

Report of Enter and View Visit

Fountain Lodge Nursing Home

Published 16 May 2016



Care Home Visited	Fountain Lodge Nursing Home
Date and Time of visit	Friday 18 March 2016 - 10.00am - 3.00pm
Address	33 Stoke Green, Coventry, CV3 1FP
Size and Specialism	30 residents. Adults 65+ requiring nursing care
Authorised Representatives	Elsie Beaumont and Mary Burns

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 3 of the 27 residents, 4 members of staff 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

We felt this was a caring, comfortable and spacious nursing home with three floors which consisted of a basement that accommodated a laundry room and staff facilities, the ground floor which consisted of communal areas and a kitchen and an upper floor where the bedrooms were situated and which could be accessed via stairs and a stair-lift.

The home is in a listed building which is decorated in keeping with the age of the building, clean and pleasantly furnished.

It is a mixed sex facility with 26 single rooms and 4 shared rooms. We were told by the manager that only two of the 'shared' rooms were being shared at the time of our visit. The other two had single residents in them who were paying a 'top up' to stay in them.

The home looked safe and secure with a lockable entrance accessed via a security code.

The Manager had previously worked as manager of the home but had only been back in post for 4 days at the time of the visit and a part time Activity Co-

¹ <http://www.carehome.co.uk/carehome.cfm/searchazref/20002502BURA>

² <http://www.cqc.org.uk/location/1-127496230>

ordinator had also recently started work at the home. There were signs that work and ideas were in place to develop what was on offer.

The garden was not safe for residents at the time of our visit. It was evident that work was underway to improve the outside space.

Initial Impressions

We found it difficult to locate the home as there wasn't a road sign. We were told by the Manager that the sign went missing in November 2015 and plans are in place to replace it.

As we approached the entrance to this large listed building, there were three bells but no sign telling visitors which one to use, we pressed them all but could not tell whether any of them were working. We were greeted by the Manager who told us that she had been in post for four days and that she had managed the home before and was returning to the role.

There was a garden area all around the building, which was being cleared - there was a skip and there was evidence that work was taking place to improve it.

Facilities and environment

Very few of the residents were mobile. The front door had a code operated lock for security.

We observed a member of staff check and record the temperature of the room on a chart on the wall in one of the communal lounges, a window was open which aired the room and the temperature was comfortable at 22 degrees. In the same lounge there was a variety of comfortable chairs. It was attractively decorated with a range of pictures on the walls and ornaments which gave it a homely feel.

We saw that residents had a TV on in some bedrooms, staff told us that residents provide their own TV if they wish to have one. TVs were also on in the communal lounges.

The rooms were pleasantly furnished, attractively decorated in keeping with the age of the building. Residents said *"I like it here", "I like it upstairs, I don't go downstairs" "I have a nice view from my room when I am sitting up."*

We were told that none of the rooms were en-suite but all rooms had a sink. There was one bathroom on the ground floor with a toilet. There were 2 bathrooms with showers and toilets and two single toilets on the upper floor. Some residents told us that they would like to have more baths but more often they have showers. We were told by staff that one of the hoists was not working which meant that less residents could have help getting into the bath. The Manager told us that there were two hoists which were both working. Although many of the residents required assistance from staff to go to the toilet or bathroom, we noticed that none of the bathrooms or toilets had hand rails or were set up for people with disabilities to access independently.

Staff

Staff seemed to be happy working at the home but told us that they would like better staff facilities. The staff area felt cold and was a small room which was cluttered with medical aids such as hoists.

Staff said that they were confident that if they had a problem they could go to Management and they would be listened to. They told us that they were happy that the new Manager wanted to implement staff recommendations. One staff member commented "*My suggestions have been taken on board*".

We were told by the Manager that the staff team consists of a variety of nationalities some are new to the home but many are long standing members of staff. Staff shift patterns were 8am - 8pm and 8pm - 8am for a full shift and some staff work half shifts 8am - 2pm or 2pm - 8pm to cover the needs of the residents. During the day there was usually 1 nurse, 5 carers and at night 1 nurse, 2 carers. There was a 24 hour on duty RGN nurse. On the day of our visit a nurse had gone to a resident's funeral and was being covered by an agency nurse.

