



Report of Enter and View Visit



**Charnwood House Nursing Home -
Beech Unit**

Report published September 2015



Care Home Visited	Charnwood House Nursing Home - Beech Unit
Date and Time of visit	Friday 17th July 2015 12.00 - 4.30pm
Address	77a Beake Avenue, Radford, Coventry, CV6 3AQ
Size and Specialism	We visited one unit which has 15 places for adults 65 + requiring personal care. Specialises in dementia care.
Authorised Representatives	Karen Keates and Stephen Gage

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.

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 2 of the 15 residents, 1 visitor and 1 member of staff. 1 completed visitor questionnaire was received.

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 visited Beech Unit as we had not had an opportunity to see this part of the home when we carried out and enter and view visit in March this year.

We thought that the unit was attractively furnished, clean, spacious and staff were friendly.

Residents and staff told us that they are happy in the home.

The home specialises in dementia care and has a well maintained dementia friendly garden.

We identified that an item of furniture was unstable and needed attention.

We observed staff being attentive and patient and taking part in one to one and group activities with residents.

Impressions

We thought the unit's decor was clean and well maintained. The unit was also spacious and bright.

Staff were friendly and welcoming and residents looked happy.

Results of visit

We visited Beech Unit as we had not had an opportunity to see this part of the home when we carried out and enter and view visit in March this year. Previously Beech Unit was for people being assessed before moving on to permanent accommodation. It was being refurbished during our last visit and is now used for permanent residents and is no longer an assessment unit.

We observed staff being patient with residents who were confused due to their dementia. One resident was following a care assistant around and was repeatedly asking "who am I" and asking for help. Staff took time to interact with her calmly to try to reassure her and make her feel safe.

A resident who spends most of her time in her room showed us a glass ornament, which she told us she had been admiring in the lounge and staff had given it to her to keep in her room.

There were some artificial and some fresh flowers around the home. In the lounge we saw a large glass cabinet displaying ornaments given as thank you gifts to the staff.

Residents' rooms were well furnished and clean with large windows overlooking the garden. Each of the 15 rooms is single and is en-suite with a shower, toilet and sink. Residents can have televisions in their room. The manager told us that there is further expansion planned for the unit.

Residents were complimentary about the staff and told us they are kind, attentive and approachable.

Staff told us that medication is given to residents in the morning and evening by a designated member or staff.

Staff told us that training is completed via an on line learning package and done in paid work time. They also told us that they feel staffing levels are more than adequate and they felt able to raise any concerns with senior members of staff.

The temperature in the unit felt comfortable and the atmosphere was lively and welcoming.

A resident told us that they did not know why they had been "plucked out of their house" and were in the nursing home and that they would like to go on outings. The same resident told us that they wanted to have access to their own money. This must be difficult for staff to manage when they have residents with advanced stages of dementia. Staff told us that residents can give their personal money to the staff who will keep it in the safe for them. Some choose to keep it with them but staff discourage this.

We noticed that one resident had a table in her room which was too high for her and was also wobbly when tested. The resident described that they choose to have their lunch on a place mat on their lap because the table is too wobbly. We felt that the table was not fit for purpose and should be replaced as there may be a health and safety risk as a hot drink could be put on the table and could tip over. We raised this matter directly with the management of the home after the visit. In the first instance we spoke to a staff member who said that all of the bedside tray tables were being replaced, we were then contacted by the manager who told us that she had looked at the table and there was nothing wrong with it. We asked if it was possible that a member of staff had been in and rectified the problem since our visit, the manager said she did not believe that this was the case.

There was a large, clean bathroom and we were told that all residents are supported if they wish to have a bath rather than have a shower in their room. There is a lockable door on the bathroom which can be opened by staff in an emergency.

We observed that the lounge chairs were too low as we saw a resident who used a walking frame, having difficulty getting up from a chair. These chairs were not wide enough for disabled people to use, nor were they covered with *wipeable* material. The manager told us that they are in the process of buying new furniture for the unit.

We saw that there were handrails along the corridors of the home but that there was not a hand rail leading to the bathroom.

Food and drink

Residents and staff told us that the meals are of good quality, plentiful and there is a good variety of choices on the menu. We saw evidence that the staff try to accommodate the resident's preferences, one resident likes bananas and custard so was given this instead of the angel delight or syrup sponge and custard that was on the menu.

There is a weekly menu with different food choices and residents are also offered alternatives such as salads. On the day of our visit the main course was a choice of omelette, chicken pie or gammon with potatoes and vegetables, stuffing and gravy.

We saw residents being given cold drinks and tea or coffee on request. Residents told us that they never feel hungry and could ask for extra food if they wanted.

Residents were able to eat their meals in their rooms if they choose or in the dining area.

Care

Most residents needed help with washing and dressing. All staff were female and there was a mix of male and female residents. A care assistant told us that she has not experienced any difficulties with residents not wanting to be cared for by staff of the opposite sex.

