



# Report of Enter and View Visit



Care Home Selborne Court Residential  
Home



Care Home Visited	Selborne Court Residential Home
Date and Time of visit	Wednesday 1st July 2015 10.00am - 3.00pm
Address	110 Bulls Head Lane, Stoke Green, Coventry, CV3 1FS
Size and Specialism	Residential care for adults 65 and over. Up to 20 residents.
Authorised Representatives	Elsie Beaumont and Kerry Vieira

## 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?

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 to gather the perspectives of those who are using the service. We aim to both make recommendations for development and to look for good practice examples of care through our Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe 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 so we can learn about and share examples from the perspective of people who experience the service first hand.

## Reason 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 3 of the 18 residents, 2 visitors and 2 members of staff. We have not yet received any completed visitor questionnaires.

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 website for the home to see how it compares with our findings.

We left some questionnaires for completion by visitors which can be posted back to our Freepost address.

## **Summary of findings**

Residents and visitors told us that the home sometimes seems to be short staffed but that they had no complaints about the quality of the care in the home.

The home had well maintained gardens front and rear which residents seemed to enjoy using. There were large windows and plenty of natural light throughout the home with no stairs and everything accessible on one level.

Staff were friendly and residents were happy and comfortable. The home had a relaxed and homely atmosphere.

Some residents would like more one to one activities to be available and encouraged such as knitting and games. All of the residents we spoke to told us they loved the food.

Staff communicated well. We observed them sharing laughter with other staff and residents and being patient and attentive to residents.

There is an alarm system throughout the home so that staff can be alerted if residents press their call buzzers.

## **Impressions**

The home does not have any parking facilities and is set back from the road. Entry is via a gate and the home is not visible from the road. This makes the home feel very private.

The atmosphere among staff, visitors and residents was friendly and relaxed. We did not notice any unpleasant odours and the home looked clean and tidy.

## **Results of visit**

We were welcomed by friendly staff and asked to sign in on entry.

There are well maintained gardens back and front and each of the rooms looks out onto one of the gardens. The home is on one level with no stairs throughout. There were plenty of large windows in all of the resident's rooms and communal areas and lots of natural light.

We observed staff sharing laughter and chatting with residents and visitors.

Most of the residents were watching a DVD of Nanny McPhee and sitting in chairs around the edges of the main lounge. Other residents were in their rooms or in the quiet lounge.

It was an unusually hot day when we were there and doors and windows were left open to try to keep the temperature down in the home. Later in the afternoon some fans were put on for residents to make them more comfortable.

Each of the resident's rooms had a large patio door which led out into either the front or rear garden. The manager told us that these doors can be set so that they can only open so far in case they have a resident who was at risk of wandering. The front door was left open due to the hot weather, we were told that this door is usually kept closed but that no one can go in or out without staff knowing. If a resident decided that they wanted to go for a walk, they are able to do so but some residents need to be accompanied by a member of staff if they have dementia. The manager told us that some residents have asked to go out for a walk and staff go with them, but usually they get to the end of the path and forget where they want to go and turn back.

We were told that there were only a couple of residents with mild dementia at the home at the time of our visit and one resident requiring bed care.

The manager told us that there is a team of 16 female staff who work 3 shifts. There are 4 carers and a cleaner in the morning, 2 carers and the manager in the evening and 2 carers at night. On the day of our visit there were also 2 school girls doing their work experience, they were serving the drinks and biscuits on a trolley and chatting to residents around the home.

There were 20 rooms, 4 of which are shared rooms. 1 of the shared rooms is being used as a single room and the resident pays slightly more than the single rate for that room. The manager told us she did not agree that the resident should be charged for a double room as the shared rooms do not have en-suite. The single rooms have an en-suite sink and toilet. The manager told us that the majority of residents require personal care and are bathed or showered twice per week.

One of the shared rooms was being occupied by a married couple. The manager told us that the only way to make all of the rooms single would be to create more rooms to compensate. This would mean they would have to lose part of the gardens and invest a lot of money in the building. The gardens are one of their best features.

Potential residents are interviewed by the manager if they wish to come and live at the home. At this point they are made aware of what rooms are available (shared or single), for a male or a female and can choose whether they are happy to share with another resident (of the same sex). If the new resident chooses to move into a shared room the manager assesses whether she thinks the two residents would be suitable to share a room, whether their care needs can be met sufficiently and whether she feels they would get on with each other. Those who are in shared rooms are offered the option to move to a single room if one comes available.

