



Details of visit

Service address:

Brookside Avenue, Telford, TF3 1LB

Service Provider:

Sanctuary Care, Lake View Care Home

Date and Time:

Friday 12th December, 2014 10:00am

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Lake View Care Home, residents (service users), relatives/visitors and carers, and Lake View Care Home staff for their contribution to this visit, and the Enter and View Programme.

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.

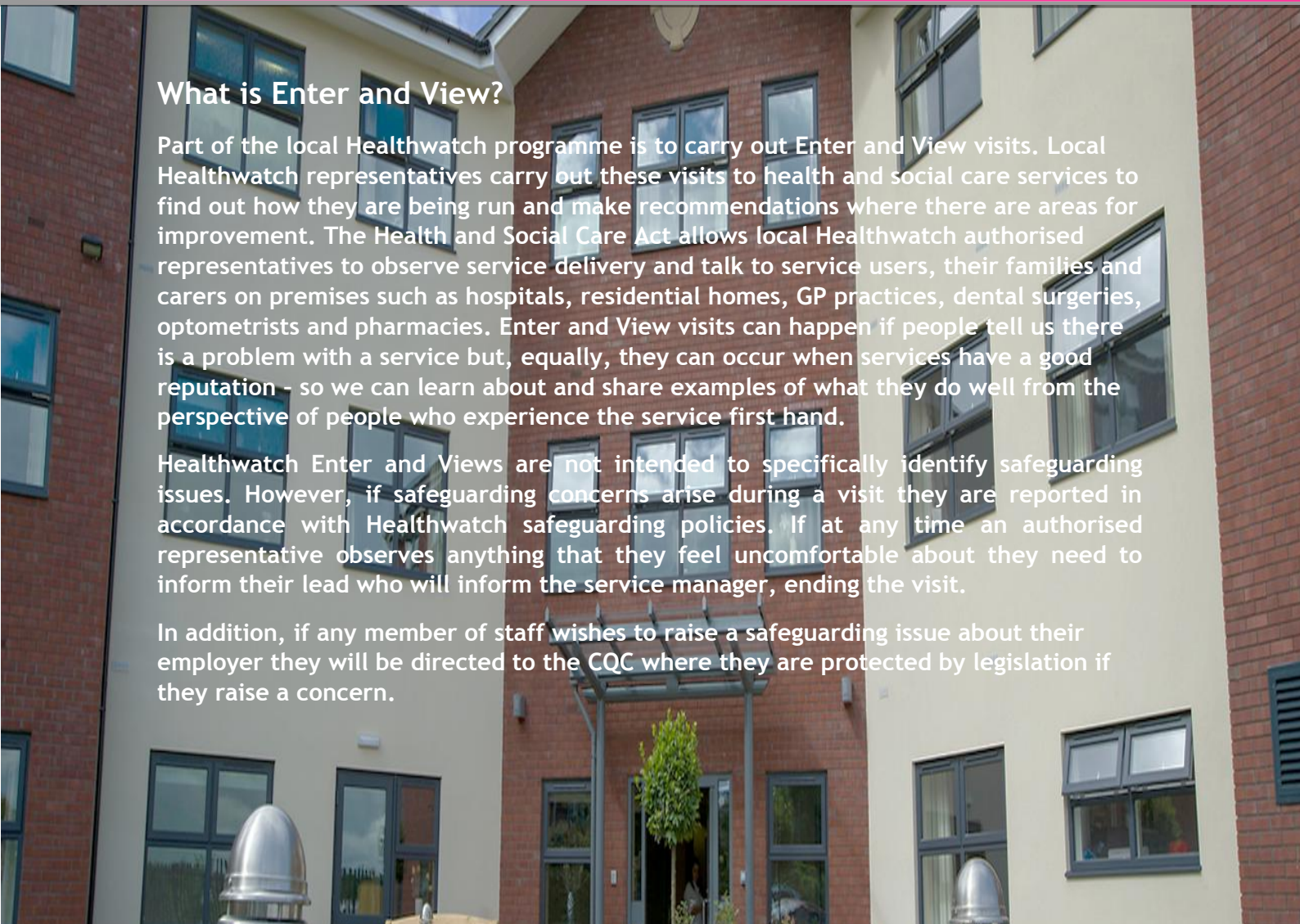


What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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 Views 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 their lead who will inform the service manager, ending 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 the Visit

- To engage with residents as service users of Lake View Care Home, to understand how dignity is being respected in the care home environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for concern or change, and identify examples of good working practice.
- Observe residents and relatives/visitors engaging with the staff and their surroundings.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in care settings, responding to evaluations of feedback received from community engagements.
- Care homes are a strategic focus of local, regional and national programmes of the CQC, PHE / NHS, local Councils, and local Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

Three authorised representatives were assigned to the visit, with a volunteer-in-training as an observer. The team met with the manager and deputy before speaking to anyone in the Lake View Care Home, and took their advice on whether any Residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. It should be remembered that 'Enter and View' is an engagement tool performed by Healthwatch-trained lay-volunteers, and is not an inspection.

