

Report of Enter and View Visit

Cordelia Court Care Home

Published 3 February 2017



Home Visited	Cordelia Court
Date and Time of visit	Tuesday 29 November 2016, 3pm - 8pm
Address	182a Shakespeare Street, Coventry, CV2 4NF
Size and Specialism	Up to 23 residents. Adults 65+ requiring residential care. Mixed gender
Authorised Representatives	Gillian Blyth and Simon Day

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 residents, 2 members of staff and 1 manager. 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

Cordelia Court provides residential care for up to 23 residents aged over 65. On the day of our visit there were 20 residents living there. We spoke to the home Manager, 2 other members of staff, 2 visitors and 5 residents.

The Manager told us that the majority of residents have a diagnosis of dementia and the care home also provides care for frail elderly and end of life care when needed, they always try to adapt to resident's changing needs and not move residents to another home.

Our Authorised Representatives felt that this was a caring, homely and friendly residential home. It was apparent throughout the visit that there is an ethos of person-centred care throughout Cordelia Court. The home looked to be well managed, safe and secure. We saw staff regularly interacted with residents in a calm reassuring manner.

We found the home to be clean and there were no unpleasant odours. However, the shower room on the ground floor had standing water and smelt damp.

We identified that a pull cord for switching on the light in the downstairs toilet was too short to be reached by someone in a wheelchair.

¹ <http://cordeliacourt.co.uk/home.html>

² <http://www.cqc.org.uk/location/1-121437762>

Visitors told us that they had seen improvements over the last couple of years and especially since the last CQC inspection. Visitors commented that the addition of an activity co-ordinator had been a positive development. At the time of our visit the activity co-ordinator was a volunteer on work experience.

Decor largely followed dementia friendly design and we identified some small improvements which could be made such as marking taps hot and cold and the lift buttons.

Initial Impressions

There is a large clear sign with the name of the care home at the entrance to the car park.

There was a secure entrance to the home. Access was via a door bell and a member of staff opened the door to a small lobby where there was a visitor's book to sign in and out. Then the member of staff will open a second door to the main foyer area and let visitors in. Staff told us that all exterior doors are secured with a coded key pad.

When we arrived we were greeted at the main door by staff, who, after asking us to sign the visitor's book, took us into the main foyer area. Here there was a wall displaying photographs of staff, with their name and job title printed underneath. There was a decorated Christmas tree, Christmas decorations and comfortable seating for people to use.

Facilities and environment

The home was clean, bright and airy, it smelt fresh and the temperature was comfortable. However, we noticed that the shower room on the ground floor had standing water and smelt damp.

The décor was pleasant and contrasted well with the floors and carpeting; all the furniture was clean, comfortable and fit for purpose. There were film posters on the walls of the main corridor and pictures throughout. Radiators had decorative protective covers over them and there were handrails throughout the care home, which contrasted with the walls.

There were two floors; the ground floor consists of bedrooms, 2 lounges, a shared bathroom, shared toilet facilities and dining room with adjoining kitchen. The upper floor is accessible by stairs or a lift and consists of bedrooms, a shared bathroom, a shared shower room and toilet facilities. There were a total of 3 communal bathrooms in the home.

Electricity sockets were incorporated at handrail height; therefore it might be helpful to put safety covers on them. We identified that the light in the upstairs bathroom was not working. We reported this to a member of staff who told us that this had been reported and that the handyman was going to fix it. We also found that the pull cord used to switch the light on in the downstairs toilets was very

short, one of our Authorised Representatives on this visit was a wheelchair user and they were unable to reach the cord.

There were 21 single rooms and 2 shared rooms. None of the rooms were en-suite. All bedroom doors were numbered and painted in a colour of the residents' choice. Some doors had photographs of the resident on them; staff said that photographs are often removed by the residents and they respect their choice not to have them.

There was capacity for up to 23 residents; on the day of our visit there were 20 (17 females and 3 males). We were told that there were only 2 residents who did not have a diagnosis of dementia.

We were advised that no one would be forced to share a double room and that the 2 residents sharing have happily done so for a number of years. In the past shared rooms have been used for married couples. The second double room was not occupied. Privacy and dignity within shared rooms is supported by a screen.

The care home has an agreement with Coventry City Council, to provide 5 respite beds; one of them will be the vacant double.

There were two lounges, one of the lounges was described as the quiet, relaxation lounge and there was a larger lounge which was used for social activities. Both lounges were bright and airy and there was plenty of natural light.

We were told that there was a rear garden but we did not go into the garden area, on the day because at the time of the Enter and View visit it was dark outside and a very cold evening at -4 degrees Celsius.