We were told that if a resident moves in and is later not happy with sharing a room the manager will work with them to try to resolve any issues and will meet with them and their family to decide what to do and whether they look for alternative accommodation. The manager has not encountered any problems with allocating rooms, all residents who share rooms have been happy to share and this has been fully explained to them before they move in.

A resident told us that they receive help with bathing once a week and would prefer this to be more frequent. They also said that if they mentioned to staff that they wanted to have a bath more often, they were confident that staff would sort this out for them. Another resident told us that they have a bath twice a week.

We observed that there was a screen on the wall in the main lounge which sounded an alarm and alerted staff if residents pressed any of the buzzers around the home. The screen would show the room number and staff were quickly responding to the alarms. When staff have been in to deal with a resident, they press the call button again which logs the time spent and that a resident received attention. The manager told us that she can print this off and check it regularly.

Staff told us that the team of staff have been working together for a long time. The manager has been there 27 years and the cook has been there 25 years. The manager told us that there has been good continuity of staff and she feels that she has a good team. She said that the residents are "like 18 grandparents" and this was evident by the relaxed, homely, family atmosphere in the home.

There was one communal bathroom with facilities to lower residents into the bath if necessary and one shower room with two showers in it. We were told that the two showers do not get used at the same time and have been set up that way for many years. The manager would like the shower room to be changed into a wet-room or a bathroom with a specialist bath and a shower as the room had plenty of space for both, this would mean they would be more able to offer residents a bath more often if they requested it.

There are three communal toilets, we noticed that one of the toilets did not have a suitable lock on the door. We suggested to the manager that a lock should be put on the door all of the communal toilet doors to safeguard the resident's dignity and privacy but which could be opened from the outside in an emergency.

The manager told us that the staff have annual appraisals and 1-to-1 supervision is carried out every two to three months. Staff training is carried out in working hours and the manager allocates time for them to do so. Staff were able to take workbooks home to do some work on their training if they wish but do not have to. Staff work through mandatory courses which are relevant to their role such as diabetes, bereavement. There is an exam at the end and a certificate is issued when they pass. We were told that staff are encouraged to work together on their training and other staff and the manager provide peer support.

Staff told us that they enjoy working at the home. They do not hold resident or staff meetings but felt that this wasn't necessary as it is quite a small home. They said that the manager is approachable and the staff support each other as a team.

We observed that there was a medicine cabinet in the main lounge with medication labelled with resident's names. The manager was completing paperwork and distributing medication when we arrived.

Staff told us that the only thing they wished the home had was a washing line so that residents' clothes could be hung outside. The manager told us that the owner does not want a washing line as this would spoil the view of the garden.

We were shown the laundry room where residents have their own pigeon hole with their name and room number on and relatives are expected to ensure that clothes have name labels on them.

We did not find a website for the home. It is mentioned on the Carehome.co.uk website.

## **Food and drink**

Residents were given one choice of main meal and dessert at lunch time but we were told that the cook will make them something else if they request it and do not fancy what it on the menu. We saw one resident having scrambled egg on toast and another being offered various varieties of soup. Roast pork with roast potatoes, sprouts, carrot and swede mash and gravy was on the menu on the day

we visited, we sat and ate with the residents in the dining room and found the food to be tasty and well presented. Dessert was chocolate gateau with cream.

In the afternoon the manager arranged for someone to go out and get ice lollies for all of the residents and staff as it was a very hot day (30 degrees).

Residents and staff told us that breakfast is served everyday at 8am and most residents come into the dining room to eat breakfast. Breakfast usually consists of a selection of cereals and toast. Lunch is served at 12 noon and in the evening at around 5pm the residents can have sandwiches, jacket potatoes or salads.

Staff serve tea and coffee with biscuits at 10am and 2pm. We observed this being served both morning and afternoon during our visit.

Residents and staff were complimentary about the food at the home saying "the food is lovely". Meals were freshly prepared on the premises in the well equipped kitchen.

Lunch time was a very busy time and staff were going back and forth serving meals to residents. Some residents sat in the dining room and others ate in the communal lounges. One resident was receiving bed care and was helped with her food in her room.

Some residents told us that they can choose where they have their meals and they have their lunch served to them in the quiet lounge. They also have their tea served to them in their room before they settle down for the evening in front of their own television. They do have breakfast in the dining room but prefer to eat away from the other residents and do not socialise with the other residents.

One resident came to the home 8 years ago by choice and is self funded. This resident had access to their own car until recently and told us that they wanted to live there because they felt it was not safe to live on their own. This resident likes to help in the kitchen with washing up and laying tables, it gives them something to do and helps the staff out. This resident also told us that they prefer their own company and feel able to come and go as they please.

