

Report of Enter and View Visit

Grove House

Published 19 October 2016



Care Home Visited	Grove House
Date and Time of visit	Tuesday 23rd August 2016, 10.00am - 3.15pm
Address	215 Tamworth Road, Keresley, Coventry, CV7 8JJ
Size and Specialism	Up to 26 residents. People aged 65+ requiring residential care. Mixed Gender
Authorised Representatives	Kerry Vieira, Amanda Whitlam & Gillian Blyth

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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What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

Healthwatch Authorised Representatives carry out these visits to find out how services are being run and to gather the perspectives of those who are using the service.

From our findings we look to report accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

Reasons for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

Methodology

We collected our information by speaking to 8 of the 22 residents, 4 members of staff (including the Manager and Deputy Manager) and 2 visitors. We also gave out some questionnaires for visitors to complete and return in our freepost envelope.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website¹ for the home and the most recent CQC report² to see how it compared with our findings.

Summary of findings

A residential home, with capacity for up to 26 residents in single rooms; on the day of our visit there were 22 residents. The home also provides temporary respite and palliative care via referrals from hospital.

We found the home to be homely and friendly. Residents appeared happy and comfortable and the atmosphere was relaxed. There was a mix of male and female residents.

Visitors and residents praised the quality of care provided during the daytime. A resident expressed concern about the care provided by staff working the night shift.

Some visitors and residents told us that there are not enough activities. Other residents told us that they do not wish to join in with organised activities and prefer to stay in their room.

During the Enter and View, we spoke to the home Manager, 3 other members of staff and 8 residents. We also spoke to 2 people who were visiting residents and received 1 completed visitor questionnaire.

¹ <http://grovehousecarehome.co.uk/>

² <http://www.cqc.org.uk/location/1-136456364>

The home was bright and very clean with plenty of natural light and a large rear garden. It was a hot day when we visited and we observed residents, visitors and staff making use of the outside patio area.

The home had a secure front entrance which was operated by staff.

Signage around the home was not consistent and did not cater for residents with dementia. The upstairs floor was on more than one level and steps were not clearly marked.

We noticed that staff were smoking near to where residents were relaxing in the garden and also noticed the smell of cigarettes on staff attending to the needs of residents throughout our visit.

Initial Impressions

At the front of the building there is parking available. The building looks like a large house from outside and there is a clear sign with the name of the home.

We rang the front door bell where there was a polite sign asking visitors to be patient. The door was opened by a member of staff and we were asked to sign in the visitor's book. There was also a separate book for staff to sign in and out. The Manager introduced herself to us and showed us into her office.

On entering the building there was a bright, airy entrance hall and we were impressed by how clean and fresh the home was.

Facilities and environment

The décor was pleasant, a little tired in places but much of the home had been recently refurbished. The manager advised us that redecoration was work in progress as rooms became available. The communal areas were spotlessly clean and odour free, furniture was clean and fit for purpose and there was plenty of natural light. Despite the extremely hot temperature outside (almost 30 degrees Celsius), the temperature inside felt comfortable.

During the morning the doorbell went several times and we saw visitors arriving. Visitors called out "**Good morning**" as they walked along the corridor. The atmosphere was friendly and relaxed.

In the corridor, there was a remembrance board full of photographs of residents who had passed away entitled "**Gone but not forgotten**". There was also a notice board which showed a table of activities for the month.

There was a large main communal lounge with high backed chairs around the edges of the room and a large TV on the wall, the TV was on and there were about 8 residents sitting in there. Staff were regularly moving in and out of the lounge checking on the residents, one staff member was sitting down on a stool between two of the residents and chatting with them.

There were two other lounges also with high backed chairs on the ground floor, one at the back of the building with large doors opening onto the rear garden and another at the front of the building. We observed that a few residents sat in these lounges looking out into the garden or having some quiet time.

There were 26 single bedrooms located upstairs and on the ground floor which varied in size. The manager told us that some of the larger rooms used to be shared but she thinks that sharing rooms is "*outdated*".

We could hear a variety of easy listening music playing at a comfortable level around the home and in the garden. Residents told us that they liked the music. There was a TV point in each of the residents' rooms and the Manager told us that they do have some spare televisions but residents usually bring their own television when they move in because they like bigger ones.

All rooms had commodes and a sink; The Manager told us that there are plans to build en-suite facilities in some of the larger rooms. Some will have walk in showers and a toilet and some will have just a toilet, depending on the space available in each room. She explained that due to property being a big old house, they have to make the most of the space they have available and try to modernise things where possible in the most cost effective way.