The representatives explained to everyone they spoke to why they were there. They spoke with 21 residents, and 3 relatives/visitors/carers present with residents at the time, to ask them about their views and experiences of the Lake View Care Home services. The aim of 'Enter and View' is to put together a picture of what people think of the service people are receiving provided by the Home. This was to be achieved by collecting as evidence the views of the residents and any relatives/visitors present about their experiences of the Care Home. We talk to management and staff to hear about their contributions to the service provided - quality of care, safety, dignity and respect, and acknowledging resident and families' wishes, and during the visit we would also observe the delivery of the service. Observations were gathered while walking around the Home (public/ communal areas) to gain an understanding of how Lake View actually works and how the residents engaged with staff members and the care home facilities. A guidance-list of dignity and respect topics was also prepared to support the observational activities.

When the representatives had finished speaking to staff, residents who received the services, family members and visitors, they left them with explanatory leaflets. The report relates only to a specific visit (a point in time) and is not representative of all residents and relatives/visitors, only those who contributed within the restricted time available.

Summary of Findings

At the time of our visit, the evidence is that the Lake View Care Home was operating to a good standard of care with regard to Resident dignity and respect most of the time, though a few issues were also observed.

- Most Residents and visiting relatives were happy with the care received and found many staff kind, friendly, and thoughtful. Senior care staff spoken to were positive, had a caring attitude for the Residents, and wanted to provide a homely environment for them.
- Residents told us they liked the Home, and we observed it was bright, generally clean, with compact personalised Resident rooms, and the facilities were good; “themed areas” supporting dementia care provided additional interest.
- The staffing levels operated for the Care staff was thought by some Residents and visiting relatives to be lower than is needed and thus affected time available for staff supervision which impacted some Resident care activities or concerns. Sometimes Residents needs or concerns were ignored by some staff (wrong and missing clothes, the state of clothing and cleanliness of one resident, making sure a new resident had another resident to chat with when seated in lounge).
- Occasions were observed when a small number of staff including more junior staff, ignored opportunities for interacting with Residents.
- The meals were described by Residents as good with choices. A flexible approach supported Resident likes, dislikes, and needs, including providing for breakfast when Residents decided to get up at the start of their day.
- Resident activities (Quiz, Knit and Natter, Sing-Alongs), outings (Pantomime, Restaurant, Shopping trips) and the various facilities (Hair salon, Cinema, Pub, Sweets and Drinks Trolley, Coffee shop) provided activity, stimulation and interest for Residents, and the improvements in this provided by the recently appointed enthusiastic Activities Co-ordinator were appreciated by many of the residents spoken to.
- Liaisons with TCAT for staff training and experience/volunteering provided benefits to all concerned, including the Residents.



Results of Visit

Lake View is a purpose-built three storey Care Home situated in a quiet residential area of Telford, next to a Primary School, and a short drive from the town centre, as well as local shops, transport and other amenities. The Home accommodates 60 residents when fully occupied, providing residential care for people 60+ years needing old age care, as well as palliative, respite and specialist dementia care. The home was not fully occupied at the time of the visit. Residents who are more mobile and without dementia primarily occupy rooms on the ground floor, with those having various stages of dementia on the upper two floors though there are a few exceptions, however Residents can move freely between floors.

The Manager met the team on arrival and with the deputy provided a summary of how care is provided at the home, the organization and training of staff, and the facilities

provided for the Residents. Management explained that the aim is to create a family environment at the home - staff are expected to look on residents as family and make them happy and comfortable, and join them at meal times in the dining room. The representatives were then given a brief guided tour of the facilities.

Environment and Facilities

Facing the Home front entrance, the fenced garden has multiple sets of garden furniture for residents and relatives/visitors to sit outside and enjoy the fresh air on warm summer days. For those residents who smoke, a designated shelter is provided and residents are accompanied by a staff member during the evening. The only people observed using the facility during the visit were two staff.

Though there is an automatic door and keypad at the front entrance, this did not appear to be in use on our arrival. The Doctor and a visitor were observed to enter without any apparent initial contact with staff.

