

# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

### Kestrel Grove Nursing Home

Hive Road

Bushey Heath

Herts.

WD23 1JQ

Name of Provider

Mr P M Tripp

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Kestrel Grove Nursing Home

**Date and Time of Visit:** 26<sup>th</sup> September 2016, 10.30 am

**Visit Conducted By:** Pat House and Adrian Lepper

### Acknowledgements:

We should like to thank the Proprietor, the manager and staff for their support for our visit, and thank the residents in the home who answered our questions and told us about Kestrel Grove.

### Purpose for the Visit:

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

### QS50 states:

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

### Methodology:

Healthwatch Hertfordshire (HWH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

Healthwatch Hertfordshire is conducting a rolling programme of Enter and View visits to care homes/nursing homes in groups in order to review results, methodology and outcomes at defined intervals.

They are announced visits using questionnaires for residents, staff and observation from 10.30am to 1pm.

Hertfordshire County Council, as commissioners, are aware of this planned piece of work and will receive reports and recommendations from our visits. Reports will also be shared with the relevant Clinical Commissioning Groups, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk).

#### **Disclaimer**

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

## Healthwatch Hertfordshire Enter and View Visit Report

### 1. INTRODUCTION

Kestrel Grove private care home is situated in a quiet residential road in Bushey Heath on the border of Hertfordshire and the London Borough of Harrow. The impressive building is of historical interest and has been extended over the years to provide two new wings. There is ample parking to the side of the house and the home is set in five acres of landscaped gardens.

The home is registered to provide accommodation, personal care and nursing care for 57 elderly people who may also have a level of confusion or complex care needs.

### 2. FIRST IMPRESSIONS

2.1 The drive way from the road leads up to the house, which is set in beautifully kept grounds with shrubs and flowers all around. Outside seating and tables with umbrellas were positioned on patio areas and we saw horses grazing in a nearby field in full view of seating areas and windows in the home. Outside lighting in place to ensure safety when it is dark.

2.2 We went into the home through what appeared to be the main, (unlocked), entrance and entered a very attractive hall with a large table with flowers and seating areas. However, no members of staff were stationed in this area and we were not asked who we were until some staff arrived in the hall. We learned that this was not the main entrance, but there was a Visitors' Book on the table which we signed.

2.3 The manager welcomed us to the home and all the staff we met were clearly aware of our visit. We saw a Healthwatch notice displayed so that residents and visitors could also be aware of what was taking place on the day.

### 3. FINDINGS

#### 3.1 Environment

1. The manager provided an initial tour of the home and we saw the actual main entrance, which had a reception desk by the outside door, and where there was an additional Visitors' Book. However, the main door was also unlocked

and had no alarm system fitted and during the visit we did pass by an unmanned reception desk. Outside the building there was a notice indicating where reception was, but the notice was low down and not in a prominent position meaning that directions to the main entrance could be missed.

2. We also noted that there were very few entries in both the Visitors' Books for the previous day. The manager said that, although prompted, visitors often forgot to sign these books. Visitors' Books are a means of ensuring, and evidencing, that there is a record of all visitors to the home for the safety of residents, and to comply with Fire Safety requirements.
3. The manager said that a key pad system had been ordered to be fitted to both main doors in the home and said that all fire doors were alarmed.
4. The manager must ensure that people are not able to enter the building unannounced and should therefore only use the one entrance so that staff on reception can monitor visitors and can ensure that any residents leaving the building can do so in a safe manner. Similarly, there should be only one Visitors' Book, kept in this area, which reception staff can ensure is used by visitors.
5. During the visit we saw that all areas of the home were maintained to a very high standard, with comfortable furnishings and attractive fixtures and fittings. There were fresh flowers in communal areas and the home smelled fresh and clean. People we spoke with told us that there were always fresh flowers in the home and that it was kept 'spotlessly clean'.
6. Kestrel Grove has one main dining room and one main lounge with an additional sun lounge and conservatory. Both lounges have a television.
7. The main lounge has chairs sited around the edge of the room. The manager said they had tried to regroup the chairs to provide more variety for people, but that the residents had preferred the present arrangement and had asked for the chairs to be moved back to the walls. Small tables were provided by each chair for the use of the residents.
8. One resident said that, if they wanted a quiet area to sit in, they go to the sun lounge. One member of staff also said that quite a few people like to remain in their bedrooms for some of the day.