There is also a member of staff employed to do laundry who works daily from 7am -12 noon with facilities on site but some residents families choose to do their laundry. We were told that there is also a handyman/ gardener in post full time and 3 cleaners.

The Manager said that she had completed bereavement counselling training and was able to support staff and residents on the death of residents. She said that staff were well supported and had regular supervision, annual appraisals and training.

We were told that a member of some staff had just completed their NVQ2 and others had recently undertaken dementia awareness training which they had found useful to their role. Staff said "*I have done all mandatory training*". Some staff told us that they would like more training opportunities to be available and would like more opportunity for staff to share their existing skills within the team.

Food and drink

The main communal lounge had a nice view and there were jugs of drinks on the tables. We observed that there were cartons of drinks available in the bedrooms and in the communal areas. During lunch we also observed a member of staff moving a drink closer to one resident to encourage them to drink. Residents told us that they can have drinks whenever they ask for them.

There was a small kitchen located through a door off the dining room. There was a full time chef whose hours were 7am - 4pm and who has worked there for several years. At present they don't have a kitchen helper in post but the role had been advertised and was being covered by other staff in the interim. We noticed that there was a City Council hygiene certificate on the wall with a rating of 4 out of 5.

We had the opportunity to taste the food on offer, the menu had been written on a blackboard but the writing was not clear and was difficult to read. Staff told us that there was a choice of fish and chips or fish in a sauce with potatoes and that residents were verbally given the menu the day before. We would suggest a printed or preferably a pictorial menu might be helpful, especially for residents with sight problems or early stages of dementia.

Our plates were nice and warm so the food kept warm very well. The fish and chips were very tasty served with a very nice salad. There was a choice of 3 desserts, yoghurt, ice cream and a hot dessert choice of rice pudding which we noticed went down very well with seconds being offered and enjoyed by some residents. One resident didn't want the choice of main course so a different meal was cooked for them. A choice of two flavours of fruit juice was offered.

We were told by staff that carers serve evening meal as the chef has usually finished for the day and that any special dietary needs are catered for. While in the kitchen speaking to the chef we noticed very few leftovers and thought that this showed good budgeting.

We were told by the Manager that residents can have alcohol if it doesn't affect their medication. Residents said if they felt hungry they could ask and have biscuits or sandwiches.

When residents were asked what they liked to eat they told us "***mince and potatoes***", "***cake***". Some residents told us that they appreciated the support from staff at mealtimes "***My hands are old. I don't ask them, don't want to trouble them. I cope on my own***", "***I can drink alright, can't use a fork so staff help***".

In the dining room there was a fish tank, we only observed 2 residents eating in this room but there were four tables covered with tablecloths. Some residents ate their meal in the lounge and others were served meals and helped to eat in their rooms.

Having read the most recent CQC report regarding nutritional charts we noticed some on a table in the upstairs lounge and had a look at them and could see that the recording of information was inconsistent e.g. where a drink or meal had been given there was a tick but there was not always a record of how much had been drunk or eaten. We were told by a staff member that charts were not always completed in a detailed way by all staff.

Dignity and Care

The manager told us that medication is only given by a nurse and that residents moving to the home can remain registered with their own GP if they wish. All the residents we spoke to said they had access to pain relief and that staff will bring them tablets when they press the button to call them. "***They give me tablets***" "***Yes I press the button***"

We observed staff guiding a resident back to their room and behaving in a caring and gentle manner towards residents. When asked what they like most about living there residents told us "***the staff, some of them are nice***".

Residents said that they felt safe and that they felt able to speak to staff if they had concerns.

We observed a resident wandering the corridors and safety gates across some of the doorways to resident's rooms. A staff member told us that this was so the resident could walk around freely but not wander into other residents' private spaces. They also meant that resident's did not need to keep their doors shut if they didn't want to and could still see what is going on outside as well as staff still being able to check on residents who were unable to get out of bed.

