also mentioned that they are able to wake up when they wanted to, and that they had a choice of when they had a shower. One resident said, "I choose when I want a shower and the staff are good, they help me".

Residents also described how they chose what activities they got involved with, and that they did not feel pressured to get involved.

Relatives explained that they were able to visit when they wanted to, and staff would check in on relatives if they hadn't turned up when they normally did. One relative said; "I'm here every day, but when I had to have an operation on my eye I wasn't here for a few weeks and the staff check in on me." Another relative said "I can come when I want to. The staff chase me up sometimes if I haven't visited for a bit which is good to know".

Relatives told Authorised Representatives that there was ample choice of food and drink available. One relative explained that their family member had to be "force-fed otherwise she won't eat".

## Being listened to

Residents felt that they were able to talk to staff, ask questions and raise any concerns. They also felt that their views were listened to and acted upon if they did raise anything. One resident said, "oh yes they do listen to me, and they always do what they can". Residents also felt that staff actively sought the views of residents.

Residents also felt that they would be able to make a complaint if they needed to, one resident said, "I know how to make a complaint, I haven't had to yet but if I had to I would."

Relatives felt that they were “definitely” listened to and that staff were “very keen to listen to me, your always welcome to talk to them”. Relatives also felt able to make a complaint if needed.

## Being involved

Residents explained that they were able to get involved in the home’s activities and resident meetings if they wanted to. Some of the residents didn’t want to get involved but liked to at least be offered the opportunity.

Residents also felt that they were part of a community, even if they didn’t actively get involved. One resident told Authorised Representatives they had always been made to feel part of the community.

Relatives spoke of how they were involved in the care plans when they first came to the home but after the initial involvement, they hadn’t seen them again. One relative said, “I haven’t seen it for a while now”. Another relative didn’t trust the recordings of what their relative was drinking, saying that even if the resident isn’t finishing the drink it is recorded as if they had.

Overall, relatives said that they felt part of the community at the home and were sure that their family members also felt the same. In addition, one relative told us of how the care of the relative had improved since leaving hospital.

On the whole relatives and residents were very positive about the home, their experiences and the staff. Authorised Representatives also had passing conversations with staff who felt that since the new manager had been in post they had noticed “big changes, improvements really”. One member of staff explained that they had had several managers during their time at the home and it was the “best” she had known it. Staff were observed having light-hearted conversations with residents, joking as well as singing. Initial impressions were that staff also seemed very happy at the home. It was also observed that several staff were talking about what they could do to celebrate Chinese New Year at the home with the Activity Co-ordinator.

## Recommendations

1. Ensure concerns of residents and relatives are dealt with promptly and that any conversations regarding these are recorded accurately.
2. Ensure relatives are made aware of any additional costs that they may incur.
3. Ensure that consumption of food and drinks are recorded accurately.
4. Ensure relatives are included in the reviews of the care plans.

## Questions

1. Is feedback collected acted upon? If it is, are changes made because of feedback shared with residents and relatives?
2. Were residents consulted about the maintenance changes to the home?
3. Were dementia residents consulted before being moved downstairs?
4. Are newsletters shared with residents as well as relatives?
5. How many food options are residents given at each meal time?

## Provider feedback

### Recommendations

1. **Ensure concerns of residents and relatives are dealt with promptly and that any conversations regarding these are recorded accurately.** Concerns and complaints are logged within the quality assurance system and are responded to accordingly, VIA written letter or verbal feedback, any feedback received is discussed as part of the daily flash meetings held within the service, relatives are made aware of any incidents or accidents and the outcome of these inclusive of the safety huddles held by staff members,
2. **Ensure relatives are made aware of any additional costs that they may incur.** On admission to the care home residents are issued with a welcome pack for themselves/relatives/ visitors to read outlining each of the services that frequently visit the home, residents who have capacity are informed of services that are due to come into the home and are asked if they would like to use their services and a fee list is issued to residents if they require a copy, otherwise they are informed verbally, for persons who lack capacity staff act in their best interest and consult with family members in relation to if a person requires the service being provided and costs are usually confirmed before services are offered,
3. **Ensure that consumption of food and drinks are recorded accurately.** Staff have received training in relation to completion of supplementary charts for our residents, the charts are checked by the nurses on a shiftily basis to ensure compliance and accurate recording, staff have also received training in relation to nutrition and hydration and are aware of the impact that any false recording may pose on the residents care, weights are monitored on a monthly basis unless a resident is posed at risk of malnutrition or dehydration, this is based on the clinical judgement of our nurse team and external health professional input and guidance, such as GP, Dietician or SALT teams,

4. Ensure relatives are included in the reviews of the care plans. During the last 7 months, relatives have been asked to arrange care review meetings with the nurse teams, the letters are issued and posted and they are also displayed on the notice board when you enter the service, I am able to confirm that nurses have been very proactive in relation to planning for care reviews with 60% of the service receiving care reviews with a representative throughout February with the remaining 40% planned for completion in March 2020

#### Questions

1. Is feedback collected acted upon? If it is, are changes made because of feedback shared with residents and relatives? , Resident and relative meetings were being held monthly in 2019 but due to the lack of participation a review has taken place resulting in these meeting being held quarterly in 2020, minutes are taken from these meetings and are usually displayed on the notice board, we also have a y” you said “we did “ board where suggestions that people have made have been acted upon and changes have been made, residents are frequently asked to complete short person centred surveys in regards to the care provision, activities and meals, and if there are any concerns or suggestions these are acted upon immediately, again all evidence is located as part of the quality assurance programme, residents are also asked to complete a survey on a quarterly basis which feeds into priory groups internal quality assurance system,

2. Were residents consulted about the maintenance changes to the home? Residents/relatives/visitors and advocates were all consulted in relation to the changes to the home, inclusive of colour schemes, which room they would prefer and if they wished for their room to be painted a different colour etc...

3. Were dementia residents consulted before being moved downstairs? As above, we also acted in a person’s best interests discussing the potential move with representative for each person and gave resident autonomy in relation to choosing their room and looking at different ways we were able to set out each area of the service,

4. Are newsletters shared with residents as well as relatives? Newsletters are issued to residents on completion a copy is left in the residents rooms as well as being left in easy reach across the service,

5. How many food options are residents given at each meal time? there are 2 main food options, plus a vegetarian options, plus alternative options such as light meals, all of our residents are offered choices regarding their meals either VIA show plates for persons who lack capacity or visual menu options for those who have capacity, if any person does not like what is on the menu we ask them what they would like and this is sourced for them.

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