9. The manager said that people could bring their own furniture and fittings into their bedrooms (subject to fire regulations), and could choose their own bedroom décor. However, two residents said they were not aware of this choice and thought the management chose peoples' bedroom colour schemes.
10. Kestrel Grove is not a purpose-built home and has many staircases and corridors. These were all free from obstructions and accessible where the surfaces were level. None of the people living in the home whom we spoke with said they found access a problem and there is a passenger lift for the use of residents, ensuring wheel chair users can move around freely.
11. There are five acres of landscaped gardens outside the building for people to enjoy and these also have wheelchair access via a ramp.
12. Kestrel Grove provides accommodation for people with a wide range of needs, both physical and mental. Currently there are no areas separated in the home to manage different needs. This means that people who need nursing care have bedrooms alongside those who have a level of confusion or mild frailty. The manager said that, on the whole, this system enabled all residents to mix well with one another and helped the more confused to lead as normal a life as possible.
13. This also means that some of the environmental adaptations, recommended just for people with a dementia, have not been implemented around the home, although the manager said that one member of staff had had specialist training and was a 'Dementia Champion'. There is no special signage or variety of paint colours to indicate where toilets and bathrooms are, for example, which can enable confused people to remain as independent as possible.
14. There were no objects, with tactile interest left in communal areas, which can provide stimulation or comfort to some people. We spoke with a member of staff who had received dementia training, and was aware of current guidelines. They said that, should anyone need finger food, for example, to encourage them to eat, this would only be provided in peoples' bedrooms and not in communal areas, as recommended, as this would not be appropriate for other residents who were not confused.
15. During the visit we did not assess whether there were people with levels of confusion who would benefit from more specialist input, but the situation should be kept under review as time moves on and people's needs change.

16. Another point of view was voiced by a resident who said they had moved bedrooms because of being disturbed by a confused person in a nearby room. They were now in a more distant room which meant they felt isolated from the main part of the house. We were told that keeping people together in a mixed ability group also had implications when leisure activities were provided, as shown in the next section of the report.

### **3.2 Leisure and Services**

1. The home has two activity co-ordinators, one full-time and one part-time. The manager said that they draw up the weekly activity programmes based on their knowledge of the things residents like to do. We saw the programme for that week's activities displayed both around the home and on each dining room table.
2. During our visit we saw a musical activity take place in the main lounge. The room was full and there were a large number of staff assisting people to take part, where this help was needed. Some people we spoke with confirmed that regular daily activities took place in the home and that there were trips out arranged and frequent visits from outside entertainers.
3. We saw evidence that barbeques took place in the summer months and that a local school visits the home during the year and always at Christmas.
4. The manager said that one resident goes out to a club each week and one plays the piano. The home has its own mini bus to take residents out and the manager also said that the home belongs to the Herts Care Providers Association and use that association's SMILE programme to encourage residents to grow things in the raised beds in the garden.
5. The manager confirmed that a mobile library still visits the home every two weeks and that people can request the books they would like to read. We were also told that the activity co-ordinator hires 'memory boxes' from time to time for the interest of the more confused residents.
6. However, several people we spoke with said that they did not always want to attend the activity events as they were often provided in a way that the more confused people could take part and they did not find the content stimulating. Again the policy of providing services for everyone, with a range of different mental abilities, should be reviewed in the home.

7. Without exception, the residents we spoke with praised the care they received from the staff. They said they were 'well looked after' and that 'nothing was too much trouble' for the staff on duty. On the day there were 54 residents in the home and 19 care workers, three nurses and the manager and deputy on duty, as well as the activity co-ordinator and ancillary staff. People said that staffing levels were always good and that all the staff listened to residents' comments and their care needs were met.
8. People told us they could have a bath or shower whenever they wished and one resident said the staff accommodated her wishes to get up very early and have a 'nap' in the afternoon. We spoke with one resident who was quite confused but who was well dressed and had their hearing-aid in place and had been provided with a newspaper to read and some papers and a pen to use for their interest.
9. The manager said that residents' meetings were held on a regular basis and actions taken on concerns raised. Some residents said that the meetings were spasmodic while others said that they went to meetings but mainly talked about the food provided.

