



Report of Enter and View Visit



Compton Manor residential care home

Report published August 2015



Care Home Visited	Compton Manor Residential Care Home
Date and Time of visit	Wednesday 17th June 10.00am - 3.00pm
Address	Compton Road, Holbrooks, Coventry, CV6 6NT
Size and Specialism	38 beds. For adults 65 and over requiring personal care
Authorised Representatives	David Spurgeon and Elaine Gray

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 4 of the 38 residents and 3 members of staff. We did not speak with any visitors and 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

We felt that the home offered a clean, friendly and homely environment offering lots of activities for residents to take part in.

Residents told us that they are "very happy" at the home.

Staff told us that they are happy working at the home but that they would like there to be more staff meetings.

We observed staff interacting well with residents and taking part in activities with them.

Impressions

The home had a welcoming and homely feel. Residents looked happy and comfortable and staff worked well as a team.

Staff seemed caring and had the best interests of the residents the heart of their service delivery.

Results of visit

We were greeted by a member of staff and asked to sign in before being shown around the home by the Deputy Manager. Staff were friendly and welcoming.

The home was clean and tidy and we did not notice any unpleasant odours.

There are 38 rooms in total over 2 floors. 10 of the rooms were en-suite and there were photos of the residents on their doors. There is a small lift, which had just enough space for a standard wheelchair. We observed one resident using the lift who was a wheelchair user. Our Authorised Reps felt that the home could do with having a bigger lift to ensure that there is enough space for staff to accompany residents who need assistance and for those residents who need to use larger wheelchairs.

We were told that there are 2 shared rooms, one was occupied by two brothers and the other was being occupied by a resident on her own who required a lot of space. We were shown one room which was only just big enough for a single bed and was not occupied. We were told that this room and some others of similar size are usually used for respite care. The Deputy Manager told us that the rooms all cost the same regardless of size.

There were 2 lounges, one being the conservatory. The lounges were laid out with high backed chairs and foot stools round the edges of the rooms, some with padded cushions. There was a television and a radio in each lounge.

We saw 1 shower room and 1 bathroom downstairs. Staff told us that there were 5 shared bathrooms serving 2 floors.

Staff told us that resident's money is stored in a locked safe and medication is stored in a locked room.

The manager has an office on the ground floor, we were told that the Manager is not often at the home as he also manages Applegarth Residential Home and splits his time between the two. We saw a 2nd office on the ground floor with a white board showing a table of information such as resident's name, date of birth, allergy, weekly weight, their room number and key worker information. Staff told us that care plans and paperwork is kept in this room.

There is an accessible garden with a courtyard and containing a wooden patio table and a bench. We were told by staff that more garden furniture is being bought and a plaque is being made to commemorate a deceased resident. A resident told us that they do not like it when it is noisy in the home and will sometimes sit outside on the bench or listen to music in their room. The garden looks out onto the car park which leads out onto the street. We felt that the garden could be made more secure and private if it was fenced off or some trellis was put up between the garden and the car park.

Staff told us that they are flexible and that they try to get to know their residents' preferences and fit in with their wishes, such as those who prefer to get up early or those who like to retire early to bed. Staff would like family to be encouraged to be more involved with residents such as escorting them to hospital appointments and that more frequent Physiotherapy and Occupational Therapist involvement would be helpful. Often residents have to wait a long time to receive these services.

We were told by staff that there are informal meetings held. They felt that the manager is very approachable but they would prefer more formal staff meetings and 1-to-1 meetings to be held. Kitchen staff are not included in staff meetings.

Staff also told us that they have lots of training, which is done in their own time and that new staff attend an induction at a centre in Lamb Street in the town centre. They said that it is a busy job and every day is different. Staff said that the home has a friendly atmosphere. We observed staff showing care and attention towards the residents.

We observed staff using hand gel from dispensers around the home.

Residents told us that sometimes it gets very warm in the home but they recognise that staff cannot please everyone and some residents complain that it is draughty if windows are open.

Staff told us that residents' rooms are individually decorated to their taste to make them feel more homely. A resident told us that they feel very settled at the home and are happy that they can tell staff if they have any concerns and feel that all the staff listen to them.

We saw photo albums on display showing pictures of residents taking part in events.

The majority of residents were mobile. The home is a mixed sex facility with the majority of residents being male at the time of our visit.

Food and drink

Residents and staff told us that breakfast is flexible between 8.30 and 10.00am and that drinks are available all day. The lunch menu is available after breakfast and consists of 2 choices of main meal plus an Asian meal choice such as curry and a choice of dessert. At tea time residents can have soup and sandwiches. Staff told us that the menus are on a 4 week rota. We spoke to a member of the kitchen staff whose role is to specifically cater for the Asian menu, residents told us that these meals are popular and they enjoy them.

In the kitchen there is a hatch which leads to the dining room. The dining room had tables laid out with tablecloths and napkins and we observed staff offering

hand wipes to the residents after their meal. There were also flowers in jars on the tables.

On the dining room wall there was a white board with resident's names and details of their special dietary requirements or allergies.

We were told by staff that family and friends were welcome at any time but that they try to keep mealtimes 'protected' where possible.