A visitor told us that sometimes they like to share a take away with their relative and staff are fine with them bringing this in and sitting with their relative to eat.

We spoke to a resident who is diabetic. They said they did not usually have the desserts because of the sugar but said that staff would make them a special dessert with sweeteners if they wanted one. The staff also provide sweeteners for their drinks.

We noticed that there was a level 5 hygiene certificate on the wall which was issued by Coventry City Council.

## Care

A resident told us that they once had to press the buzzer and a carer quickly came to assist them. However, the carer forgot to cancel the buzzer and therefore it had looked as though the carer had taken 45 minutes to deal with her problem when in fact it was just a few minutes. The manager was made aware of this and residents had no complaints about their care. The residents and visitors we spoke to told us that the care at the home is "excellent" and "nothing is too much trouble".

The manager told us that the staff look out for any unusual behaviour in the residents as this could be due to an infection or other medical problem. One resident who had dementia tended to call out and this sometimes caused other residents to get distressed. They usually took this resident to their room until they calmed down so that they did not disturb the other residents.

The home has a mixture of male and female residents but only female staff, the manager has not encountered any problems or objections from residents about the staff providing personal care.

One male resident told us that he is happy with the female carers helping him with washing and dressing and that he feels that staff respect his dignity and privacy.

Residents told us that they do sometimes get concerned that the staff are under a lot of pressure and there are times when there does not seem to be enough staff especially at busier times such as meal times. However, they said that the staff are lovely and always attend to their needs. Residents also told us that they feel the staff would listen to their concerns if they had any.

Visitors also mentioned that the home is sometimes short staffed and they do get concerned about them being busy but that they had no concerns about the quality of the care being provided and they would recommend the home to others. Visitors were complimentary about the care their relatives were receiving in the home.

A visitor also told us that the staff have become like an extended family and have been very supportive of them as well as the residents at times when there have been other crisis in their lives and they have not been able to visit as often as they usually would. They also said that their relative has developed early signs of dementia and sometimes gets confused about where they are but recognises that this is their home and seems calm when there.

The manager had concerns about those residents who were self funding and whether the council will move them to another home if their money runs out after they have been there a long time. She had not experienced this happening yet. A resident told us that they have been self funded for a number of years and hope that they will not be forced to move if their money runs out, they feel very settled at the home.

We observed that there is a curtain, which separates the two beds in the shared rooms and this could be pulled round when staff were attending to each individual.

Staff told us that residents are helped to choose what they want to wear. Residents also told us that they choose what they want to wear.

Residents told us that they can have access to pain relief such as Paracetamol if they ask for it. They also told us that they felt safe and secure in the home.

## **Activities**

We were told that a hairdresser visits once a week for a small charge and most residents make use of this. A reflexologist visits every couple of months but this has been less popular with the residents recently.

There is not a designated member of staff to co-ordinate activities, the staff sort this out between them. They sometimes have bingo and reminiscence time. In the summer they like to have garden parties and events such as Christmas are busy times when they have carollers and bell ringers visit to entertain the residents.

There are no outings organised but staff sometimes take residents for walks locally or to the local park and shops. Most of the residents they have now require a lot of care and are less mobile so the manager that most of the residents would not be able to take part in outings. The home does not have a mini bus.

Staff told us that sometimes a gentleman who is a relative of a resident comes and plays a banjo or a keyboard and another gentleman comes in and plays the guitar. They have previously tried to organise outings and residents have expressed an interest in taking part, but when push comes to shove they decide they do not want to go.

We asked residents what activities they would like to do. Some residents told us that they used to enjoy knitting and playing cribbage (card game) and this would be something they would like to do again. Another resident told us that they like playing games and would like to see opportunities to play games other than bingo.

A visitor told us that they live many miles away so can only visit every few weeks. They said that staff always give a full report of how their relative is whenever they call the home. They said "there is nothing I would expect them to do that they don't do already, very impressed and mum is happy here". They had looked at 4 residential homes before choosing this one and felt that they had made a good choice "it's a god send".

A visitor also told us that their relative loves their room, they can see the garden and watch the birds from their window. They used to love the garden when they were in their own home.

Staff told us that they find it difficult to get residents to join in with group activities, most of them like their own company. They do have some games but no

one tends to play them. They identify activities by asking residents what they want to do or what they used to do.

Not all residents are able to walk very far and there are a limited number of wheelchairs. Most of the wheelchairs belong to individual residents and they don't always like to share with other residents so this restricts how often and how many residents can be taken out.