Staff showed us that the two communal bathrooms and both have power assisted hoists

Staffing

We observed that staff interacted effectively to calm any residents who were displaying signs of anxiety.

The Manager has been in post for approximately 2 years. There were 20 staff in total consisting of the manager, deputy manager, 2 senior carers, 4 day time care staff, 4 night time care staff, a cook, a handyman, laundry assistants, domestics. The Manager told us that the laundry assistants and domestic staff are also carers. If there are ever any staffing issues, the manager said that other members of the team are happy to step in and help out; there is rarely a need to use agency staff. However agency staff would be brought in if staffing levels were so reduced that it would create safeguarding issues.

The manager said they are very well supported by the owner who calls in every week and they are in contact with each other by telephone at least every other

day. The Manager also told us there was excellent camaraderie amongst the team and this comment was supported by staff comments too. She added, ***"They treat the place like their own home. If a resident passed away, the team would support each other even if this meant overstaying their shift, or coming in when they were off"***.

The manager told us that she has introduced an employee of the month award in recognition of good work; this is for going above and beyond their role in relation to working with and supporting residents or other members of the team. Both the manager and staff reported that staff appraisals take place annually, supervisions are every other month and staff meetings take place quarterly. We were told that all new staff had a 3 day induction.

Staff received regular mandatory training and any additional training they needed for their role. A lot of training is done on line using the Age Care Channel, which can be done individually or in a group. The manager stressed that she provides extra support for staff with their training when required. Staff said that they felt supported in their role and receive training as required or if they request it.

The Manager told us ***"The Tasmanian Devil Dementia Course was completed by an OT that worked with us through a placement. However all staff have had extensive dementia care training."***

One member of staff told us they had received training in Moving and Handling, COSHH, Fire safety, food hygiene, challenging behaviour, wound care and continence.

Another member of staff said that staff had received REACT to Red training and the home had not had any issues relating to pressure sores for a year and a half.

We were told by the Manager that an infection control incident was contained by staff within 4 days, as a direct result of working well together. Staff told us that senior staff have weekly meetings with the Manager to discuss any issues relating to the residents, staff, incidents and hospital visits.

Staff also said that the care home manager had implemented positive improvements since she has been in post. All the staff we spoke to told us that they enjoy their job, one said ***"I enjoy my job, I feel proud of it"***

Food and drink

We felt the dining room was nicely decorated and there were white table cloths and a menu on each table. Daily menu choices were written on a white board in the dining room.

The home has a cook who prepares and cooks meals on site in the kitchen adjoining the dining room. Staff told us that breakfast is served from 8am onwards,

lunch is at 12.15pm and tea is at 5pm. Drinks, tea, coffee and biscuits are served in between meal times.

The Authorised Representatives carrying out the Enter and View visit were not able to observe the full tea time meal service, or sample the food, as they were talking to visitors at that time. One representative observed part of the meal service, which consisted of a choice of tomato soup, followed by a choice of sandwiches or a hot meal of quiche, chips and beans. Residents were eating and drinking and they appeared to be happy with the food.

There was a good atmosphere in the dining room, residents and staff were interacting and there was lots of chatting. Staff were checking that residents were okay and asking if they wanted more drinks. Some residents wanted to clear their own plates and cups away and were supported in doing this.

Residents said:

"We can choose what we have to eat and drink"

"I eat anything because I can't taste or smell. I will and do eat anything".

"I don't like fat on meat, but they don't have that here, it's ok".

"For breakfast, I like porridge, then I have bacon and egg, the food is marvellous, I wouldn't have been here so long if I didn't like it".

"The staff cook me what I like".

One resident said that they like Indian food and the assistant manager does their best to do them food that they like. A visitor said, ***"Residents have the choice of what they want to eat"***.

All the residents we spoke to said they could ask for something different if they were offered something they did not like and when asked what happened if they missed a meal time, some residents said they had never missed meal time and others said, ***"They will make me something if I want". "They always make me something"***.

We observed residents drinking tea and coffee and eating biscuits in the lounge outside set mealtimes.

Dignity and Care

We observed staff showing patience, respect and care towards residents. The Manager was very welcoming and interacted with the residents in a caring manner, as did all the staff. We were impressed with the overall feel of the care home. It felt welcoming, friendly and homely.

Staff said they always talk to residents, tell them what they are going to do and ask if it is alright. If they wash a resident, they make sure they pull the screen across and cover them up. One member of staff said they will help a resident to the toilet, close the door and wait outside. Another member of staff said they felt

that the hoists they use during bath times are very good as they preserve residents' modesty.

All of the residents were well dressed and well groomed. When asked if they could choose who helps them wash and if staff supported them to do things for themselves, residents said:

"I only ask if I want a bath, they wash me down".

