

Report of Enter and View Visit

Milverton Gates

Published 16 November



Care Home Visited	Milverton Gates Care Centre
Date and Time of visit	31st August 2016 - 10.00am - 4.00pm
Address	Dawson Road, Stoke, Coventry, CV3 1FU
Size and Specialism	Up to 31 residents. Adults 65+ requiring residential care. Mixed Gender.
Authorised Representatives	Angie Haselock and Tom Garroway

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.

Copyright

The content of this report belongs to Healthwatch Coventry. Any organisation seeking to reproduce any of the contents of this report in electronic or paper media must first seek permission from Healthwatch Coventry.

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 25 residents, 6 members of staff and 4 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 to see how it compared with our findings.

Summary of findings

The care home is a purpose built building with two floors. There are bedrooms on both floors and each floor has a dining room and lounge. There is capacity for up to 31 residents. On the day of our visit there were 25 residents.

Rooms were all single, varied in size and some had en-suite facilities (we were told 9 rooms were on suite and the Home's website says that there are 9 on suite rooms in one section and that there are 12 on suite rooms on another page). We were told that some rooms were big enough to be used as doubles but none were shared.

During the Enter and View visits we spoke to 6 members of staff, 3 residents and 4 visiting relatives.

From our conversations and observations we had concerns about the management of the home. The majority of residents required nursing care and staff were constantly busy. There was no Manager or Deputy Manager on duty on the day of our visit. The Admin Manager said they were in charge along with an agency nurse.

The home was attractively decorated and bright with plenty of natural light.

¹ <http://www.fshc.co.uk/milverton-gates-care-home/>

Signs for communal rooms were clear in large print but did not have pictures and there was a lack of dementia friendly features for example doors to resident's rooms were not personalised with the resident's names or pictures. It was a warm sunny day, all but one of the residents were in their rooms. We were told this was due to a damp carpet in the lounge. However, to us the carpet appeared to be dry.

Because residents were in their rooms it was difficult to see staff and residents interacting. No staff showed us around or introduced us to residents.

Impressions

We rang the bell at the front entrance and were greeted at door by a care worker who checked our ID badges, asked us to sign in and took us through to the admin manager. The felt the home was clean and attractively decorated; there were no noticeable odours.

The Admin Manager told us *"you've come on a bad day"* and explained that the home's Manager was working at another Four Season's Home and covers the management of both homes.

We were told by the Admin Manager that the Manager had told staff to allow us free access to whatever we needed and allow us to speak to whoever we wished. However, the staff on the day of our visit were not able to answer all of our questions so we found that information was sometimes inconsistent.

Facilities and environment

There was a communal lounge on each floor which contained an assortment of comfortable chairs and a television and we thought that the decor was pleasant.

We were told by the Admin Manager that the reason residents were being cared for in their rooms was because the carpet in the lounge had been cleaned and was still damp and they did not want to get wheel marks on it. When we went into the lounge the carpet did not appear to us to be damp and one resident was sitting in the lounge asleep in front of the television which was tuned into Smooth FM radio with music playing. A staff member told us that this resident sits in the same place all day every day.

Doors to residents' rooms had a brass plate for their name plate to be inserted, however, we observed that very few doors had names on and none of the rooms were personalised.

Visitors told us that they were happy with the care that their relatives have received. One visitor said, *"When I come here it is like a home from home. I feel very comfortable here, I feel that I can come in anytime"*.

A staff member told us that there is a visitor's room which visitors can stay in if they wish.

We were shown the laundry room which looked to be efficiently ran by the housekeeper. We were told that the housekeeper was the longest standing member of staff. Each resident had their own laundry basket with their name on it. Clothing was also labelled with residents' names. Laundry was taken, washed and ironed and delivered back to resident's rooms.

Bathrooms had pull chords for alerting staff, there were locks on the doors and hoists available for use.

On exit, we were shown by staff that there is an electronic device for visitors to make comments and providing feedback about their visit.

Prior to and following our visit, we looked at information online to see how it compared with our findings.² We found that brochure and website for the home showed real images depicting the physical environment of Milverton Gates Care Centre. However, information on the website and in the brochure did not always reflect what staff and residents told us.