A resident told us that they would like to go out more and would join in with organised outings. They particularly miss having their independence and being able to go on holiday which they used to do every year until last year when their health deteriorated and they became less mobile.

Residents commented that they like sitting in the garden and enjoy that they can look at the garden from any of the rooms in the home. Some residents also told us that they like reading and that there is a good selection of books. The library have been delivering books and returning books for them. They also said that the TV in the main lounge is always on ITV but if they want to watch a different channel they can watch TV in their own room if they have one.

Some residents told us that it could be busy and a bit noisy in the main communal lounge as many of the residents were hard of hearing and tended to talk loudly. There also tended to be the same conversations all of the time as some of the residents had short term memory problems. Residents could go to their own room, the quiet lounge or in the garden if they preferred to be away from the other residents.

We were told by staff and residents that they sometimes have games of bingo, we could see that there was a request for donations of bingo prizes on the notice board.

Staff told us that someone from Stoke St Michael's church visits the home for those residents who wish to have communion.

## **Dementia Friendly Design**

There were hand rails along all of the corridors and they were in a contrasting colour to the walls so were clearly visible.

The home did not have dementia friendly signs on the doors.

The walls and floors and handrails were in contrasting colours as were the furnishings.

Resident's doors were all the same brown colour but had pictures of the residents on them, their door number and their name. The home was all on one level and residents were free to move around the building.

## Healthwatch Recommendations

Following our visit we would like to recommend:

1. Residents told us that they would like to do one-to-one activities or small group activities such as knitting and playing card games. They would also like the option of going on organised outings. We noticed that there was a request on the notice board for relatives to donate bingo prizes and would suggest also asking for donations of knitting needles and wool for residents to do knitting. It may help if there was a designated member of staff responsible for co-ordinating activities and encouraging residents to take part where necessary. Recruiting volunteers to play games in small groups or 1-to-1 could be a solution to this. (One of our Authorised Reps had information about Coventry University Student Union's volunteering division, which was passed on to the care home Manager.)
2. The toilets and bathrooms should all be fitted with locks which can be opened from the outside in an emergency.
3. Dementia friendly signs would be beneficial around the home, these should be on a yellow background with text and a picture of what the room is.
4. Some residents and visitors expressed concern that the home sometimes seems short staffed. We would recommend an additional member of staff should be on duty at the busiest times such as mealtimes and when getting residents up in the morning or getting them ready for bed. Although residents and visitors were complimentary about how the staff manage when they are short staffed, this could have an impact on whether they feel able to ask for help.
5. The existing shower room contains two showers but only one is used at any one time. We recommend that the owner invests in updating the facilities in this room and turning this good sized room into a wet room or a room which has a bath and a shower.
6. Some residents told us that they have baths twice a week, where as another said they have a bath once a week and would like this more often. We recommend that staff speak to individual residents to establish whether their care plans need updating to reflect what their preferences are. Our other recommendations such as another bath and additional staff member would help to facilitate those who request to have help with bathing more often.
7. Some staff said that they would like a washing line outside to dry resident's clothes in the summer as this could save money for the home instead of running a drier all year round. They also felt that it would add to the homely feel in the care home. We recommend that the owner talks to the

residents and staff so that a decision can be made as to whether a washing line is installed.

8. Review of each resident's care plan. An understanding of resident's preferences and what they like to do should be a feature of their care plans and be reviewed regularly, this could help to highlight things such as activities they would like to do and how often they would like to take a bath etc.

## **Response from care home manager**

In response to your report findings, please see below:

### **1. Activities**

We have recently enrolled a member of staff on an Activity Coordinator NVQ course which will enable us to promote a better led activity group session. However we may look into Coventry University Students Union volunteering division as per your suggestion.

### **2. Disabled toilet**

We are in progress with a maintenance person to look at this.

### **3. Dementia Friendly Signs**

This is a work in progress within the home.

### **4. Staffing**

Please be assured that we take every measure possible within our staffing levels and do not find that we are struggling within this area, however we always take into consideration the views and comments within your report of all who reside within Selborne Court.

### **5. Shower Room**

We have put forward the suggestion re potential wet room, so this will be authorised via the proprietor.

### **6. Bathing**

All bathing is offered to all who reside within Selborne Court on a weekly basis, however we will always take into consideration the views and comments within your report.

### **7. Outdoor Washing Line**

We have put forward the suggestion re [a] potential washing line, so this will be authorised via the proprietor.

### **8. Care Plan**

For future reference this will be a work in progress.

## 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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