There was a bathroom on each floor but no shower facilities. The Manager told us that they are trying to get a wet room installed so that residents have a choice of bath or shower. The downstairs bathroom had a mechanical hoist and the upstairs bathroom had a manual hoist to assist residents into and out of the bath. There were also double (room with two toilet cubicles) and single communal toilet facilities on each floor. We asked the Manager if she thought that 2 baths was sufficient for the amount of residents, she said "*yes, residents like baths at different times and on different days*".

The Manager told us that they have seen a change in the residents and that in the past there have been residents requiring more care but more recently most residents were more independent. The home is mixed gender; most of the residents were female at the time of our visit.

As well as the permanent residential care, Grove House accommodates residents for respite, rehabilitation and provides palliative care. The Manager told us that she has an arrangement with UHCW whereby she meets with prospective residents to discuss their needs and medical condition to ensure that the home can meet their needs of any prospective patient before offering them a place.

We spoke to a resident who moved into the home for temporary respite after leaving hospital but had been living there for 18 months due to some delays in their recovery. They told us that they would rather be back in their own home but they are very happy with the care provided at Grove House.

During our visit we were conscious that some staff were going into the garden to smoke and noticed that smoke was drifting over towards residents who were relaxing outside. We mentioned this to the Manager and suggested that staff

should find an area of the garden where they can smoke away from residents. We also noticed the smell of cigarettes on some staff in the home. We did not see any residents smoking.

The rear garden had a large paved patio area and a large grassy area surrounded by trees. There were tables and chairs, a parasol and a gazebo outside. Staff were bringing residents into the garden. There were ramps outside the doors leading to the garden allowing access for residents in wheelchairs or with walking frames. One resident was sitting reading a book and another was chatting with a visitor.

On the ground floor there was a locked room which the Manager told us was used to store controlled medication.

The one completed questionnaire we received from visitor said that they rated the home 5/5 as a whole and 5/5 for standard of care but had not observed enough of the activities or food to give them a rating. They commented ***"I cannot fault it, very clean and homely. Many care homes were looked at, we chose Grove House because of the friendliness and the whole atmosphere of the home. We are very pleased with the care"***.

A resident told us that they felt the standard of care in the home was very good but that the quality of activities was poor. Overall they said that it was expensive to live there but everything was new in their room when they arrived and it had been newly decorated. They also felt that the front of the building needed a facelift and a new sign erecting as it was looking tired.

Visitors told us that they can visit any time of day or night and feel welcome. A resident said, ***"This place is far superior to the place I was living in before"***.

It was not clear what each room was for and signage was not consistent, i.e. signs for the toilet were on a wall with an arrow rather than being on the door for the toilet. Fire exit signs we saw downstairs were not easily noticeable as they were placed high up above the door frame.

In some areas upstairs there were steps as the floor was on different levels. We felt that these steps needed to be clearer to avoid falls. There were handrails next to each of the steps but the hallway was wide so residents would not be able to reach if they needed to hold on both sides.

There were cages around each of the radiators and handrails either side so that residents could not burn themselves on the radiators if they were hot.

On the main stairs there was a stair lift but the Manager told us that this has not been used for quite some time and she would like it removed. The stair lift went up one flight of stairs then there was a gap and a landing as the stairs turned a corner and then another stair lift for the next flight of stairs. We were concerned that it would be difficult for staff to support residents to get across from one stair lift to another if they were unable to stand or walk.

There was a lift which the manager told us most residents accessed independently, this was a platform lift where the floor moves but the walls do not. One of our Authorised Representatives was concerned about how safe the lift was for residents to use as there was nothing for them to hold on to while they were in the lift and a danger that they could reach out and try to hold onto the walls. There were no signs in the lift to tell people not to touch the walls whilst the lift is moving. The Manager told us that the lift moves very slowly and there have not been any issues with safety.

The Manager showed us that the home has an Evac Chair and said that all staff have been trained how to use this in the event of a fire. We saw that there was a door upstairs marked 'fire exit' which led to an additional staircase.

Upstairs there were also two sluice rooms which were kept locked. There was also a separate room which dealt with laundry.

Staff

The Manager told us that there are usually 4 care staff in the daytime from 7am - 5pm, 3 care staff 5pm - 9pm and 2 waking night staff 9pm - 8am. There is also a cook and a handyman employed and there is always a Manager on duty apart from during the night when the Manager and Deputy Manager are on call. The Deputy Manager advised us that there is an activities coordinator who also undertakes cleaning duties, she said that all staff do a bit of cleaning and tidying around the home.

