

Report of Enter and View Visit

Keresley Wood Care Centre

Published 01 June 2016



Care Home Visited	Keresley Wood Care Centre
Date and Time of visit	Thursday 17th March 2016 - 10.00am - 3.00pm
Address	Tamworth Road, Keresley, Coventry CV7 8JG
Size and Specialism	Up to 44 residents. Adults 65+ requiring residential and nursing care or respite care. Mixed Gender.
Authorised Representatives	Jean Smith and 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 5 of the 44 residents, 4 members of staff and 2 visitors. We also gave out some questionnaires for visitors to complete

and return in our freepost envelope. We have received 1 completed visitors' questionnaire.

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

There is usually capacity for up to 44 residents. The manager advised us that on the day of our visit they were registered to take up to 45 as they had a married couple residing.

The care centre has a dedicated activity coordinator who provides residents with activities, entertainment, trips and 1:1 sessions. We heard about activities which were being delivered. The two visitors we spoke to felt that activities needed to be improved.

During the Enter and View, we spoke to the nurse deputising for the manager, 5 residents, 4 other members of staff and 2 visiting relatives.

There was a secure entrance.

We had concerns about staffing levels. We noticed that staff were constantly busy; There was no Manager or Deputy Manager on duty on the day of our visit. The nurse in charge had been left to deputise and a member of care staff went home ill.

We were concerned that the size and layout of the single bedrooms did not allow adequate space to cater for residents who needed to be attended to by more than one member of staff.

Overall, residents said that their dietary needs are catered for and they get enough food.

¹ <http://www.fshc.co.uk/keresley-wood-care-home/>

² <http://www.cqc.org.uk/location/1-318082302>

The home was bright with plenty of natural light but there was a lack of dementia friendly features and signage needed reviewing.

Initial Impressions

We arrived and rang the door bell, the door was opened by a staff member and we signed into the visitor's book in the entrance hall. There was a member of staff at the door waiting to be taken home due to feeling unwell.

The decor and furniture was fit for purpose but needed updating and refreshing in places. The temperature around the home was comfortable.

We noticed that there was an odour of urine as we entered the building and this odour was stronger and more noticeable as we were being shown around 1st floor. We also noticed dirty toilet brushes and holders in the communal toilet facilities.

We were invited to sit in what was described by staff as "Dining Room 2", to wait for the head nurse to come and speak to us. On the day of our visit the nurse in charge was acting as manager due to the manager being on holiday and the deputy manager not being on site due to an appointment. The Administrator showed us in and told us that the head nurse was doing a medication round and would meet with us when she had finished.

On leaving the building there was a button on the wall to release the lock on the door.

Facilities and environment

We observed that very few of the residents were physically mobile. The doors to resident's bedrooms were kept open. Staff were very busy with residents. We noticed that most of the residents in their bedrooms were asleep and in a number of the rooms the radio was set to the same radio station, playing loud current pop music. We felt concerned that this was not engaging for the residents and were curious to know if anyone ever asked individual residents if they would like to listen to music and what sort of music they would like. We mentioned this to a staff member who said they would "*look into it*".

The lead nurse told us that the residents in the home who have dementia are in the advanced stages and have cognitive impairment which requires total nursing care.

The home has capacity for up to 44 residents and on the day of our visit there were 3 vacancies - 1 new resident was due later that day. We were also told that there were 5 shared rooms and the rest of the rooms were single, 20 of the rooms have en-suite toilets. There was one married couple residing in a shared room (The manager told us that the home was registered for 45 residents because there was a married couple residing at the time of our visit).

The home consisted of two floors. The entrance leads into a foyer/reception room. Off the foyer, there was a lounge and a separate dining room. Turning right, there

was a long corridor which contained an administrative office, shared facilities and bedrooms. Towards the end of the corridor was the lift, nursing office and dining room/lounge. The 1st floor consisted of bedrooms and shared bathroom / toilet facilities.

The lead nurse told us that on ground floor there was 1 bathroom/toilet, 1 shower room and 1 toilet; on the first floor there are 2 bathrooms/toilets. We noticed that there were no locks on the shared bathroom and toilet facilities. Staff were clearly very busy, we did not feel able speak to many staff as it would have taken them away from their duties.

We noticed that the toilet brushes and holders in shared toilet facilities were dirty. The domestic staff were observed assisting care staff with residents'.

The fire exit was operated by a coded security keypad, we also noticed that the fire exit door was not clearly signposted and the signage appeared to point to the lift which was confusing.

The size and layout of the single bedrooms did not allow adequate space to cater for residents who needed to be attended to by more than one member of staff and beds were against the wall (i.e. there was no space around the bed to enable staff to get either side if a resident needed to be turned). We asked staff about this and were told that the beds were on wheels and could be pushed away from the wall at an angle. We were concerned that this would then restrict access to the door.

