

# Report of Enter and View Visit

## St. Martins Care Home

Published 3 February 2017



Home Visited	St Martins
Date and Time of visit	10am to 3pm, 18 October 2017
Address	189 Woodway Lane, Coventry CV2 2EH
Size and Specialism	Max 16 Over 65 mixed abilities - some dementia, mental health and healthcare needs
Authorised Representatives	Gillian Blyth and Ruth Burdett

## 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 of our visit.

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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 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 6 residents, 4 members of staff and one manager. We also gave out some questionnaires for visitors to complete and return in our freepost envelope. We received 4 returned questionnaires from visitors that were there at the time.

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<sup>1</sup> for the home and the most recent CQC report<sup>2</sup> to see how it compared with our findings.

## Summary of findings

St. Martins provides residential care for up to 16 residents aged over 65. On the day of our visit there were 15 residents and the home was expecting another resident the following day. We spoke to the home manager, 4 other members of staff, 4 visitors and 6 residents.

We observed that staff were interacting well with the residents and we felt they had care and passion for the work they were doing and we thought they were a valuable asset to the home.

The home felt very homely and had a close-knit community feel. The staff were observed to be caring and diligent and were highly regarded by the residents and the visitors.

The outside appearance of the building and garden looked a bit worn and it would benefit from work to make it more updated and accessible, especially in terms of replacing worn areas in the rear of the garden where there were pebbles along the side of the path with pieces of plastic underlay showing through. There was also some old furniture. Improvements could also be made to the stairs from the seated, reading area to the lounge where the edges of the safety tape had worn.

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<sup>1</sup> <http://www.carehome.uk/carehome.cfm/searchazref/10002502MARC>

<sup>2</sup> <http://www.cqc.org.uk/location/1-121176215>

The staff said they would like more time or additional staff resource to help them set up activities for residents.

## **Initial Impressions**

The outside of the building had a clear sign and a small carpark in front, which could be accessed by a gate from the main road.

The building looked like a residential property, but was extended significantly at the side and back of the building. We found the overall impression was friendly and welcoming, although yellow bags of rubbish were noted by the outside bins - this was mentioned to the manager at the time.

There was a secure entrance to the home. Entrance to building was through a locked door and we were asked to sign the visitor's book.

The member of staff who greeted us was welcoming and chatty. The hallway had pictures and copies of certificates: Health and Safety, CQC etc on the walls. We felt the home smelt clean and there were no unpleasant odours, when we arrived the cleaner was cleaning and Hoovering rooms.

We saw personal touches such as on one wall at the back of the lounge there was a montage of photographs of residents. In one corner, there was a shrine to a person who had passed away. There was a general feeling of "homeliness" the areas were well equipped and did not appear overly tidy and organised but more organic.

At the rear entrance to the lounge, which residents would need to walk through to get to the lounge from their rooms, there were a number of walking frames and other pieces of equipment being stored. This could be hazardous to people who have sight impairments.

St. Martins is part of Midlands Care, although in the previous Care Quality Commission report in March 2017 it was recognised as being managed by St Martins Care Limited.

Whilst talking with residents it was difficult to communicate with three of the seven in the lounge/dining room and the others were either asleep, or had communication difficulties through dementia or other disabling illnesses. The three people we spoke to also have a range of disabilities, but we were able to get overviews of their thoughts and feelings of the home.

## **Facilities and environment**

The home has 14 singles room and 1 double room; it has one toilet and bathroom with hoist, and 3 bathrooms with showers and 3 rooms with en-suite bathrooms.

The home was clean and bright, lighting was good and the temperature was pleasant. The décor was pleasant and homely, walls, carpeting/flooring contrasted well with each other. Some visitors said the décor was tired and needed updating, outside areas needed attention and communal areas needed de-cluttering. They

did stress however, that this did not reflect on what they saw as a fantastic level of care that their relative received from staff.

The hall led past two residents' rooms to a seating area and then through the dining/activity room and into the communal lounge. There were more resident rooms coming off a hallway at the rear of the lounge, and off the side at the top by the seated areas. There was a large area in the middle of the lounge that could be used for activities or even exercises.

Three residents were sitting in the dining area, and three were in the communal lounge asleep.

We noticed yellow clinical waste bags stacked at the side of the clinical waste bin in the car park at the side of the home and had concerns about members of the public or animals opening the bags, accessing the contents, which could be hazardous to health. We brought the bags to the attention of the manager who said that she was aware of this and would be looking into it.