On the day of our visit the manager told us that all the staff were female except the handyman who was present during our visit. The Manager told us that the handyman also had experience as a carer.

Residents told us that there had been male staff providing them with personal care. One female resident told us that on the first morning after she moved in, a man came in to help her to wash and dress. She said ***"at first I was surprised and a bit worried but now I am used to it (male carers) and it doesn't bother me"***.

Two of the residents said, ***"Some of the staff are good"***.

On the day of our visit the Manager said that there were some staff absences due to sickness and that they sometimes use agency staff. There are several long standing members of staff who have worked there between 17 and 30 years. The Manager told us that staff receive supervision and annual appraisals. Staff told us that there are regular staff meetings, 1-to-1 supervision every 3 months and monthly senior care worker meetings.

Staff received up to date training such as moving and handling, dementia awareness, first aid, fire safety, challenging behaviour, wound care, REACT to Red skin. Senior carers receive training to administer medication and one member of

staff told us that they were completing an NVQ level 3 in Care. The home had displayed a certificate for their REACT to Red Skin accreditation.³

Near the kitchen there was a notice board which showed set dates for training and names of staff required to attend. The Manager told us that they use Endeavour Training and that a matrix is used to ensure that all mandatory training is done. As well as first aid training, CPR (Cardiopulmonary Resuscitation) training is also provided to ensure that all staff will be confident in carrying out CPR.

Staff told us that they enjoyed their work and that they felt they were part of a nice, small, close and friendly team. They also said that they found the manager easy to talk to and approachable and that Manager listened to their ideas. One staff member said they felt *"encouraged and supported"*.

Staff told us that they like working with the residents. One staff member said, *"There will always be hurdles as you go along and you have to adapt. Every time you have a new resident you have to adapt"*.

A visitor told us that whenever she has been there during the daytime, staff have been very approachable and have been sitting talking to residents. They also said, *"The residents only have to ask for a cup of tea or to go to the toilet and it is sorted straight away"*.

Food and drink

Meals were prepared on site in a large kitchen. The Manager told us that meals are at set times, breakfast is 8.30am, lunch is 12.30pm and tea is at 5.30pm. Residents told us that on occasions when they had missed a meal due to being away for hospital appointments, meals had been saved for them for when they got back to the home.

A resident told us that they are not able to get up when they want to, staff come and wake them at 6.30 - 7am in order to get them washed and in the dining room in time for breakfast.

Staff told us that a drink and snack trolley is taken round mid morning and then again mid afternoon and that drinks are readily available at all times. In the afternoon we observed staff giving ice lollies to residents due to it being a very hot day.

We saw a certificate displayed - the home had received a rating of 5 for food hygiene by Coventry City Council.

A resident who did not come out of their room told us, other residents are served their evening meal at around 5.30pm, but that staff do not take their food up to them until 7pm some days.

³ <http://www.uhcw.nhs.uk/for-patients-and-visitors/react-to-red-skin-campaign>

We were told that resident's dietary requirements are catered for, one resident told us ***"I am a vegetarian and they give me fish instead of meat and whenever I ask for a snack like cheese on toast, they do it, I like Welsh rarebit"***. When asked if they ever felt hungry, one resident said ***"No, there is enough"***.

Staff told us that the oven had stopped working on Sunday 21 August, so they had put a contingency menu in place whereby food served could be cooked on the hob. Residents were notified of this and it was also written on the menu blackboard in the dining room. The fault had been reported and the oven was being fixed on the day of our visit.

On the day of our visit 15 residents came into the dining room to eat their meals. The tables were laid out, with table cloths and paper napkins in a napkin ring. Although the dining room needs redecorating it was fit for purpose with a large clock on the wall and light brown curtains, a flower decoration on the window sill and black board for the day's menu. The 4 week menu was on a board near the kitchen.

We observed residents being offered a hot or cold drink or a glass of sherry with their lunch. The Manager told us that some residents like a "tippie" or a glass of wine which they kept in the kitchen.

We ate lunch in the dining room with the residents, on the day of our visit there was a choice of two main courses, savoury mince and vegetables or fresh salmon with salad and new potatoes, there were also side dishes offered of bread and beetroot. This was followed by a dessert of apple crumble with custard. We tried both main courses and desert. The food was enjoyable and portion sizes were good although the salmon was a little over cooked which made it dry. We saw a resident being offered ice cream instead of the hot pudding and another resident who had expressed that they do not like fresh salmon was given tinned salmon instead which they said they enjoyed. One resident said they thought their salmon was ***"a bit tough"***.