Staff

We were told that the care centre staff comprises of a manager and deputy manager, who are qualified registered nurses, 2 registered nursing staff, 6 support workers, who are split into 3 teams and 1 floating member of staff who looks after resident's rehydration etc. There is a chef on site, cleaners, a hairdresser and an activities coordinator.

We asked what happens if staff go off sick as one had done this morning and we were told other staff absorb the work and "chip in", they only use agency nursing staff if required.

We were told staff had regular staff meetings, 1:1 meetings and received training and updates and as a result, they felt able to carry out their role more efficiently. One member of staff said that they had received Dementia training, another told us they had not.

Staff said they knew who to approach if they needed support or if they had a problem and said that they felt comfortable speaking to management.

Staff said that they enjoy their work as it was varied; nothing was ever the same, different things cropped up all the time. One member of staff said they had been actively encouraged and supported to take further training.

A member of staff said they felt their job would be easier with fewer interruptions e.g. one member of staff was answering the door to visitors every few minutes and

said it would be better if this was everyone's responsibility, so that they could do their own job.

Food and drink

Staff told us that meals are prepared on site and there was a 7 day rolling menu with a choice of mains and desserts.

We observed that meals were eaten in the large lounge/dining room by those residents who are able to get out of bed and come downstairs with assistance from staff.

Most residents we spoke to said that they were offered a choice of meals. One resident we spoke to said if they didn't like the food, they leave it and they are not offered an alternative. Other residents stated that if they did not like the food given, they were offered something else and if they missed a meal or had an appointment during mealtime, a meal would be kept for them, or they could book a meal for later.

Overall, residents said that their dietary needs are catered for and they get enough food. Drinks and biscuits are available when they want, but said that they may have to wait a little if staff are busy. One resident told us that they were offered hot chocolate at night time. Another resident said they felt that their likes/dislikes and dietary needs were not catered for.

Residents commented that:

They like to eat *"Good cooked food"*.

"The food is excellent here".

"There is enough".

"They always give you something else if you don't like what they give you".

We observed a couple of residents drinking tea and eating biscuits in between breakfast and lunch time.

We sampled a lunchtime meal of gammon, chips, green beans, carrots and gravy; it was tasty, hot and filling. To drink, we were given orange squash. We were offered ice cream or semolina for dessert.

Dignity and Care

We did not observe interactions between staff and residents because staff were extremely busy with residents in their rooms. Some interaction between the residents and the activities coordinator and hairdresser was observed and was appropriate for the individuals. We observed staff talking clearly to residents and making eye contact. We also observed staff letting individuals know that they would be with them soon, if they were already talking to someone else. Residents commented that they felt staff respected their privacy and dignity. They said that they were happy to ask for and receive help from staff.

There were mixed comments about patient/staff communication. One resident said ***“They are busy, but they do listen”***. Another resident said ***“Not really, they don’t do what you want, they do what they want”***. When asked if there are chances to talk to staff about ideas, a resident said ***“If I want to they will listen”*** another said ***“No”***.

A completed visitor questionnaire told us ***“staff take pride in the care of the residents”***. But also said that the home has lost good staff and they believe this is because staff do not have enough time to spend 1-1 time with residents.

Activities

The home employs an Activities Coordinator who told us that they meet with residents when they arrive at the care centre to establish what activities they like to do. Apart from the activities coordinator, we did not see other staff engaging in activities as care staff were extremely busy attending to residents in their rooms and were therefore not visible to us.

We visited on St Patricks day and the activities coordinator had prepared a quiz entitled ***“How Irish are you?”*** which they started after lunch. The staff had decorated the lounge with bunting and there was some Irish music playing.

Staff told us that resident’s birthdays and memorable dates such as St Patrick’s Day, World Jazz Day, and the Grand National etc are noted in a diary and themed activities are arranged around these dates.

Staff also told us that activities such as bingo, quizzes, board games and volley ball also take place. One resident told us that said they would like bingo with prizes.

The home has a garden and residents said that they go into the garden area, weather permitting and when staff are available to assist them if required.

We were told that trips are arranged to Garden Centres and the library and there is a Boat Trip organised in May. Overall, the residents we spoke to said they were happy to be living at Keresley Wood. They enjoyed the quizzes and doing exercises, they had entertainers and singers organised for them.

One resident said the home was comfortable, she liked the food and that they had a lady who did her hair. Many of the residents spoke about looking forward to the upcoming boat trip on 7th May. One resident said they wouldn’t go on the boat trip as they couldn’t walk.