The garden area had flowerpots and benches in a courtyard area, and some pebbled areas where the backing material was showing through; there was a grassed area behind the home. However, the rear of the garden had an old Zimmer frame and broken chairs in it and looked according to one member of staff "*like it needed some TLC*". The garden would benefit from a tidy up and some maintenance as it could be a nice area for residents to use. Gravel surfaces are not easy for people with mobility impairments or wheelchair users to move on.

When leaving and re-entering the property from the garden we were not able to open/ close the door properly as the bar was sticking - it was a fire exit door. This was mentioned to the manager at the time.

The lounge area was very large and had lots of room for sitting or activities. Furniture was clean and fit for purpose, radiators had decorative, protective covers over them. There were handrails in the corridors, some did not contrast in colour with the walls and stand out. Yellow and black markings identified the steps down into the dining and lounge areas and they appeared worn/less visible and needed replacing.

## **Staffing**

The care home has 22 staff, including a cook. There is one male member of staff. They currently work 8 to 2 shifts (6 hours per shift) but the manager is looking to changing to 8 to 8 shifts (12 hour shifts) as this would provide more continuity of care and according to manager the staff would be happy to do so.

The manager has been in post less than three weeks at time of visit. They were looking at changes and seemed keen to improve the home and they were happy to receive any comments from us. The Manager is co supervising staff with the deputy manager and they are making sure that staff are supervised regularly. We were advised that a staff meeting was scheduled for the following day.

Staff receive training through Redcrier, which is a health and social care online training provider. This provides booklets that the care staff work through covering their Health and Safety and Care Quality Commission required training, with a matrix that shows what training has been completed. They complete the booklet for each module and then have a test to complete at the end.

Staff said that they are involved in all aspects of residents care, helping them with their personal care, bathing, dressing and feeding when required. One member of staff said *"I enjoy working here, it has a homely feel"*. Another member of staff said St Martins is *"a homely home"*.

Of the 3 staff we spoke to, all said that more staff would make their job easier. When asked how this would support them in their role, they said:

*"So we can spend more 1:1 time with residents"*

*"We have a lot of highly dependent residents"*

*"An activity coordinator would reduce boredom in residents and make them more settled, that's why a lot of them sit in their chair and sleep"*.

The manager said that they were looking at employing an activities coordinator.

A member of staff expressed concerns regarding dementia residents being mixed with residents who require nursing care. They felt that residents with dementia should perhaps be separated and receive specialist dementia care because that is what they need and sometimes they frighten the other residents.

One member of staff had received moving and handling training within the last 12 months and dementia awareness training about 2 months ago. Another member of staff could not remember exactly what training they had received in the last 12 months, when asked about dementia awareness training; they said they had this received this training via Redcrier e learning.

One member of staff said they have staff meetings and 1:1 meetings every 3 months. Another talked about regular supervision meetings every 3 months, and said that they are due to have a staff meeting that week.

Staff said they would happily approach a senior member of staff if they had a problem or had recommendations for making changes, they would be comfortable doing this.

## **Food and drink**

St. Martins employs a cook who has worked there for many years. There are set mealtimes and drinks and snacks are available throughout the day. We were advised that if residents wake early and want to have cereal, toast etc prior to their cooked breakfast, they are able to do so. Meals are selected from a 4-week rolling menu, residents can also ask for food items not listed on the menu and the cook said that they will always accommodate them.

Both staff and residents interviewed were enthusiastic about the food provided and pointed out that they were able to have a tea or coffee, water or a snack

outside of designated meal times. Residents said their dietary needs, likes and dislikes were catered for. One resident said that if she did not want the full breakfast the chef would make her scrambled egg on toast.

One resident said that they liked stews, carrots, potatoes and onions. The resident said *"I don't like fat, I am passionately fond of salmon, I prefer red salmon, tinned"*. When asked if they have had salmon, the resident said, *"I've had salmon once"*.

When asked what happens if they miss a meal a resident said, *"I haven't had to miss a meal, but I think they would keep one for me"*.

When asked do you ever feel hungry? One resident said *"Yes, but I can have a snack or biscuits if I want"*. They also said they could get a drink when they wanted.