During the lunch time observation, the atmosphere was quiet. Most residents appeared to enjoy and eat their lunch and desert. All of the residents told us that most days they liked the food.

Residents told us:

- ***"Some days they do what I like and some not. Today salmon was a bit tough, didn't like potatoes with skin on or salad but didn't fancy minced beef either"***.
- ***"Roast dinner and BBQ pork would be nice"***.
- ***"I eat anything really and I just take what they give me, the food here is good"***.
- ***"They always give you something else if you ask for it"***.
- ***"I'm diabetic but I carry on eating everything I shouldn't eat"***.

Dignity and Care

The Manager and staff told us that the home has excellent links with the local health centre and district nurses. A GP visits on Tuesdays and Fridays, a chiropodist visits every 6 weeks and a masseuse visits every month. Residents are able to keep their own GP if they are prepared to come out to the home, otherwise they need to register with the GP who visits the home.

We observed a senior carer administering medication at lunch time. She wore a red tabard with white writing on to let people know that she was dealing with the medication round. Residents told us that staff provide them with pain relief if they need it.

A visitor told us that the staff at Grove house are caring and friendly and that they make their relative feel comfortable. They said that **"The staff are lovely, they are really nice, really caring"**. They also told us that the home personalises care well and their relative is given a choice of meals and asked what they want to wear. They said that their relative's loves their key worker and that the key worker really understands and got to know their relative well.

Permanent residents had their names displayed on their doors but rooms used for respite or palliative care residents did not. There was nothing else to visibly personalise the doors to residents' rooms.

Residents told us that staff respect their privacy and dignity. If a resident's door is closed, staff knock before they enter. One resident had ulcers on her legs and told us **"they look at my ulcers every day"**. Residents said that when staff have been helping them with washing and dressing they have not made them feel embarrassed or uncomfortable.

One resident has made a complaint to the Manager about the way they were spoken to by one of the staff on duty during the night before our visit, [We mentioned this to the Manager and asked her to let us know the outcome of this complaint]. The resident told us that they asked for help to get to the toilet during the night and the staff member on duty said, **"I'm not taking you"** and would not tell the resident their name. They mentioned that they believed the home used agency staff to cover the night shift and added, **"The day staff are very good and Steph (Manager) is lovely, but the night staff are not as attentive and we are made to feel like we are a burden"**.

Throughout our visit we observed staff interacting with residents and talking calmly. Staff were being attentive and patient. We also observed that a few residents appeared to have some level of confusion or dementia. The Manager told us that there were 3 residents who had dementia at the time of our visit.

A staff member told us that residents can also have on site eye examinations.

We observed the residents who were downstairs were being encouraged and assisted to mobilise around the home. Some residents were in wheelchairs and

some used walking frames. There were rotundas⁴ available for staff to help residents to transfer from a chair to a walking frames or wheelchair etc.

Activities

A visitor we spoke to told us that they felt let down by the lack of activities available. They said that they chose the home for their relative based on the activities advertised as being available for their relative who was still quite active but activities have not been as good as they were led to believe.

The Manager told us that the Activities Co-ordinator works Friday through to Monday and organises activities and entertainment for residents such as bingo, skittles and pamper days. We saw a poster advertising an "exotic animal day" and we were told by residents that there was a singer visiting on the afternoon of our visit but they were due to arrive after we had gone.

Pets are allowed and some visitors bring their pets in. Day trips are not currently provided but the Manager told us that she would like to organise day trips as there were more residents who are mobile and would probably like to take part. Some residents go out with their family each week or away for a weekend.

We were told by a member of staff that 1-to-1 activities with residents was something that occurred naturally as part of daily care and that activities consisted of dominos, cards, skittles as well as group activities such as bingo and quizzes. Most of the residents we spoke to said that they do not like bingo. We saw staff getting out board games for residents to play.

Staff and residents told us that a fitness lady visits to home to do armchair exercise classes and sometimes a singer comes in to provide entertainment. The Manager and staff also told us that there are pamper days and a hairdresser visits every week.

Staff said that they will encourage residents to take part in activities and try to make it sound exciting so that they want to get involved, however, they also told us that not all residents want to join in and staff do not make them if they don't want to. One staff member said that they talk to residents about their interests and pass information to the activities co-ordinator.

We spoke to a resident who said that they like to keep themselves to themselves and are not really interested in joining in with activities and socialising. They said that activities usually take place in the afternoon and added, "***I have my television and my puzzles and my family visit every afternoon so I am happy staying in my room***". This resident also told us that they know that they can go into the garden or the lounge and dining room if they wish and that staff regularly ask them if they want help to do so but they choose not to.

