healthwatch Coventry

Report of Enter and View Visit: Victoria Manor Care Home

Published 8 January 2018

Home Visited	Victoria Manor
Date and Time of visit	31 October 2017 10am to 3.00pm
Address	31/33 Abbey Road, Coventry, CV3 4BJ
Size and Specialism	Max 30 mixed abilities and dementia specialism
Authorised Representatives	Kath Lee, Nick Darlington, Tom Garroway, 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 to 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 run and to gather the perspectives of those who are using the service.

From our findings, we 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 four of the residents as well as interacting with two more, speaking to four members of staff and one manager. We also gave out some questionnaires for visitors to complete and return in our

freepost envelope. We received one returned questionnaire from a visitor that was 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[1]for the home and the most recent CQC report[2] to see how it compared with our findings.

During our visit two of our authorised representatives focused on the upstairs area and two were based in the downstairs area.

Summary of findings

The home is run by HC One a large company, which runs over 120 care homes. This care home has space for 30 residents in total. There were 29 residents in the home the time of our visit. The Care Home has a dementia specialism and covers from mild dementia to end of life palliative care.

The internal environment and garden are well cared for, and can be positively used for residents their families and friends. There were sensory lamps in corridors as well as age appropriate objects about the building and displayed on the walls. The home had a secure front entrance, which was operated by staff.

The staff appeared to be dedicated to their role. All staff we spoke to know they can contact their manager with any ideas or concerns and this person appears to be thought well of.

The ground floor was designated for residents who were further along their journey in terms of their dementia and required more care. The upstairs was for people who had some degree of memory loss. The differentiation between upstairs and downstairs felt evident to us as we saw more staff in the communal areas on the upstairs floor than in the communal areas downstairs. The décor and feel of the environment was also different with the first floor feeling more vibrant, with nick-nacks and book shelves in the lounge. The ground floor was more muted with less objects, and less evidence of creativity in the decor and objects on show.

[1] https://www.carehome.co.uk/carehome.cfm/searchazref/10002502VICE
[2]http://www.cqc.org.uk/location/1-320756045

We experienced an issue regarding privacy and dignity regarding a resident using toilet facilities because there was not a way to know that toilets are in use.

There was evidence of personalised care and there appeared to be lots of activities for people who wish to get involved in them. There are some areas for activities to happen such as the Manor Coffee Shop, which can also be used as a quiet area (when not used for film showings or organised activities).

There is a quiet area downstairs with tactile artefacts and a dolls pram at the end of the corridor. This was a place where people could reflect on their lives and gain comfort from the objects. However, we did not see all of these areas utilised as most residents were in the lounge or their bedrooms during our visit.

Initial impressions

The initial impression was of a bustling and welcoming care home, which was clean and well organised.

The home is a new two storey building which is set in a pleasant environment with trees and green space around it. The parking at the home was limited – the staff said it depended on who was on duty and whether they had brought their car.

The front door was security protected and we rang a bell to gain entrance. The deputy manager welcomed us at the front door.

We felt the building smelt pleasant and there was a Food Hygiene score of five on the door. There were Halloween decorations on the ceilings and windows.

There were notices in the entrance that gave times when relatives could meet the staff, these being open sessions. The manager later said that *"they would make themselves available when needed if relatives could only meet on weekends"*.

Staff had name badges giving their name and interests instead of their job role; this was explained by the manager as a company policy to help residents see the workers differently.
There was a code of dress for different roles within the home; senior management wearing a skirt or trousers with an orange scarf and white shirt, care workers in grey tunics. There was an agency staff member who was wearing a different blue uniform. The agency staff member was doing a variety of tasks such as clearing laundry and then helping out at lunch time.

Residents were both male and female and at mixed stages of memory loss and dementia. The ground floor was designated for residents who were further along their journey in terms of their dementia and required more care. The upstairs was for people who had some degree of memory loss.