Staff

The information on the most recent Care Quality Commission (CQC) report gives the names of three Registered managers but none were present on the day of our visit.³

The online brochure states that the home has "*a team of qualified nurses*", we were advised by the Admin Manager that there were always two qualified nurses on duty during the day and were introduced to a member of staff who told us that they had not yet received their PIN number through and were a senior support worker, not authorised to deliver nursing care. The nurse in charge, who was qualified, was an agency nurse and said that they had been working at the home for 3 days on the day of our visit. Therefore we concluded that on the day of our visit there was one qualified nurse on duty.

The Admin Manager also told us that there were 3 carers and 1 nurse on duty at night.

We saw that there were 2 carers to each floor. The nurse in charge was upstairs during most of our visit. Some of the staff had a very limited understanding of English and struggled to answer our questions.

Some staff said they had completed dementia awareness, COSHH, moving and handling, first aid training.

² <http://www.fshc.co.uk/specific/files/fshc-care-home-brochure-MLV.pdf>

³ <http://www.cqc.org.uk/location/1-318125296?referer=widget3>

All staff expressed concerns about their not being enough staff. Some staff said they had management meetings every 6 - 12 months and meetings every 3 months with their supervisor. Others said they had never attended any staff meetings or had any 1-to-1 meetings with a Manager.

Food and drink

Staff told us that all meals are freshly prepared on site. We saw a small kitchen area with a sink upstairs and the main kitchen downstairs was used for catering. Tables in the dining rooms on both floors were beautifully laid out and the rooms looked welcoming but they did not seem to be well utilised.

Upstairs, we observed 2 residents were brought into the dining room in wheelchairs and using pull up tables and 1 resident sitting at a table for lunch. One resident ate their meal in the communal lounge. Downstairs we did not see any residents using the communal rooms. We saw some residents being helped with eating in their bedrooms.

Staff told us that lunch was usually served at 12.30pm and we observed meals being taken to people in their rooms downstairs and a trolley with a Bain Marie was taken upstairs. However, whilst we sat upstairs in the dining room, we noticed that food had not been given out by 1:10pm and then staff hurried in looking flustered, plated up food from the Bain Marie and took it to some residents in their rooms.

We sat in the dining room and sampled the lunch which was pork steaks, mashed potato and Swede or cheese and leek bake. This was followed by a dessert of chocolate arctic roll. We thought the food was tasty but the meals we saw being served to residents looked unappetising and sloppy. This may have been because they had been softened or liquidised to make it easy to swallow for most residents.

The website described mealtimes as, "*An enjoyable and sociable part of the day*". However, we noted that only 3 residents were taken into the dining rooms and did not see any staff encouraging residents to socialise during our visit.

Staff told us that residents are offered 3 meals a day as well as tea and biscuits at 11am and 3pm and supper later in the evening.

A resident told us, "*I like steak but I am never given it, they ask me what I like but they say they don't do it*". Others said, "*It's too salty*" and "*I like the food*".

Dignity and Care

Residents told us that staff ask if they are happy for them to help them. One resident told us, "*yes, they do respect my dignity*" another said "*yes, they are very good all round*".

Staff told us that they cover the residents with towels and talk to them about what they are going to do before they do it. One member of staff said that they respect

resident's privacy and dignity at all times and that they close the door when they go in to their room to provide personal care and always ask residents if they want a bath or a shower.

A staff member said ***"if their door is shut we knock before we go in"***.

Visitors we spoke to spoke highly of the home and the staff.

The Admin Manager told us that a Chiropodist visits the home monthly and a hairdresser comes in fortnightly. We were told that there was a hair salon available on site but we did not see it.

We saw a resident in bed and eating from a hospital table, we observed that the table may have been a bit too high for them as they could just about reach the food and said that they could not see whether there was any left in the dish to tell if they had finished it.

Staff showed us that they had a certificate to show they had completed the REACT to red skin award, which they were proud of. The Admin Manager told us that residents are registered with a GP from the local surgery who visits the home each week. Residents can stay with the GP they had before they moved in as long as they are happy to visit them at the home.

We spoke to a health professional who was visiting to attend to a resident during our visit. They told us that the home wanted to use syringe drivers to deliver specific drugs and were uncertain whether this needed to be done by a qualified nurse or whether a carer could do it, they expressed that they had concerns about there not being enough experienced staff to provide this.