Care staff were both male and female and the Manager felt that female residents related well to the male staff.

Residents told us that they were happy with the personal care that they were being given *"Someone helps me ...always a lady". "They wash me usually ...could be either [male or female carer] I'm not bothered"*.

While talking to one resident we observed that they didn't seem to understand how to use the summon button and thought that the reset button on the wall was the one they needed to press. When we showed the resident how it worked they were able to do it. The resident seemed confused and we thought she had perhaps been told this but had not retained the information. When staff came in to acknowledge the residents' call, we noted that the position of the reset button was situated over the bed and was difficult for staff to access. Staff had to reach up and across the bed where the resident was in order to press the button.

Staff told us that they help residents to choose what they wear and that they check incontinence pads at least every 4 hours. Residents are checked for pressure ulcers every 2 hours. If residents do not want a male carer we will swap and make a note in their care plan.

A member of staff told us that when residents are sharing a room they use a screen to separate the room when carrying out personal care. Residents are given the option to share and do not have to, at the time of our visit there was a husband and wife sharing and two ladies sharing. The Manager told us that the ladies did not want to be in a room on their own and their families also preferred them to share. There were two other shared rooms which were being occupied by single residents, we were told by the Manager that these residents pay a *"top up"* to stay in the larger rooms by themselves.

Activities

We asked residents what they would like to see improved in the home they said *"staff don't have much time to chat"* and that they would like to get to go outside *"I want to go outside into the air for a walk"*.

There was a garden, but at the time of our visit it did not look safe for the residents to use. Due to the health conditions of most of the residents we think that they would need to be accompanied by staff. The Manager told us that

residents who wish to go outside are able to depending on safeguarding assessments but that very few of the residents were able to. When we asked residents if they had access to outdoor space one said **"I might go out, depends on the weather"**.

A resident told us that staff do her hair for her **"They do it for me, I show them how I like it"**. We observed a member of staff plaiting one resident's hair. Staff told us that a hairdresser visits every two weeks.

One resident told us that they enjoy reading and that the library brings books every month. We saw a bookcase with a variety of books in one of the lounges. Another resident told us that they liked watching horror films, the activity worker told us that she was planning on bringing in some Alfred Hitchcock films for this resident to watch in their room. The resident seemed very pleased about this.

Staff and residents told us that there have not been many regular activities being organised but that an activity worker has recently been employed. Some residents told us that they chose not to take part in activities, another told us **"I watch TV ...no activities organised"**.

We spoke to the activity worker who had lots of ideas and enthusiasm for introducing activities and trips out such as taking some residents to the park. The activity worker is working 3 days per week but one of those days is spent helping in the kitchen due to the home not having a kitchen helper at present.

We saw a fish tank on display in the dining room and observed the activity worker making Easter cards with a couple of the residents as a one to one activity. The Activity Worker described how she was working hard to get to know each resident's interests in order to plan some activities each week. She felt confident that the new Manager would support the changes she is trying to make. The Activity Worker seemed to be knowledgeable and genuinely interested in the needs of the residents.

Staff told us **"we need more activities, they sleep"**. Staff also said that they try to encourage residents to take part in activities and help them to get downstairs.

Staff also said that they felt the home could benefit from having more care staff.

Dementia Friendly Design

Not all staff have received dementia training. The Manager told us that the home is not a dementia home and that **"Dementia is a secondary condition for the residents."**

We did not see any signs around the home and taps were not labelled hot and cold.

Not all of the doors to the bedrooms were personalised with the resident's name. One resident had pictures and butterflies on her door. The Manager told us **"not all**

of them want it". Staff told us that they would like to introduce personalisation of the resident's doors.

Healthwatch Recommendations

At the time of our visit the home was going through changes of staff with staff recently in post. Therefore new ideas were in the process of being developed and put in place. The activity worker needing to help in the kitchen (due to the kitchen helper post being vacant) was also a constraint on the extent of activity work.