We were told by staff that there are two entertainment activities each month where they bring in a singing group called Good Company plus another singer. On 12th April an act called Magic Zone has been arranged. A staff member told us that they have researched the magic act and discussed with them the variety of needs of the residents to ensure they can cater the act to best engage with all residents.

One of the visitors told us that they felt the activities provided needed to be ***“greatly improved”*** as they do not cater as well for residents who have ***“a good quality of life”***. They also said it must be difficult for staff to provide for some

residents who are deaf-blind and have cognitive impairment. One of our representatives suggested that the relative could contact Sense, who are a charity that specialise in support for people who are deaf-blind.

Dementia Friendly Design

Dementia friendly signage was lacking, as was signage throughout the care home overall. We did not see any dementia friendly signs on doors to communal areas. There were signs on the communal bathrooms and toilets but these were not dementia friendly and not all of the taps were marked hot and cold.

Stairs had a black strip on each one, so they were clearly visible as individual steps.

Carpets and walls had contrasting colours throughout. However, handrails were the same colour as the walls and did not stand out.

Lighting was good and bright; there was plenty of natural light.

Healthwatch Recommendations

Following our visit Healthwatch recommends:

1. Consideration to be given to how bedrooms are laid out to enable staff to safely deliver care to those residents who are in bed (including turning people and getting people out of bed safely).
2. Ensure that there is sufficient staff on duty to cater for the needs of all residents including domestic staff and adequate management cover for when the manager and deputy are away.
3. Management to look at ways to monitor and regularly review the general cleanliness of the home.
4. Radio stations and music played in the bedrooms and around the home should be catered to individual tastes and preferences.
5. Dementia friendly signage and features to be installed throughout the home:
 - a. 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.
 - c. Handrails should be painted in contrasting colours to the walls.
6. All signage around the home to be reviewed so that this is clearer for residents, visitors and new staff, e.g. signs to show where the fire exits and lift are located.

Response from Care Home Manager

We are registered to take 45 residents as we have a married couple otherwise we are at full occupancy with 44 residents.

We have a dedicated activity coordinator who has recently completed her NVQ3 in activity and she works hard to promote activity and well being in the home. As well as daily activity there are group games and other interaction in the lounges at varying times throughout the day. There are also several residents who remain in bed and activity is delivered to them on a person centred basis.

When this visit was arranged I explained that I was on annual leave for a week and was informed that it would not be a problem as the primary reason for the visit was to observe. My deputy who was in charge of the home for that week came in and introduced herself to the visitors from Health Watch and was on call for the home for the whole week as and when she was needed.

The staff in the home (or any home) are always busy and with two birthdays and St Patricks day celebrations there was plenty going on that particular day. One staff member had gone home unwell but there was still enough cover for the home as dependency levels vary and there are always two nurses on shift to assist with the care needs as needed.

Domestic staff do not partake in delivering personal care, however they will engage with the residents and pass them tissues or drinks or assist them with small things if they can.

With regard to the comments about whether staff listen or not or is hard to judge as I do not know which resident it was. From the completed resident questionnaire we have not lost good staff. Some care staff have left to complete their nurse training or to embark on other career moves.

With regard to the bedrooms, they are to the required limits and residents are encouraged to bring their own personal effects to reflect the person that they were. The staff are trained in manual handling and the beds move easily on wheels when personal care is being delivered.

At no point has this home ever had a resident with 1-1 care.

All rooms are being redecorated and our estates manager is arranging for the corridors to be repainted.

I am surprised you said you could smell urine by the front door as there has never been any comments about odour before and as the reception area is cleaned every day and there have been no comments on our quality assurance about odours in the home I feel this is unlikely.

With regard to your recommendations:

1. The bedrooms are laid out in the way that a resident wants it to be. Rooms are all shown to families prior to admission and they have not raised any concerns. As previously mentioned beds move freely on wheels and the size of the rooms is environmental.
2. The home is staffed according to the needs of the resident and when I am on annual leave my deputy manager is on call and available at any time.
3. Toilet brushes have been removed and the rest of the home follows an appropriate cleaning regime.
4. Radios that are on in residents rooms reflect the needs of the residents. All our residents are cared for in a person centred way and it would be difficult to judge what sort of music some of them would like to listen to. However, some of the residents wish to listen to more lively radio stations or family members have told us what they liked to listen to.
5. As we are not a dementia home we do not have dementia friendly features as they are not required at this moment. As we are not a dementia home we do not have dementia friendly signs but all the taps are labelled hot and cold and are checked and recorded by our maintenance man.
6. With regard to the signage indicating where the fire exits are we have now changed the sign but as you come through that door way immediately in front of you are two signs clearly indicating where the fire exits are. The home is inspected internally and externally by health and safety and fire officers and this has never been mentioned before.

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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