### **3.3 Digital Inclusion**

1. The manager said that all the bedrooms in the home have Wi-Fi connection and that each resident has their own connection code. However only two residents have their own computers, and they keep in touch with their relatives using Skype.
2. A staff training course has been provided but currently there is no 'IT Champion' to help residents gain confidence and competence in this area.
3. None of the on-line packages aimed at enhancing the lives of people with dementia are being accessed at present.

### **3.4 Food and Drink**

1. During the visit we saw the mid-day meal being served. The dining room had a very pleasant atmosphere and there were fresh flowers on each table. Table cloths were being used and drinks were provided throughout the meal. Detailed menus were provided on each table.



2. The people we spoke with said that they chose the main meal each morning but that they could change their mind and choose from a variety of alternative meals if they wanted. One resident said they had decided against the day's main meal and was having roast chicken as an alternative.
3. People said they could have snacks and drinks whenever they wished, day or night. We had seen drinks being provided around the home in the morning.
4. People can choose where they eat their meals and we saw residents eating in the lounge and were aware of a lot of people eating in their rooms. Where we saw people being assisted to eat, care staff were sitting discreetly to one side and enabling residents to eat at their own pace. People also told us that they were regularly asked for their comments about the food provided and that any requests were acted on.

#### **4. MONITORS CONCLUSIONS**

4.1 We are satisfied that NICE guidelines 1 and 2 of Quality Standards 50 (Mental Wellbeing of Older People in Care Homes 2013) are being considered by providers.

4.2 The relationship between the staff and residents appeared to be excellent. The residents we spoke with praised the standard of care saying that all their care needs were being met.

4.3 Staffing levels are very good and staff work well together as a team. One member of staff said the home uses bank staff and not agency staff when extra staff are needed, ensuring that only staff known to residents provide people's care.

4.4 The fabric of the house and the gardens are maintained to a very high level.

4.5 The residents appreciate the wide variety of food and drink available at all times in the home.

4.6 The policy of mixing and providing similar services to people with different levels of physical and mental abilities should be reviewed.

4.7 The system for monitoring who enters and leaves the premises must be improved for the safety of residents and staff.

## 5. AREAS OF GOOD PRACTICE

5.1 This report has highlighted the excellent atmosphere in the home and the positive rapport between the staff and residents.

5.2 Excellent staffing levels ensure that individual physical care needs are always met in full.

5.3 Menu choices are varied and food and drink provision is available at all times.

5.4 The range of activities provided is good.

5.5 All areas of the home are maintained to a very high standard.

## 6. RECOMMENDATIONS

1. The findings in the report indicate that residents and staff in the home may not be having their safety promoted as, currently, anyone can enter and leave the home through unlocked doors and with inadequate monitoring and recording taking place. A system must be implemented immediately which ensures that no one enters the building unannounced and there is one main entrance where visitors can be monitored and records are kept of people entering and leaving the building.

### **Manager's response:**

The security system was installed after your visit. I have informed you about this when you were here so we have keypad system in both entrance.

2. We recommend that consideration should be given to targeting services towards the specialist needs of the people living in the home. The findings in the report show that the present system means that not all people's wider needs are being met in full and that there is a lack of specialist dementia care provision in the home. People's needs should be regularly assessed in an individual way and service provision should be planned from the results.

### **Manager's response:**

We have signage in place which was ordered after you left and been put on each bathrooms, toilets, lounges and communal areas. We have 4 dementia champions in place and a reminiscence room with different items to attract the residents.

We have a very good person centred care plan made for all residents and this includes their personal history along with their social likes and dislikes. You did not see any of this as you said you cannot look at people's documentation. So we feel that you cannot say we have no system in place to assess individual needs.