

# Enter and View Report



**Badby Park, Daventry**

**December 2015**



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# Details of the Visit

Name and address of premises visited	Badby Park Care Home; Badby Road West, Daventry, NN11 4NH
Name of service provider	Martyn Smythe-Hudson, Registered Manager, for Badby Park Ltd
Type of service	Specialist Nursing and Rehabilitation facility
Specialisms	Acquired brain and spinal injuries, Neurological illnesses and disorders. Long term care, respite and palliative care
Date and time of visit	10am-12.30pm 1 December and 2-3pm 18 December 2015
HWN authorised representatives undertaking the visit	Gina King, Peter Treadgold, Lynda Moran, Wendy Randall
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

## Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Badby Park for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

## Disclaimer

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



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# About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy ([www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



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research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

## Enter and View

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

Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more



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detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

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

## Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. Badby Park was selected as one of the homes to visit as some minor concerns had been expressed by a GP practice manager we spoke to while carrying out a GP patient experience survey.

## How the visit was conducted

The visit was an announced visit with the Manager being given six weeks' notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with a number of residents. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised.

A second visit was carried out to visit the Lantern Unit two weeks later as this was shut during the first visit due to an outbreak of diarrhoea and vomiting.



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# Observations and findings

## About the home

- The home is a large and impressive house, built as a private residence in 1826. It is surrounded by open countryside and 60 acres of farm land.
- The property was purchased in 2005 and following extensive refurbishment and a purpose built extension it opened as a Specialist Care Centre in 2009. There is a large sheltered and walled garden which is used by the residents.
- The manager told us that there are 200 staff in total, approximately 150 of which are full time. There is a management team which includes a director of clinical services, human resource manager, finances, facilities manager and a senior nurse manager.
- Since the current owners acquired the business in 2012' there has been an emphasis on holistic care and enhancing the therapy available. This now includes music therapy, occupational therapy, well-being facilitator, psychologists, dietician and a social programme of events.
- The reception area is welcoming with pleasant and well briefed staff readily available. Care is taken to ensure that relevant doors are secured and that visitors, including relatives, are identified (by lanyards) and that they sign in and out.
- There are currently 66 residents and there are places for up to 68. Residents come from both local areas and sometimes much further afield.
- There are plans for another 17 bedded unit.
- The Lantern Unit looks after 12 severely brain damaged patients, many of whom were out of bed in specialised wheelchairs. The staff were enthusiastic about the length of time the chairs allowed people to spend out of bed (2-4 hours). These chairs are funded by the NHS, but their provision has to be agreed by the Commissioners which takes time. One resident was undergoing a SMART assessment.
- The Arbury Unit has 27 beds for residents with acquired brain injury requiring rehabilitation or long term care. Although the Unit is on the 2<sup>nd</sup> Floor it has a large terrace area providing residents access to fresh air.
- The Meadows Unit has 29 beds for residents with progressive neurological conditions such as Huntington's Disease and Early Onset Dementia.

## General impressions of the home

- The general impression gained of the home was that it is clean, light, airy and spacious. There was a calm atmosphere throughout. The overall feel tended



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towards clinical rather than homely, though we were told by the Manager that following redecoration many new pictures have been ordered to brighten the walls though measures need to be taken to ensure that these will be safely secured.

- Staff were mindful of the safety of residents throughout our visits. All areas were well staffed.
- One medication trolley was observed during the visit and the senior nurse assured us that correct training was given and procedures followed in the administration of drugs.
- During our second visit workers in the home were busy arranging newly arrived furniture including easy chairs, coffee tables and sofas for a comfortable gathering area for residents and their relatives. New large pictures for the walls had also arrived. They were made from very attractive photos taken of the grounds and gardens by residents using iPads.

### Personal care and dignity of resident

- All the residents that were seen were dressed appropriately and seemed well looked after with care taken to preserve their dignity.
- Residents' rooms that were seen were spacious, clean with pleasant views over the gardens and countryside. All were personalised with residents own belongings.
- The same GP from the Abbey Surgery looks after all the patients, who appreciate a familiar face.

### Staff behaviour, attitudes and relationship with residents

- Staff seen were engaged with and responsive to the residents. On one occasion a resident became agitated when we were nearby and a staff member calmly, quietly and efficiently soothed her while politely informing us of the situation.
- All staff are trained to knock before entering residents' rooms.