Another resident told us that they were put off going downstairs because they were previously left for two hours on their own in the dining room while staff dealt

⁴ <http://www.enableaid.co.uk/>

with other residents and that they needed to use the toilet so felt very uncomfortable. They feel it is easier to remain in their room than be a hassle for the staff to get them downstairs. Whilst in their room they read and do puzzles and watch the birds through the window.

When asked if they could choose an activity not currently provided, residents did not have any ideas; one resident said they liked swimming and dancing but unfortunately illness has greatly reduced their mobility. We asked residents if there are any outings organised, one resident said, ***“No, we don’t have any, but I would like to go”*** another said, ***“I wouldn’t like that, I would have difficulty getting in and out and I don’t travel well, I get travel sick”***.

Dementia Friendly Design

Taps were marked hot and cold or blue and red. Signage was not consistent and we only saw one or two dementia friendly signs around the home.

Carpets contrasted well with the walls and most of the handrails were painted in a darker colour and stood out from the walls.

Healthwatch Recommendations

Following our visit Healthwatch recommends:

1. Signage around the home to be updated:
 - a. Although the home does not specialise in dementia there were some residents who had early symptoms of dementia. As this is a progressive illness there should be clear dementia friendly signs to indicate what each room is so that residents can be more independent around the home where possible. These signs are simple to produce and should contain large print text and a picture on a coloured background.
 - b. Fire exit doors should be clearly labelled as such with signs at a visible level.
 - c. Steps on the upper floor where floors change to different levels need to be marked so that they are clearer for residents with reduced vision in order to reduce the risk of falling.
 - d. Install signs inside and outside the lift alerting users not to touch the walls of the lift while it is moving.
2. Staffing:
 - a. Ensure that recruitment of staff is maintained at a level that means the home does not need to rely on agency staff who may be unfamiliar to/with the residents.

- b. To ensure continuity of care, we recommend that a Manager or experienced Senior Carer is present during the night rather than "on call".
 - c. We would like to be informed of the result of a complaint made by one resident regarding a member of staff on duty during night shift just before our visit on 23rd August 2016.
3. Activities:
- a. Future day trips out to be planned as expressed by the Manager, for any residents who may wish to take part.
 - b. Ensure a regular programme of stimulating activities whilst continuing to cater for the needs of individual residents - Some visitors and residents expressed that they would like more organised activities.
4. Smoking - A designated smoking area should be allocated outside for smokers, which is far enough away so that smoke does not drift over to areas where non-smoking staff and residents are sitting.

Response from Care Home Manager

We thank Healthwatch for their visit and our extremely positive report.

It clearly shows how we enable residents to determine their lifestyles and how we support them to have fulfilling lives.

We are in the middle of a major refurbishment and this is shown through the balance of comments within the report.

Signage:

We have regular health and safety external audits and we believe that related signage is to the required standard. We will check specific points made during the next audit. Our lift is designed to be safe, residents either use the lift accompanied with a carer or a risk assessment has assured us that the person can use the lift safely. Additional signage here would be superfluous.

We take seriously the comments about additional signage for people who may have early signs of a dementia. We maintain a balance for the diverse needs of our residents maintaining a homey environment. We know also from authoritative studies that mass use of picture signage may well not be the way forward. We take note of each person's cognition and tailor their care support accordingly.

Staffing:

We agree with comments made regarding staff recruitment and continuity of

care. These are simply stating our usual good practice in ensuring sufficient staff who are conversant with our practice and the needs of residents. We have an infrastructure which ensures continuity of support throughout 24 hours.

Activities :

We are already and were before the Healthwatch visit, working towards greater access to the community for residents. This will both involve 'trips' for those who have common interests and individual excursions where there are particular wishes.

Regular activities are arranged, however, more organised events does not necessarily mean better care. We believe that if a number of residents share an interest it is right for them to come together to benefit as a group. We also believe that activity and recreation are an integral part of individual care and support. As such we ensure that all residents have a stimulating life which would involve a balance of individual and collective activities.

Organising group activities in itself promotes institution and we believe is an outmoded approach to good quality person centred care. Joint activities should be at the time of day or evening convenient to those engaged in the activity.

Smoking:

We have designated and covered smoking area for both residents and staff to use. We are sorry that our staff were not adhering to our normal practice during the visit of Healthwatch. We have addressed this issue and believe it will not reoccur.

We look forward to seeing our comments added to the Healthwatch report, and thank them once again for their thought provoking input.

Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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