Residents have compact en-suite single bedrooms equipped with TV, DVD player, a mini fridge, and call bell, along with pictures, personal possessions and small items of their own furniture if they wish, and residents can have a key to lock the door when they are away from the room. Outside the room is a memory box into which Residents can place anything - some had family photos, and one had placed their passport in the box. Residents can watch TV with other Residents in one of the lounge-dining rooms (one on each floor) or in their own room, or they can sit and chat in various other seating areas. Corridors are wide and bright with additional seating areas, as well as themed areas created with pictures and some familiar objects to provide memory aides for those with dementia. One of these was an old Singer sewing machine (though it would be even better to have a sewing basket and materials / embroidery too - to further enrich the experience), and in another area was a stand with many different necklaces and jewellery which Residents can remove to wear. Chairs and cushions are covered with regular domestic fabric rather than clean-easy protective fabric coverings. We were told that cushion covers were cleaned following Resident accidents / leakages; however we did notice a strong smell in one corridor and one lounge area. Apart from this, the general impression was a good standard of cleanliness and a welcoming comfortable atmosphere.

Promotion of Resident Privacy, Dignity and Respect

Most Residents and the relatives spoken to during the visit stated they were very happy with their care, and most aspects of the Home. They described many staff as friendly, thoughtful and kind. A senior staff member and a few other care staff were observed interacting with Residents in a caring manner, using the Residents name when talking with them, and they clearly knew residents well, their likes and dislikes, and any visits or trips they were soon to make.

However we did also observed some staff having coffee and not making any effort to join or interact with the Residents in the room. One resident said some staff were great, but some of the newer ones spent more time talking to each other rather than to any of the Residents. We observed at least one example of this ourselves involving a junior staff member who was seen on several occasions chatting with various other staff while she appeared to resolutely ignore all Residents she passed, including one who needed some assistance with clothing. At no time did we see any care staff checking on Residents who remained alone in their own room.

Relatives and a few residents that we spoke to stated that they thought staff numbers were too low. One relative had raised issues relating to other Residents entering his relative's room and taking items of her possessions; in the opinion of the relative this

was owing to a lack of adequate staff supervision.

Residents can choose when to get up (and when to get ready for bed) and they are assisted with washing and dressing as needed. Most Residents the team observed were dressed smartly and comfortably, and looked clean and well cared for. However, one on the top floor was not clean and was dressed in stained clothing; this was not observed to be addressed by any passing staff members. Another resident sitting reading magazines was still in her nightdress at 11.30am; it was unclear whether she would be encouraged by staff to dress in time for lunch. A Resident, though she appeared to have mild dementia, was definite that she had several missing pairs of trousers, and the ones she was wearing were not hers (they were clearly much too short in length for her). She also recounted raising concerns with staff when she saw her newly-purchased skirt being worn by another Resident, but felt staff took no notice. Later when the skirt turned up, she was told it had been in the wash.

Those Residents who are less steady and prone to falls or with more severe dementia are taken to the ground floor lounge during the day where they can be supervised or monitored more easily. In one lounge, Residents were observed sitting in front of the television without sound and with only sub-titles; none of those spoken to could actually read these, but had not raised the issue with the staff present in the room. In the lounges on other floors there was a similar lack of Resident attention to/watching the television. There were 3 staff present but during the time some of the Team were in one lounge, but staff were not observed interacting with any of the Residents who were not talking to us; 2 staff spent the time having coffee in the dining area. In all lounges, Residents in chairs were organised in a ring facing the TV, but there were no stools or other seats for staff to easily sit next to a Resident to chat with them. We observed a new Resident who had been sat next to someone with severe dementia, rather than someone with whom she could talk.

Residents were asked if they had any issues with their care, and if they knew the process for complaining or raising concerns. One Resident did not have any issues, and while they did not know if there was a process, said they would talk to the staff or manager. Another wanted changes but could not explain what they would be. The relatives who were visiting the Resident were not aware of any problems. Another relative was monitoring a Resident's care, and while there had been some issues these had been addressed when raised with staff and the manager.

Meals

Residents spoken to said the meals were good and there was a good choice with new menus on the dining tables each day. Residents are encouraged to eat meals in the dining room. One resident liked the fish and chips on Friday; there is normally a choice of 2 hot meals, and gluten-free and vegetarian meals are always catered for. Meals are cooked "in-house" and if Residents do not like anything on the menu of the day, they can order a separate meal. The chef and/or manager discusses "likes and needs" with each Resident. Residents are free to get up in the morning when they wish, and can have breakfast then, rather than breakfast provided at a "set time", which they may then miss.

Entertainment, Interest and Stimulation

Most Residents we spoke to were very pleased with the activities arranged for them by the recently appointed, enthusiastic, new Activities Co-ordinator. A "Knit and Natter" group was described by a number of Residents who have been knitting squares for blankets. Other crafts (making Christmas Cards) and activities such as Bingo, and Scrabble were mentioned, and sing-alongs are popular according to several Residents. A weekly Quiz session organised by a Resident's relative who also provided the questions

was also popular. One mobile Resident described her many interests and hobbies, some of which she was able to continue helped by having family living close-by. One Resident said she was bored.