The differentiation between upstairs and downstairs felt evident to us as we saw more staff in the communal areas on the upstairs floor than in the communal areas downstairs. The décor and feel of the environment was also different with the first floor feeling more vibrant and the ground floor lounge felt more muted with less objects, ie bookshelves and nick nacks and evidence of creativity in the decor and objects on show in the lounge.

9 residents were seated in the upstairs lounge and 5 residents were seated in the downstairs room, some were asleep, the others were sitting in their chairs while a programme played on the television.

Facilities and environment

The home has 30 rooms, all are single rooms and with en-suite basin and toilet. One couple have two rooms – one acts as their living room and the other as their bedroom.

The lower floor had pastel colours on the doors and the lounge had less furniture than that on the first floor and it was also less bright. The manager said that it was *"not a dementia unit but more like people's own homes"*

The upstairs area consisted of a large lounge area with resident's rooms leading off from this. There was a café/cinema area at the end, which operated as a quiet area as well as for activities. This also had many items of memorabilia, including a retro table football set in the corner. The staff told us the wellbeing coordinator would organise film showings here. We thought this was an excellent space, especially as it overlooked green space and trees.

There are bathrooms with shower facilities on the ground floor and a bathroom with a full sized bath on the upstairs floor.

The upstairs floor was full of displays showing some of the people of the home doing activities and with their thoughts and experiences. There was also a dining room area, which overlooked the garden and had seating at four tables.

Nine of the residents with rooms upstairs were in the upstairs lounge area during our visit. A number pad door ensured that residents were safe and could not access the rest of the building.

At the side of the upstairs dining room, there was a balcony with benches, surrounded by a fence, where people could sit with a view of the garden and nearby properties. This was accessed through a door with a gate, which the care workers could let people through to take them outside onto the balcony.

In the downstairs corridors there were displays on the walls, at the entrance was a wall with different types of hats and other memorabilia and at the far end of the ground floor was an area with a pram, babies, materials and religious artefacts that staff said provided *"a lot of comfort and reassurance to people"*.

The downstairs lounge had a calendar showing symbols for the season and the weather on the wall, this was showing the incorrect date – we told staff and this was changed immediately. The chairs were set out along the outside walls of the room with an open space in the middle. The chairs were comfortable and fit for purpose. There were tables dotted about for residents to put their drinks on.

We felt that the downstairs lounge was lacking in light.

The garden was well maintained with plants, lawn and seating. The garden is quite large and had plenty of benches and tables with space for people to walk around or sit, and there were some raised beds.

One of the staff said that a couple of residents like to go out into the garden for a cigarette.

When observed the bathrooms seemed clean and hygienic. The downstairs door signage did not clearly indicate vacant and occupied while a resident was inside. This lead to a potentially embarrassing incident during the visit.

The visitor to the home who completed our survey said the home was *"extremely friendly, safe, warm and very clean"* and *"everyone will do the utmost to make sure their [residents] stay is comfortable"*.

Staffing

The manager of the care home is relatively new in post – they started in June 2017. There are 27 staff, including 1 maintenance operative. They have a wellbeing coordinator who is responsible for developing activities with the residents.

Work patterns are in 12 hour shifts – the manager said this was hard but good. The manager said staff are supported to achieve the Care Certificate starting with an induction The Care Certificate covers manual handling, the Care Certificate is completed in an average of 12 weeks. Staff are able to develop their understanding and skills by working toward an NVQ. Supervisions are every 2 months with yearly reviews, this aids self-development and covers promotional opportunities across the Company.

All of the staff we spoke to were aware that if they had a concern they could go to the manager *"Who had an open door policy"* and all were confident that it would be addressed.

One member of staff said that it was valuable to have resident's relatives and carers available to speak to residents on the phone, especially if the person was new to the care home or suffering from anxiety or distress, particularly around bathing and showering.

The staff emphasised the need to talk to people and find out what they were interested in before they came to the home to find out their history. To find out

what their favourite activities were before they developed their condition so that they could encourage them to do things in the home.