Residents told us that they like the food but that they felt there was a long time between their evening meal and breakfast. However, staff and residents told us that a trolley is brought round with biscuits and tea mid morning and in the evening.

The food we tried was well presented, tasty and hot. Residents appeared to be enjoying their meals and the majority emptied their plates. There was a calm and quiet atmosphere at lunch time.

We observed staff helping some residents with eating. Some members of staff were interacting well with residents, talking and encouraging them with their eating.

A resident told us that they had once had to miss their lunch due to a clinic appointment and staff provided them with a meal when they came back home. We saw one resident in the dining room eating a meal at around 2.30pm after the other residents had eaten.

Residents and staff told us that cold drinks are available on request.

Care

We observed staff responding quickly to requests from residents. Each resident has a key worker who is responsible for updating care plans every month, checking clothes to check whether items need repairing and whether they are labelled with the resident's name and for checking tidiness and cleanliness of rooms.

We were told by staff that a district nurse does a 3 monthly check and if there are any concerns about a resident's health, staff can make a referral to the community nursing service.

The home has a GP from Holbrooks Health team who visits 2 days per week and carries out reviews with each resident. If resident's wish to continue using their own GP when they move in, they are able to as long as their GP agrees.

A chiropodist attends every 6 - 8 weeks and during our visit there was a speech and language therapist visiting and assessing some residents.

The home appeared to take great care to recognise each resident's individuality. An example of this was the way that they used a life history booklet, which is kept in each service user's care plan, this contains significant information about their past such as where they grew up, their occupation, their family, their hobbies and interests. In the laundry room each resident also has a pigeon hole for their key worker to keep their belongings in, this has a picture of them next to their name to and was particularly useful in helping new staff identify residents.

We observed staff knocking on resident's doors before entering. Residents told us that staff respect their privacy and dignity and they feel that they can express to staff if they do not want a particular member of staff to assist them with personal care.

Residents told us that they can ask staff for pain relief and this is made available if they need it.

Activities

Residents told us that they are happy with the activities provided and that there is plenty of variety. While we were visiting there was a physical fun activity taking place in the afternoon, which about 12 residents were taking part in, this involved seated exercise for those residents who were not able to stand. We saw one resident standing up and dancing and others joining in by waving objects in the air such as pom poms.

One resident told us they like the activities with music and they can choose whether to take part in activities or to sit quietly if they prefer.

Staff told us that there are two activity co-ordinators and we saw an activity board displayed in the lobby area which showed a variety of activities taking place throughout the week. Monday - Music and film, Tuesday - Exercise and games, Wednesday - physical fun, Thursday - games morning / quiz, Friday - Manicures and skittles, Saturday - Arts and crafts and bingo, Sunday - rest day. We were also told that there used to be one activity worker but this was recently increased to two so that one person could be responsible for outings to the pub or shopping trips etc.

We were told that the home also arranges reminiscence days and "Wild Bill" visits twice a week. Wild Bill is an entertainer who comes and does activities to music from the war era and some country music. He also recites his own poetry, demonstrates Line Dancing & teaches people how to dance with their hands.

A hairdresser attends on Saturdays and a room is being prepared to be used as the designated 'beauty' room/salon. This will also be used to provide manicures. A resident told us she gets her hair done every fortnight at the home.

Staff told us that they took 4 residents to the pub for a meal last week. Shopping trips are regularly organised and canal trips have been enjoyed. Transport is provided by taxis.

The 'residents fund', which is raised by activities and special events is used for Christmas and birthday presents for the residents. Birthday cakes are made on site to celebrate resident's birthdays.

A lady from the local church visits and sees residents as a group, there are no formal religious services at the home.

We observed some staff and residents playing cards and dominos together, while others napped in their chairs or watched television. We also saw staff taking the time to chat to residents and helping them to move around the home.

Dementia Friendly Design

There were dementia friendly signs around the home and on the doors showing what the rooms were.

A few of the residents had various stages of dementia.

Healthwatch Recommendations

Following our visit we would like to recommend:

1. The garden could do with something to separate it from the car park and therefore making it feel more secure and private. We recommend putting up some fencing or trellis to facilitate this.
2. Staff expressed the need for more staff team meetings and 1-to-1 meeting with their manager.
3. Staff would like family to be encouraged to take residents to appointments as this often takes staff away from the home for long periods of time. We would recommend holding meetings with residents and relatives to discuss this issue.
4. The proprietors should invest in installing a larger lift. Whilst we recognise there will be challenges around addressing this issue, we feel that the lift is small and a larger one would be a positive investment for the home.

Response from care home manager

1. We are separating the garden and car park by putting a trellis for privacy.
2. We have regular staff meetings:
 - a) All staff - Care, Kitchen, Housekeeping
 - b) Care staff separately
 - c) Kitchen staff separately

- d) House-keeping staff separately
3. When any appointment comes we ask the family members first to accompany them, but this is not possible all the time as they are working etc. Whenever possible, families oblige to go with residents.
 4. We cannot install a larger lift as there is no location possible to put up one in the building. The existing lift can accommodate a service user in wheelchair and one staff. We never had any problem with this lift being able to accommodate any residents, even with wide wheel chairs. Some residents use the lift with even their mobility scooters.

Peter Varghese
Manager

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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