A Residents and Relatives meeting is held monthly, and requests are actioned where possible. The garden seating and sweets trolley were examples of requests from these meetings. A further request for a small shop for toiletries is currently under consideration.

Additional facilities at the Home appear to be very good. A separate ground-floor sitting room with piano and books also has a projector and large screen for residents to watch movies one evening each week. Other seated areas near the central lift and stairs are arranged - one as a Coffee Shop, and the other as a "Pub". The coffee shop is not currently used as lacking staff or volunteers to run it. The "Pub" lacked any backing sounds or music playing, or games such as dominos or cards, which might have encouraged more use of this area than the occasional use we heard about from one of the residents - "for a bedtime tipple at weekends".

There is a popular in-house hairdressing salon which is open one day each week with a visiting hairdresser. A sweets and drinks trolley in the reception area is for the Residents and was requested at a Residents and Relatives Meeting. Many areas were decorated for Christmas; a Christmas Grotto had been created for resident entertainment and preparations were in progress for a Christmas Fair for the following day (we were told that the funds generated would be used for Resident treats and outings). Various entertainments and local school choirs were also being organised. Outings and shopping trips have been arranged occasionally and transport is hired as needed. Some residents remembered a visit to a garden centre, a pantomime at a local college, and several mentioned a trip for a Christmas meal at a restaurant (funded by TCAT student fund raising).

Staff

Of a total of 51 staff (including management, kitchen, maintenance, housekeeping, cleaning and care staff), 10 staff care for the residents during the day shift, and 6 during the night shift. Numbers on each floor vary with needs for those residents; a senior care staff member supervises each floor. When the manager needs to use Agency staff for illness or holidays, typically the same people from the same agency are used each time. New staff follow a probationary period for initial training, to confirm they are suited to the work, and have an appropriate approach with Residents.

The manager explained that relationships were being developed with local colleges, both to support staff training needs, and encourage experience and voluntary support (such as TCAT -Health and Social Care students). We were told that staff receive 12 weeks dementia training which is regularly updated. Other training is offered (distance learning, college courses) and includes further dementia awareness, palliative care, infection control, safeguarding, DOLS, and dignity courses.

A Doctor attends the home if requested for a resident. Senior care staff (one on each floor) administer medications as well as blood pressure, urine testing and take diabetic readings. A community nurse or district nurse is called in for any resident nursing needs or issues. An NHS chiropodist visits each quarter, and a private chiropodist is available weekly. The manager indicated an optician was available, and though dentists had been approached none have yet been willing to take Lake View Home on to their list.

Our Recommendations and Service Provider Responses:

	<u>Our Recommendations</u>	<u>Service Provider Comments</u>
1	Staff should be regularly reminded about the importance to Resident dignity and respect of spending time interacting with and talking to the Residents, as well as ensuring their concerns and support needs are not ignored. Increase supervision of inexperienced and probationary staff on this would establish correct attitudes and improved resident care.	All staff are having regular training. New staff taken on board are mentored by their senior and have regular meetings with manager/ deputy/senior during the probationary period, and any issues are discussed at this time
2	Ensure staff take action on the result of resident accidents/leakages immediately, so that Residents and furnishings can be appropriately cleaned.	Manager/Deputy are doing “sit & see’s” on the floors highlighting any issues or findings to the senior on that floor. Most of the furniture is washable and is washed.
3	Investigate further on special ‘clean-easy protective fabric’ coverings for some chairs e.g. as used in other Homes or similar organizations (not rubberised/mock leather that residents ‘stick’ to) and consider refurbishing a few chairs for use by those based on experience most frequently impacted.	The home will look into purchasing new chairs when needed within our next financial year (April)
4	Ensure Resident clothes are labelled when they are admitted to the home to help ensure clothes are returned to the owner after cleaning. Sew-in labels may be one task that those who like sewing could undertake to help.	All family members are requested to label all clothing before coming into the home. Occasionally labels do come off and ink fades. Manager has looked into providing a device which attaches the clothes with their name and room number on.
5	Ensure Residents have spectacles needed to read TV sub-titles when this is used. Consider sometimes switching the TV off, and use the radio (familiar series/ serials, news, and music) to provide an alternative background.	All residents have undergone eye tests this week with eye care. TV is turned off at lunch time and appropriate background music is played chosen by residents.
6	Consider whether the Resident/relative request for a small Shop (for toiletries, etc) could be run from the Coffee Shop to encourage use of that; investigate voluntary support for this from TCAT/other students, relatives or community volunteers.	Shop has been opened for toiletries etc. Students do come on work experience and help out on the sweet trolley and shop. We have volunteers waiting to start.