"I can get help if I need help. If I don't want (name of person) to help, I can ask for another member of staff".

"I don't need help, I can do stuff for myself".

It was apparent throughout the visit that there is an ethos of person-centred care throughout Cordelia Court. Staff interacted with all of the residents in a calm reassuring manner. We observed an argument between two residents in the large lounge to which staff reacted immediately, calmly taking control of the situation, the residents were calmed down and given lots of reassurance and the incident did not escalate. Residents were given lots of care and reassurance following the incident.

When asked if they felt their dignity and privacy was respected, residents said:

"If I need, they dress me, they help me dress. They help me to the toilet and they do my hair and I'm very happy with them".

"Always knock, always private".

"You get to know staff and I feel my dignity is safe".

Staff said that they always ask residents what they want to wear, or, depending on their individual ability, they will show them a choice of clothing and let them choose; they encouraged residents to wash, brush their teeth and dress. One member of staff gave an example: if a resident could not squeeze toothpaste onto the toothbrush, but they could still use a toothbrush, the carer would squeeze the toothpaste onto the brush for them and let the resident brush their own teeth - allowing them to retain their dignity and independence.

Our visit went on until 8pm and we observed one resident who had changed into their nightwear, which showed us that the resident felt comfortable. They were appropriately dressed and this had no negative impact on their dignity or that of others.

The care home has a hair salon and a hairdresser visits every 2 weeks, a chiropodist visits every 6 to 8 weeks.

The home has visits from district nurses, a dentist and an optician as well as GPs. The Manager told us that residents can use their own GP, if the GP is happy to visit them at the home.

Most of the residents we spoke to said that they had access to pain relief when they needed it. One resident said ***"I tell them and they sort it out"***, another said ***"They will check my records and if I can have them, they will sort it"***.

The Manager told us that the majority of residents have a diagnosis of dementia and the care home also provides care for frail elderly and end of life care when needed, they always try to adapt to resident's changing needs and not move residents to another home.

A staff member told us, ***"The palliative care here is fantastic. In the unfortunate event of a death, off duty staff come in and support residents, relatives and other staff"***. A visitor also told us that the home offered good end of life care and they would be happy for their relative to be cared for there when they pass away.

One visitor said that the staff always talk to the residents and know all the residents well. They added, ***"They do not degrade them, they treat them as individuals and assess their needs, likes and dislikes"***. Another visitor said they would recommend the home to others, their own relative is very happy here, they like the fact that their relative can go outside and it is reasonably priced. They said, ***"Cordelia Court is not like a hospital, it is really homely"***.

When asked what they liked most about the care home, residents said that they like the staff and all of the staff are very nice to them, they expressed that they felt safe and wanted. One resident said ***"I love relaxing and spending time with friends"***. Another said ***"I would like a way of locking my own door"***.

When asked about ideas for things that could be improved, a resident said ***"I don't like that I can't sit where I want in the lounge, I was slapped by a resident"***. A member of staff told our representative that the incident was reported to the CQC and has been followed up. As the majority of residents had varying degrees of dementia it was difficult to establish a conversation with many of them.

Visitors said:

"The care is excellent, couldn't ask for better care, staff are excellent".
"Staff look after residents really well".
"This place is always busy and always people about, it's homely".
"The home personalises care well and residents are always dressed appropriately".

One visitor told us that they had seen improvements over the last couple of years and especially since the last CQC inspection. When asked if there was anything that visitors would like to see improved, one visitor said ***"not now there is an Activities Co-ordinator"***. Another said it was hard to find anything negative, and that the staff are lovely.

When asked if they have ever had to raise concerns and how it was handled, one visitor told us that clothes have gone missing in the past, but this happens if clothes are not labelled. Another said, *"If I had a problem I would go to the manager or deputy manager"*. Another visitor said they brought up their concerns about residents being left to their own devices and no staff with them in the lounge, to which they were told they could not afford to have someone with them (residents) all the time. The visitor said that their concern had been listened to and had been resolved, because the home now has a new activities coordinator.

Activities

During our visit we observed residents walking around the home and carers regularly observing and checking on their wellbeing. Lots of residents were sitting together in the larger lounge singing Christmas songs with the care workers and some residents were watching a Norman Wisdom film in the smaller lounge. Staff were chatting and interacting with the residents.

Staff said residents often like to help clearing up and putting rubbish in the bin, which they support them to do as it makes the resident feel useful and involved. When asked if staff ask residents if they are happy with them helping them residents said:

"They help if I ask for help".

"Yes if I was struggling".

"Here they ask me if I need help or I can just ask if I need help".