We spoke to a visitor who told us they would be moving their relative as they thought that Beech unit was for intermediate assessments. They did not want their relative to move into Charnwood House because they had been advised by a relative who is a nurse, that being in a dementia home could cause their relative's condition to deteriorate. They also commented that they had found the staff to be caring and considerate and that they respect the dignity of the residents.

A visitor questionnaire informed us that their only concern about the home is the amount of time it takes to identify issues with medication, due to the waiting time to get an appointment with a doctor.

A visitor rated the home 4/5 when asked how they would rate the facility as a whole and 4/5 for how they would rate the standard of care provided. They also told us that the rooms are a good size and clean.

We observed that staff were patient and attentive and spent a lot of time interacting with residents.

Activities

We could see that there were activities taking place, however, many residents appeared to be left alone in their rooms rather than encouraged to take part in communal activities.

We spoke to a resident who told us that they prefer to spend all their time in their room reading and wasn't aware of what activities were available. We asked them why they did not mix with the other residents and they said "I am anti-social" and told us that they don't like bingo due to being partially sighted. They also said that they missed speaking to their friends and meeting up with them. We observed other residents taking part in activities and noticed that they tended to interact with staff but not with other residents.

Residents and relatives told us that they would like more arranged outings. We were told by residents that they only get to go out if their relatives take them. A staff member told us that they can get permission to take residents out but only to the nearby Jubilee Crescent shopping centre. A resident told us they had been to see the Christmas lights being switched on but they were "very disappointing".

A care assistant told us that residents get anxious when they leave the home. During our last visit the manager told us that she would like to organise more day trips. We recalled that other homes which are owned by the same organisation

(Abbey Park and Allesley Hall) organise trips out and have access to a shared mini bus.

A staff member told us that they used to tend a vegetable patch with the residents but this was discontinued due to uncertainty over the future of the unit. There are no plans to reinstate this. They also told us that the hanging baskets outside the home were prepared by some of the residents.

Residents told us that a hairdresser visits the home once per week and there is a charge for this service. A reflexologist also offers free treatments to residents.

On the day of our visit we were told that there had been a karaoke in the morning and they regularly have games of bingo; a lady comes in on Tuesdays and plays the organ and on Wednesday afternoons there is a church service. We observed staff playing dominos and doing jigsaws with some of the residents, however, one resident had fallen asleep whilst doing a jigsaw with one of the carers so the carer continued with the jigsaw by themselves. We saw plenty of books and a resident we spoke to was reading a large print version of a book.

We also observed a memory session taking place where a member of staff showed residents photos of famous people such as Princess Diana, John Wayne, Charlie Chaplin and asked them to identify them.

Since our last visit the chickens have been removed from the garden because they needed to be kept in a pen and not allowed to roam around the garden in case the residents became alarmed by them or fell over them. Staff felt that it was unfair to keep the chickens.

Dementia Friendly Design

The home has lots of dementia friendly features throughout all of the units. Beech unit continues with this theme as described in our previous report.

There is a large dementia friendly garden with lots of foliage and lavender. We saw one resident walking round in the garden by themselves and others using the garden chairs and tables.

We did not see clear labelling on taps for "hot and cold".

Healthwatch Recommendations

Following our visit we would like to recommend:

1. More organised outings and more residents to be encouraged to take part in communal activities to prevent them becoming isolated and lonely. (Other Methodist Homes facilities have access to a shared mini bus. Could this be something which Charnwood House could take advantage of too?)

2. All furniture to be checked to ensure it is fit for purpose and replaced if it is damaged; i.e. we saw that a table in one *resident's* room was not able to be used by her to eat her meals or stand her drinks on as it was unsafe.
3. Our Authorised Reps felt that the chairs in communal areas were too low and narrow for disabled users. We were told that new furniture is being purchased for the unit but did not clarify which items were being replaced. It would be useful to know if these are among the items which are being replaced.
4. Ensure that there are handrails installed in all areas where residents may need to access areas of the home.

Response from Care home Manager

The care home manager has responded with a response/action plan for each of our recommendations:

1. All residents in Charnwood House are encouraged and are visited by the Activity coordinator daily. Choices given to residents to choose whether they wish to participate in each activity.
2. We take Health and Safety very seriously in Charnwood House. If something does become unsafe it is removed and then replaced. I would have expected any visiting professional person finding any item that was unsafe that they would have reported this immediately to a senior member of our team. I was informed of this when I received your email which was days after the visit took place. I was not aware of the furniture being rectified although if this had of been reported to a member of staff on the day they would have rectified the problem straight away.
3. As explained on the day of the visit there was a refurbishment taking place and with new furniture. The lounge chairs are a mixture of height and widths.
4. The area which is mentioned in this report is a supervised area but I will be reviewing this area with our Estates 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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