A resident said that there was a choice of food to eat, and that they could get something different if they wanted it. They also said that they could get a sandwich through the night if they wanted it and you could have a cup of tea when you wanted it.

We saw several people being offered and accepting tea throughout the day, several others were asked whether they wanted a drink.

The chef offered two menus each meal time apart from when they were cooking a full roast dinner (due to the time taken to cook this meal and their capacity to cook another dinner). The cook said that they do alternatives if people do not like either option - usually egg and chips or sausage and chips or sausage sandwich, which the chef said is what some of the residents liked.

We observed the lunchtime meal service and tried the food. Tables were laid with cutlery, napkins and condiments. The meal was a roast dinner consisting of slices of turkey, stuffing, mashed potato, roast potato, vegetables and gravy. We thought that the meal was very nicely cooked, hot, tasty and plentiful, although the vegetables were over cooked leading to potential lack of vitamins.

Dessert was peach flan with cream and there was a choice of orange squash, lemon squash or water. A resident commented that she really enjoyed the dessert.

There were a few residents eating in the dining room, some had their meal served to them on a portable table in the lounge area, other residents had their meal served to them in their room and we were informed that they were given assistance if required.

The mealtime was very quiet, but this appeared to be because the residents were enjoying their food.

We observed staff assisting residents who required support to eat and they quietly checked other residents to see if they needed help, without drawing attention to them.

We observed one person being supported to eat their dinner in the lounge seated area and the staff member sat with the person, they helped by spoon feeding the

person, the staff member was very calm and took at least 30 minutes to sit with the person and feed them, while chatting to them gently.

## Dignity and Care

One of the residents we were able to speak to about personal care said, *“whoever was on duty would help with their care”* and they *“ask what help you need”* this resident knows all of the carers and said *“they are alright”*.

The residents were asked about their safety and how the staff respect their dignity and make sure they are cared for. One resident said they have a button and a special floor mat if she were to fall or need the staff during the night and this resident said that the staff respected her dignity and privacy. This resident also said *“they work out my medication - I have tablets every day - but if I need paracetamol I ask”* this person said *“No”* to ever feeling uncomfortable or embarrassed.

One resident said about staff *“I know people and here they are alright”* another said that staff are *“pretty decent- seem pretty reasonable they are “quite nice”*

Other residents said:

*“If talking or speaking - they listen to you”*

*“[I] can always ask them”*

Two residents said that they would be able to talk to staff and ask for tablets if they needed pain killers or medicine. One was not able to answer the question.

One residents said they were able to ask questions of the care staff as they *“tell you what’s going on”* also they were able to share their idea through the resident and staff meeting - they were aware of the new manager and said they hadn’t had a chance to do this with them yet.

One person’s comments were *“I think it is just a nice situation to be in”* and I don’t think that anything needed changing.

We got the impression that the staff were well regarded and from observations found them to be interacting with residents attentively and there was a good relationship between them.

Several GPs visit the home as needed from the Walsgrave area. Community Nursing staff visit regularly to meet with residents who need specialist care.

One resident said that they found quiet space in their room - although the lounge was quite large. There were three people asleep in the lounge after lunch.

## Activities

When we asked staff about how residents spend their time, we were told that activities do not take place very often at the moment; they felt that St. Martins really needed an activities coordinator. We were told that no one identifies what

activities residents want so it is difficult to engage residents because they all have different needs and abilities. Staff said they try to encourage residents to participate by joining in themselves and encouraging residents to do the same, but they would look at the resident's body language to make sure they were not upsetting them. Residents were encouraged to go outside, weather permitting and currently there are no day trips or outings.

For three months, a company provided two workers who ran creativity activities in the afternoon and purchased lots of paints, pencils and materials that could be used to make things with - these were kept in a box in the lounge. They showed care staff how to involve the residents in creating projects. The activities lasted for three months for most days with the aim that the staff should take deliver them in the future but staff said that they needed more time to be able to involve residents in activities.

The activities available at the home include a singer who entertains once a week; a chiropodist attends every six weeks; a hair dresser for men and women attends the home; there are seasonal activities for example, staff said there will be a Halloween activity of decorating biscuits.

A resident said the visiting hairdresser is "*my bit of pleasure*".

Staff said there was equipment including a blow up ball for residents to get some physical activity kept within the lounge area. We saw evidence of resources for activities: there was a box of activity materials - paints, paper, glue etc as well as two bookshelves in situated in the lounge.