Staff said that residents mainly liked to congregate and mix in the large lounge and that residents use the garden when the weather is nice. Staff leave the doors open during the summer to encourage residents to go outside. One resident said that they use the garden but they thought it was *"shabby"* outside.

A member of staff said that they recently celebrated Diwali with the residents. One member of staff cooked Asian food, staff wore lovely Asian scarves and they danced to Indian music with the residents and had a firework display. We were told that off duty staff also came in to celebrate this event.

One resident said they like knitting and staff give them a ball of wool when they want it. Some residents told us that they play bingo, ball games and do singing. When asked about activities they would like, residents said:

"Dancing"

"Indian dancing"

"Dancing, I used to do a lot of dancing"

The Manager told us that at present the Activities Co-ordinator is a volunteer on work experience, who uses a person-centred approach in line with the care home and activities include arts and crafts, bingo, play your cards right, armchair

exercise, music, nail care and hand massaging. The Manager said the company is looking to employ an Activities Co-ordinator in the near future.

The manager also told us that they have links with a school that carries out community projects and are looking to be involved in a gardening project at the care home, a local brownie group have also visited and a local nursery is going to bring children in to sing Christmas songs.

When asked about trips and outings, residents said that they can go to the shops if they want and a member of staff would escort them; one resident told us that they had been asked if their family wanted to go for a meal with them at Christmas. Staff also told us that they were trying to arrange to take out residents and their relatives for a Christmas meal.

Staff told us that social interaction was encouraged in the home. Residents are encouraged to have meals in the dining room and to join in with activities. Staff support and assist residents if they wish to go into the garden or to the local shops.

Staff said they check residents care plans, to establish their needs and capability and if residents did not want to join in activities, they would never force them; they would spend time with them one-to-one, even if it meant they just sat holding their hand, or letting the resident comb their hair, if that was what the resident wanted. Another member of staff said that they encourage residents' to recall old memories by using music. *"I hold the residents hand and move it to the music."*

If a resident was in their room and not responding, a care worker said that they would spend time with them and talk to them one-to-one. When asked if the male residents joined in with activities, a member of staff said one male resident joins in; the others prefer their own space and like to watch TV.

The Manager told us that the home uses the Jackie Pool PALS Assessment tool³ to assess resident's ability. This enables them to plan activities in a person-centred way, catering for the needs of each individual resident. The manager gave us an example of planning activities so that the residents benefit, i.e. preparing a fruit salad: one resident may be able to help with the preparation of a fruit salad, another resident may not be able to assist with preparation of the fruit but they can still taste and smell the fruit and use their senses.

Dementia Friendly Design

There were dementia friendly signs throughout the home. Not all taps were marked hot and cold or red and blue as some of the markings had worn off.

Visible hand rails were present throughout and they contrasted well and stood out making them dementia friendly and easily recognisable against the wall. Flooring was non shiny and appeared to dampen sound.

³ <http://www.jackiepoolassociates.org/products/pool-activity-level-pal/>

The stairs to the upper floor had a red carpet which we thought would benefit from having a coloured edge marking each step. One Authorised Representative used the lift to access the upper floor and found that the buttons were not marked which could be confusing for people who have dementia.

Healthwatch Recommendations

Following our visit Healthwatch recommends:

1. Lift buttons to be clearly marked with a picture of an up and down arrow and the words up and down.
2. All taps where markings have worn off to be marked with signs for hot and cold.
3. Steps should have a the edges marked in a contrasting colour to make it easier for those with dementia or sight impairment to see them and to prevent falls.
4. Management should ensure that the activity co-ordinator role continues beyond the current temporary arrangement and that there isn't a gap between volunteer leaving and a new staff member starting
5. The pull cord in the in the downstairs bathroom should be replaced to ensure that it is long enough for someone in a wheelchair or shorter residents to access it independently.
6. Check that the water in the downstairs shower is draining properly or, to prevent odours, ensure that water or cleaning fluid is poured down to flush away any standing water if the shower has not been used regularly.

Response from Care Home Manager

It was an absolute pleasure to meet with your team and have them come and be with us. I found the report very constructive and detailed. I was very happy with the report. We had six recommendations which we have either already addressed or planned to.

- We have already put signage in our lift
- We have made the pull cord longer in the bathroom
- We have put plug covers in our higher level plug sockets.
- We have plans to put new flooring in our stairs in the next 12 months, which will be designed with dementia in mind. This is something had already planned prior to the visit.

- We will continue to ensure we have an activity worker in place to the best of our ability. This is something again we had planned prior to the visit as the benefits of having an activity worker to our residents is amazing and is something we will not stop.

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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