### Activities for residents

- All caring staff are involved in the social programme with specialists to provide therapies - the approach is 'holistic'.
- A display board had photographs and work from recent activities including Halloween, bowls, arts and crafts and a tea party. A number of photographs taken by the residents have been enlarged to make into wall decorations.
- There is a large fish tank.
- There is a large mini bus and two other vehicles, one of which was donated to the home. This is used for shopping trips, visiting the hairdressers and other outings.





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- Other activities include gardening, visits from therapy dogs and falconry and theme nights. A music therapy session was observed. We were told that relatives often help with activities.
  - In the Lantern Unit a list of 10 minutes activities is displayed on the wall and the Manager mentioned that steps have been taken to improve the recording of activities undertaken in each resident's care plan. The environment was spacious, clean and attractive. In one area there was music chosen by a bed bound resident and a light show for stimulation projected on to the ceiling and walls, as well as a large tropical fish tank.

### Food and drink and meal times

- There are set times for the three main meals as, it was explained, residents have complex needs both in the type of food and how it is eaten.
- Residents can choose where to eat and we were told by staff that there are plenty of people to help at mealtimes as one to one support is often needed.
- Drinks are available and offered at hourly intervals throughout the day.

### Relationship between the home and residents/relatives

- One relative was spoken to who said they were very happy about the care their relative received. This person travelled a long way to visit and there were no other relatives available.
- The manager told us that there is a relatives group which has around 22 members and a dedicated area of the website they can access. They have donated the minibus and fish tank and take care of them. He said that there is an 'open door' policy and telephone number available for any issues/concerns they wish to raise. Complaints forms are available in the home and on line.
- Staff told us that care plans are reviewed monthly and that relatives are invited to have an input.
- One resident spoken to felt very happy living in the home and liked their room and its view over countryside. Also the resident said that the staff, though 'very busy' with those that were less able, had arranged some trips to the shops and walks in the grounds, which they enjoyed though they would like more.
- The Lantern Unit had a number of carers and therapists, including the wellbeing worker who engaged in a range of purposeful activities with the residents, who are in varied states of consciousness. Staff seemed to have very good rapport with the residents and to be happy and committed to their work.
- In the Lantern Unit we were invited by the relative of a resident to view their room. It was spacious, well equipped and personalised. There is also direct wheelchair access to the garden.

### Staff satisfaction



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- Six members of staff were spoken to. We were told that there was very good training off site which was encouraged, though some wanted more training on lifting from chairs to wheelchairs. There is a delay in receiving specialist equipment for residents who arrive from out of the area.
  - There are regular staff meetings and a set handover procedure and there is a complaints procedure via HR.
  - Some said they would like more communication and information between management and staff.
  - There is a long unlit drive from the road to the house and staff would like there to be lighting along it at night.
  - We were told that cleaning staff are enthusiastic and take an NVQ. The home also planned to introduce the living wage in January 2016.

### Other observations and comments from resident, staff and relatives

- We spoke to the parent of a resident who was very happy with the care her child is receiving but she would have liked more support and counselling in their first few months at the home.
- The Manager has given staff torches and hi-viz armbands as a short term measure to deal with the unlit drive issue pending new lighting.
- There is no bus stop near to the home.
- Recruitment of staff is difficult because of the time it takes for DBS checks to come through.
- One Healthwatch visitor was concerned about the ‘oppressive heat’ in a small office with a number of occupants. The fan was not very helpful, air conditioning would be more effective.

## Recommendations

1. Look at ways to increase communication between staff and management, including channels for staff to give feedback.
2. Consider installing air conditioning for small offices with a number of occupants.



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3. Consider encouraging staff members to sign up as ‘Dignity Champions’<sup>1</sup>, ‘Dementia Friends’<sup>2</sup> and ‘Dementia Champions’ if not already to ensure continuation of the compassionate and person-centred care we heard about.
  4. We would like to see a national improvement in the time it takes for DBS checks to be completed due to the impact this has on recruiting care home staff.

## Response from Badby Park

1. We will discuss this issue with the staff committee.
2. We have drawn up plans to provide air conditioning to this room and some others and are in the process of applying for listed building consent and planning permission. Funds are available to action this once the permissions have been received.
3. We will explore these routes, and others, in order to continually improve our service provision.
4. Agreed.

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<sup>1</sup> [www.dignityincare.org.uk/Dignity-Champions/Becoming\\_a\\_Dignity\\_Champion/](http://www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/)

<sup>2</sup> [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)



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