The following recommendations highlight some areas for the new manager to focus on. We recommend:

1. There should be one door bell for visitors to use and bells that are no longer working should be removed from the front entrance.
2. Although the home does not specialise in dementia it is good practice to use dementia friendly design:
 - A) Dementia friendly signage - as there could be some residents who have early symptoms of dementia and this is a progressive illness. There should be clear 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) All taps should be clearly labelled "**hot and cold**" or "**red and blue**" to enable those with memory difficulties to use the bathrooms more independently.
3. Put in place clearer menus, preferably printed or pictorial and given to residents or put where they can see them.
4. It is Healthwatch's view that shared rooms should not be used (other than for cohabiting couples), however, where this is necessary a more permanent but retractable screen should be installed in order to ensure dignity and privacy when giving personal care.
5. Residents should be able to go outside more (residents expressed that they would like this) and therefore the work on the garden and activities plans should facilitate this.
6. A regular program of daily activities needs to be implemented and more one to one activities introduced by carers. We recognise that the Activity Worker is new in post but as she only works 30 hours per week other staff should be able to get involved in activities with residents.

7. Residents should be able to choose whether they would prefer to have a bath or a shower. Sufficient equipment which is fit for purpose (i.e. hoists) needs to be available in order for staff to be able to assist residents to have a bath if they would like one and there should not be confusion amongst staff about whether hoists are working or not.
8. Hand rails should be installed in bathrooms to make them more useable by disabled residents.
9. All residents to be encouraged to have something on their bedroom door in order to personalise them more such as photographs, names.
10. We were made aware that a new system has been put in place to enable staff to make recommendations, which was welcomed by staff. Staff expressed to us that they would like:
 - A. opportunities to share their skills and knowledge within the team
 - B. improvements to staff area:
 - i. the staff room to be warmer
 - ii. the staff room not used as a storage area.

Response from Care Home Manager

1. The excess door bells have been removed, and now only the one in use is visible (**Completed 23rd March**)
- 2a. New sign have been made which are larger and clearer and the sign over manager door removed; awaiting signs to be laminated
- 2b. The taps which do not have colour coding, a signage will be put in place
3. New menus in place, a pictorial guide produced; choices written up daily on blackboard; a choice sheet for client has been produced so diet choice can be recorded (although people change their mind and that is accommodated)
4. We have in place moveable screen with in double room, and your suggestion has been passed on to owner however we feel the screening in place is appropriate and adequate to protect privacy and dignity of clients in rooms
5. The clients we have in the home at this time as you stated are unable to access the garden independently; however, the activity and care staff take clients out to garden as requested weather permitted and all clients are able to access to the garden with their family members.

6. As you are aware; the clients in the home present with varied complex needs; care staff do spend time with the clients and engage in activities; activity co-ordinator has a program of activities which includes group work and individual work she keeps an activity register; however, care staff are instructed to engage as much as possible with clients.
7. Clients are asked which they prefer; on the day of the visit the hoist downstairs was not working however in home there are total of three hoists; the bath does have a bath seat however for some clients this is not a suitable option because of poor sitting abilities. Hoist maintained 10th May and new bath slings ordered; the cost is prohibited to replace bath upstairs for parker bath but owner is looking into options
8. We have order the required handrails and awaiting the fitting (**30 May to be fitted**)
9. The activity co-ordinator is attending to this with the assistance of the individual residents in the form of pictures that are relevant to clients and memory boxes.
- 10a. I have taken on board the comments made by staff and we are in the process of setting informal meeting for staff to discuss any issues or recommendation made by staff; also in process of compiling a staff QA form.
- 10b. All unwanted goods removed from staff room; it is them that put them there in first place. Unfortunately, we are unable to do anything about the heating situation; although owner is aware.

I hope this answers your queries from your visit; and would like to thank you for the visit highlighting some areas of care we were not aware of.

Acknowledgements

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

Healthwatch Coventry 29 Warwick Road Coventry CV1 2EZ	Telephone: 024 76 22 0381 Email: yoursay@healthwatchcoventry.co.uk Website: www.healthwatchcoventry.co.uk
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