One staff member said that it would help if there were less chairs in the lounge to give more space because when everyone is in the lounge, especially with Zimmer frames and visitors it was too crowded.

One staff member said that there needed to be less agency staff and more permanent members of staff as this led to *"less team work and "created more work for the permanent staff workers to do"*.

Another staff member said that *"team work. Communication and willingness to do the job had improved."*

A member of staff said *"Agency staff don't know residents and don't give people time to do something."*

We observed an apparent willingness to develop and share roles within the staff team. We spoke to a staff member who said they would do a care assistant role and even maintenance,. The staff said they worked as a team helping each other and this was observed with other members during our visit.

One resident said staff are *"like brothers and sisters"*.

A visitor said that the staff are *"very hardworking, doing 12 hour shifts"* and this person said *"I can see* [their relative] *is sometimes difficult but I have never ever heard anyone shout at residents"*.

Food and drink

On the day of the visit there were nine residents eating in the upstairs and at least seven people in the downstairs dining room, the others were having their dinner in their rooms, assisted by staff.

As it was Halloween the dishes reflected the season with pumpkin and chicken stew, as well as chocolate *"Spider decorated chocolate cake"*.

Two authorised representatives had lunch in the downstairs dining room, which was bright and cheerful with wooden tables, set with mats, cutlery salt and pepper and special Halloween placemat created by the manager.

Two authorised representatives had lunch in the upstairs dining room where there was an airy dining room with set tables as above. We observed staff escorting residents individually and calmly through to the dining room.

We sampled fish in parsley sauce and chicken with butternut squash. The food was hot and nicely presented, it tasted a little bland but it was acceptable. Some of the food was bit overcooked eg the Pumpkin stew. Staff informed us that there were no residents who required their food to be liquidised or soft.

The cook said that the dinners are made from recipes provided by the company, and reflected a low salt diet as some residents may have kidney or salt issues. Salt

and pepper was provided on the table. The cook also said that sometimes the recipes do not make sense and ask for added ingredients that are not included in the ingredients list for the recipe.

We observed a senior member of staff interacting with the residents and speaking to one about Halloween and the season festivals.

We observed four members of staff in the downstairs dining area, helping residents and talking about the food available.

Half way through the service a CD of 1950s music was put on – including jive music.

One resident complained that they *"didn't like their dinner"*, but had eaten it all and had a large bowl of cake for pudding.

When asked about the food, a resident said: *"I am not picky; I eat anything that is put in front of me"*.

When asked if they do not like something, are they offered something else a resident said they *"just leave it"*.

A resident said they like toast and roast dinners.

If a meal was missed, residents said a meal was kept for them.

One resident said: *"meals are decent – things have improved"*

When asked if they ever felt hungry, one resident said *"not really"*, another said *"I am hungry now, but it's nearly lunch time"*.
Residents said they had access to drinks when they wanted.

A resident told staff would help if they needed support with eating. We observed staff helping residents with their food in the upstairs area. One resident downstairs did not seem to touch any of their food, and we did not observe any staff interaction to encourage them to eat except to bring the next course and then offer a yoghurt when this was also not eaten.

Activities

We saw three residents were making biscuits with a member of staff in the upstairs area which were later baked in the kitchen.

Staff identified lots of activities they could do with residents such as puzzles, using CDs of their favourite songs, using the newspapers to discuss the news stories of the day.

The home employ a Well-Being Co-ordinator for 25 hours per week. They were now on duty the day that we visited. There was evidence of bright collages and displays of activities undertaken by the residents on the walls and each room had a wooden glass fronted frame on the wall that contained items that were of importance to that person or reflected their personality – eg mini golf clubs, cars, cats, music etc.

Each person's door had the person's name with a current picture and a picture of when they were younger.

The home has a minibus and we were informed by staff that this is used to take residents on shopping trips and days out etc. The manager said that sometimes residents are taken to other homes to interact with the residents there. We felt this was

They had a Halloween party the day before and for the afternoon tea the residents were decorating biscuits.