Two examples from our questionnaires were given of people receiving birthday parties where all of their family and friends could visit and have party food. They were provided with birthday cake and residents and staff said that they enjoyed these and there was a feeling of excitement about them. One resident spoke loudly and enthusiastically about her experience of a birthday party and how much they had enjoyed it. The staff had made party food and relatives had brought cake.

Residents and staff said the home used to provide day trips but this has not happened for a year or two. When asked one of the residents said "*I am too old for day trips*".

We observed Care Assistants sitting with residents helping one resident with word searches and talking with other residents as they went past. One care worker was playing with a resident batting a balloon backwards and forwards between them

All of the Care workers spoke to the residents by name as they walked past and asked them if they were okay and did they want a cup of tea?.

A care worker was observed carrying a person's knitting and pattern, and photograph book to where they were sitting in the lounge.

One resident said that they enjoyed all the activities, especially the singing, but that they would like to do more sitting down exercises - in their previous home

they had done activities every Saturday morning. They played the tambourine and she “*was ever such a nice lady*”.

One person was not aware that there were any activities

One resident said that they went out in the garden when they were supported to do so. They said they would like to go out in the garden more often.

One resident said they had “*no additional ideas*” for activities to be provided.

## **Dementia Friendly Design**

Most areas were differentiated from the others - the dining area had different wallpaper than the lounge area. There were some hallways where the handrail was the same colour as the walls along a hallway through to residents’ rooms.

The Red and Blue tops for hot and cold water for taps had rubbed off in some bathroom areas where there were two taps available and one bathroom had a mixer tap

We observed that the resident toilet doors were painted yellow, which gave a differentiation between resident rooms and bathrooms, but one room had a yellow door and it was locked for staff use.

The markings on the stairs from the seated area to the lounge had faded so that it could not clearly be seen.

## Healthwatch Recommendations and care Home response

We saw the care staff, their personal and professional attitudes to the care alongside the feedback from relatives to be a real strength of the care home, and there is a real feeling of it being a home from home. Nevertheless there were some areas where improvements could be made:

Recommendation	Response from Home manager
1. Ensure that yellow bagged waste is removed and is not loose outside the home	We have now arranged for the waste disposal to be collected every 2 weeks instead of monthly, which now means that there are no loose bags outside the home.
2. Appoint an activities coordinator or provide additional cover so that staff can focus on this area of their work (if staff feel that they have the skills necessary encourage this)	We had recruited an activities coordinator but unfortunately, this person has recently left St. Martins. In the meantime, a member of staff has been appointed to focus on activities and we are developing a range of activities for the residents to enjoy.
3. Promote better use of the garden area by: <ul style="list-style-type: none"> <li>A) fixing door so that easy to use</li> <li>B) tidying up the space and adding to what is in the garden (the garden could be used for activities such as residents helping to grow and care for plants)</li> </ul>	<ul style="list-style-type: none"> <li>A. Fixing the door is part of the current maintenance plan for the building</li> <li>B. The garden is also part of our maintenance plans and we have plans for residents to help grow some plants. Nevertheless, the adverse weather conditions have meant that we have been unable to develop the garden. We will focus more on garden activities when the warmer weather arrives. Currently the residents are unwilling to go outdoors.</li> </ul>
4. Put in place simple aspects of dementia friendly design:	

Recommendation	Response from Home manager
<p>A) Contrasting décor - ensure that handrails are a different colour from walls in areas where they are not</p> <p>B) Label taps hot and cold</p> <p>C) Put clear signs on toilet doors - although the doors are yellow, one door which is yellow is a locked room</p>	<p>We have ordered and are waiting for new toilet door signs to be delivered so that these can be put onto each toilet door. Hot and cold tap signs have been placed in appropriate places.</p> <p>There is a programme of maintenance in place</p>
<p>5. Re-mark to highlight the edges of the steps from the seated area to the dining room area</p>	<p>This is part of the current programme of maintenance for the building</p>
<p>6. Review the storage of equipment in the lounge and ensure up to date risk assessment</p>	<p>The area around the lounge has been cleared of equipment and this is now stored away more safely and appropriately. The lounge areas is more inviting and friendly for residents to enjoy. I have taken all of your recommendations into consideration to improve these areas. Thank you for your time and feedback.</p>

## 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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