Activities

The brochure and website for the home states: ***"Our activities programme is tailored to what residents like and we have a busy calendar. Professional entertainers come in to perform, and there's always something going on, from quizzes to musical events. Residents are regularly taken on mini bus outings". "We organise regular trips to local places of interest including the library, park and the museum and we arrange special meal nights when we invite relatives and friends to come along."*** Information on the website and brochure did not reflect the experiences that staff, residents or visitors shared with us.

The Admin Manager told us that activities consist of painting, drawing, poetry and there is a singer who visits fortnightly and that there were 2 Activity Co-ordinators, 1 works 30 hours per week and the other works 16 hours but that on the day of our visit one of the activity workers was off sick and the other on holiday. We asked what provision had been put in place to ensure that activities were continuing whilst the Activity Co-ordinators were away. We were told, ***"One of the cleaners might help with it"***.

When we asked staff what activities are organised and how often, they told us, ***"never"***, ***"there are too many residents and not enough staff"*** and ***"not very"***

often, they are mainly in their rooms". One staff member said "when the activities girls are in they try ludo and draughts every day". We were told that one resident used to go for a pint at the local pub.

A resident told us that they are aware that activities are sometimes organised but they do not join in. Another resident said *"I don't like mixing"*; when we asked what activity they would choose they said *"I would like a pond in the garden and go fishing, I choose to stay in my room"*.

We felt there is potential to explore an electronic device for games and interactive, simulated activities (such as fishing) for residents, which they could do in their rooms.

We did not observe any one to one or group activities taking place during our visit. We were told that the majority of residents had difficulty getting out of bed and were receiving nursing care in their rooms. We noticed some residents sitting in chairs in their rooms we only saw 1 resident walking around and 1 sitting in the communal lounge. A staff member told us, *"We ask residents if they want to get up and they say no"*.

Online information about the home says, *"We have a secure patio with comfortable seating"*. At the rear of the home there was a small patio area with large wooden chairs which did not look suitable for the residents to use as the seats were deep and would not be easy to get in and out of. We noticed that the side of the building is not secure and anyone could walk into the home by going round and through the French doors at the back, which were open during our visit. No residents were using the garden (it was a warm day).

Dementia Friendly Design

Staff told us that the care centre does not specialise in dementia care but that some residents living in the care centre do have dementia.

The majority of the doors were clearly signed with words in large print but there were no dementia friendly signs.

In some areas we saw that the carpet continued part way up the wall, this could be confusing for residents with sight impairments or dementia as it would not be clear where the floor ends and the wall starts.

There were handrails around the home which contrasted with the walls and taps in communal bathrooms were marked hot and cold.

Lighting was good and there was plenty of natural light around the care centre.

Healthwatch Recommendations

Following our visit Healthwatch recommends:

1. Management address our concerns regarding staffing levels including the number of qualified nurses on duty, sufficient staff to support activities and adequate management cover.
2. Address findings regarding mixed picture of staff support and training received in order to ensure that all staff are supported and receive relevant training
3. Whilst the home does not specialise in Dementia Care it would benefit both residents and staff to put in place some simple aspects of dementia friendly design:
 - 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. Opportunities to involve residents in producing the signs should be explored.
 - c. Change carpeting so that it does not go partially up the walls.
4. Place a greater emphasis on a range of different activities including individual and one to one activities and develop a programme for this. Consider how residents can be encouraged to do different activities in order to reduce isolation and increase stimulation which will help improve residents overall wellbeing.
5. Work to use the facilities in the home including the dining spaces and outside space for the benefit of residents (linking this to activities and stimulation)
6. Identify a better process for serving food to residents upstairs to reduce their waiting time and the amount of time food is waiting.
7. Address security concern regarding side access to rear of building.

Response from Care Home Manager (to be added)

In response to your recommendations in the recent Healthwatch Report, I make the following response.

1. Staffing levels are in line with our dependency requirements as assessed by our dependency tool “chess”. There is now an interim manager in post. A permanent manager is being sought,
2. The home has an 89% compliancy figure for staff training.

3. Signage is in the process of being addressed. The carpeting is being replaced as part of a programme of refurbishment also decoration of the communal areas is currently in progress.
4. An activities worker is in post and she works with the residents on activities to reduce isolation and increase stimulation.
5. The facilities in the home continue to be used by the residents.
6. Food is served from an appropriate serving trolley to ensure the food is served to residents appropriately.
7. I have been to the rear of the property. The gate is secured by a lock and I cannot see any security issue.

Yours sincerely,

H. Scarborough

Home 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.

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