There were adverts for a summer fete to get the wider community, including the local school involved in intergenerational activities at the Care Home the next one is in November.

No activities were observed on the ground floor, however several residents had visitors and this increased the level of interest in the room.

One resident said that they were not *"interested in activities they would prefer to chat with their friends"*.

The hairdresser comes every Tuesday to a hairdressing room, which is made to look like a salon and is situated downstairs. One resident said they *"have had theirs* (hair done) *today*".

One resident said that staff *"take an interest"*.

Another resident said "I like dancing and singing" and *"Like it much more better than before"*. The same resident said *"I used to do some gardening – I like to sit in the garden"*.

Dignity and Care

On the upstairs floor, we felt there were plenty of staff around and they all seemed attentive to the needs of the residents. We observed one person being encouraged and supported to use their Zimmer frame from the upstairs dining area to the lounge, and another staff member gently waking a resident up to speak with him quietly.

One upstairs resident said *"I prefer to do things myself, but staff will help me if I need it"*

In the downstairs area we observed two care workers watching and interacting with the residents whilst checking through care plans and paper work – updating their notes for each person. One resident downstairs appeared to be in distress and the care worker reassured her and answered her questions repeatedly. There appeared to be a calm reaction to the residents and their needs.

One resident said *"yes they will support you (to wash and get dressed) and "yes they knock and ask re respecting their dignity*.

One resident said they were "*cold*" so staff fetched a blanket for them. One resident said they had lost their glasses, so staff were sent to look for them in the resident's' room"

In the downstairs area we observed one resident walking up and down the corridor, they were greeted by staff as they passed by.

It seemed that the staff knew their residents and were able to care for them accordingly.

When we were looking at the downstairs toilets in the main corridor we found that the door of one toilet was wide open onto the corridor and it was being used by a resident who could be seen by anyone who walked past.

A visitor said that positive features about the home are "*warmth, cleanliness, the meals*"; their relative had access to a doctor and *"they keep an eye on their health."* This person also said *"every so often we have a review and I am satisfied with that"* and *"situations are discussed with me"*.

One downstairs resident said *"they (staff) are kind to me"*.

Dementia Friendly Design

On the whole there was good dementia friendly decoration with contrasting wall paper and colours for different areas of the building.

Residents' doors were personalised with their names and a memento box.

Locks on doors prevented residents leaving their area of the building un-noticed.

The manager said they had all (deprivation of Liberties Safeguards (DOLS) requirements in place as necessary.

In the upstairs area and some downstairs areas the handrail did not contrast well with the wall colour as it was only slightly lighter.

Healthwatch Recommendations and care home response

Recommendations	Response from manager	By whom	Date for completion
1. Re-arrange the downstairs lounge to address the issue of overcrowding highlighted by staff	We have looked at the downstairs lounge following your concerns I have not been able to identify any overcrowding I will discuss with staff where possible it may be of benefit if residents with Zimmer frames did not sit by the doorway. This will also be discussed in a staff meeting to ask if they can suggest any other ideas.	S Middleton	9.1.2018
2. Add engaged indicators for toilet doors and ensure that staff are mindful of residents privacy and dignity when they are using the toilets, helping them to close doors as necessary	Discussion with staff concerning dignity of residents and privacy of residents will take place in handovers and staff meeting. Suitable signage will be sourced and purchased so that staff are aware when another member of staff has supported a resident to use the bathroom/toilet.	S Middleton	End of January 2018
3. Create more opportunities for activities in the downstairs lounge	We are currently looking at recruiting a wellbeing coordinator to improve the activity level of all of our residents. In the meantime care staff are being encouraged to engage in meaningful activities with all of our residents.	S Middleton	On going
4. Re-paint handrails so that they contrast more in colour with the walls	I have spoken to Healthwatch to confirm which hand rails were causing some concern. It appears that these may be on the first floor as they are painted dark brown and are against a dark brown brick wall. We will look at getting these painted in a lighter colour so that they contrast more against the wall.	S Middleton	End of February

Acknowledgements

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