

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Name and Address of Service

St Anthony's Residential Home

3 Mildred Avenue

Watford

Herts

WD18 7DY

Name of Provider

R M D Enterprises Ltd

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: St Anthony's Residential Home

Date and Time of Visit: Wednesday 18th June 2014 10.30 am

Visit Conducted By: Meg Carter and Pat House

Acknowledgements:

We should like to thank the Proprietor, manager and staff for their support for our visit, and thank the residents and visitors to the home who answered all our questions and told us about St Anthony's.

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:

A rolling programme of care homes/nursing homes in groups of 12 in order to review results, methodology and outcomes at defined intervals.

We have consulted with the Clinical Commissioning Groups, Hertfordshire County Council, Hertfordshire Care Providers Association and our local Care Quality

Commission Compliance managers as well as looked at feedback from the Community to choose our first 12 homes.

Announced visits using questionnaires for residents, staff and observation from 10.30 am to 1pm

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)

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1. INTRODUCTION

St Anthony's is a small, family-style care home, situated in a residential road in Watford. There is limited parking on the front driveway, and the surrounding roads are part of a controlled parking area. The home has a secure garden to the rear of the building.

The home provides accommodation and personal care for people who are over the age of 65 years, some of whom may have a level of confusion or a physical disability. Although the home is registered with the Care Quality Commission for 22 bedrooms, one shared room now has single occupancy and so there are 21 residents receiving care.

2. FIRSTIMPRESSIONS

2.1 The front gardens are well maintained with attractive flower beds and the building is in keeping with the surrounding residential properties. The front door and doorbell are easy to find, although in need of some re-decoration. A member of staff opened the front door promptly when we rang the bell.

2.2 There are two small reception areas immediately inside the building, separated by a glass door. The first impression of these areas was one of cramped space, especially as a large hoist was sited immediately inside the front door. Beside the front door there is a notice board listing the names of all the current residents. We also noted that one bedroom was situated within the first reception area, and therefore isolated from the rest of the home by an internal door.

2.3 We were welcomed into the home by a member of staff who was aware of our visit. We were asked to sign the visitors' book, but our identification was not checked.

2.4 We were not aware of seeing a Healthwatch notice displayed on entry.

However the manager confirmed that this was on display outside the door of the main lounge and all families were informed by phone, by the manager personally about the HwH visit.

2.5 We were shown to the manager's office, where initial introductions were completed and the plan for the visit was agreed with the manager and Proprietor.

The manager then showed one of us around the building, while the other member of our team began meeting with residents and visitors.

3. FINDINGS

3.1 Environment

3.1.1 There is no CCTV in place at St Anthony's but the front door sounds an alarm when opened, so that staff are aware of anyone leaving the building. The Proprietor also confirmed that all other doors to the building are secure. We saw the 'signing in' arrangements being used by visitors throughout our visit, so that the safety of people in the home could be maintained.

3.1.2 There is a notice board on a wall in the inner reception area, with photographs and job titles of all the current members of staff. The manager told us that relatives had requested this information be displayed so that they knew who was on duty at the home.

3.1.3 People we spoke with told us that the inner hall is used when visitors and residents wish to have some privacy together, and we used this area when speaking with some families.

3.1.4 St Anthony's has two main living areas and a separate dining room. The two living areas have limited space; one area feels to be something of a thoroughfare. The residents' seating arrangements are also limited. Chairs are arranged around the walls, with no areas where seating is grouped to provide a more interesting and varied environment. Most of the home's residents were sitting in these lounges during our visit, but we were told that two or three residents had chosen to remain in their bedrooms.

Staff should try to establish if these people would come into the shared areas if there was more individual space available. One resident said that they would like to interact more with different people in the home, but that the present arrangements in the lounges meant that they generally speak with the people sitting next to them. Everyone we spoke with said that they understood the space constraints in the lounges and are happy with the present arrangements on the whole.

3.1.5 There is a television in each of the lounges, but these are positioned high up on a wall. We noted that clocks in these rooms are also placed high up. The

current seating arrangements mean that, at any one time, not everyone in the rooms can have a clear sight of either the television screens or the clocks (*Section 6 Recommendations*).

3.1.6. The residents we asked said that the chairs in the lounge were all comfortable and each chair has a table provided for individual use. However, because of the space constraints, these tables are positioned directly in front of each resident. The staff *must* establish that these tables do not restrain anyone from getting out of their chair independently whenever they want, especially as at least one person uses a Zimmer frame for mobility and would need this in front of them to get out of the chair (*Section 6 Recommendations*).

3.1.7 Bedrooms are all comfortably furnished and some people had brought their own furniture to personalise their rooms. One resident has also chosen to bring their own bed to the home.

3.1.8 The home has a laundry room which is very cramped, and a separate ironing room. The residents and visitors we spoke with all praised the laundry service in the home. One person said they ‘always got their own things back’ and another said that clothing is ‘beautifully’ laundered.

3.1.9 Two visitors we spoke with said that the home was ‘always spotlessly clean’ and residents confirmed they were very happy with the standards of cleanliness in all areas and with the ‘look’ of the home. Everyone we asked also said the temperature in the home is never too hot or too cold.

Overall we found the interior décor in the home was adequate, but looking worn. The dining room especially is in need of redecoration.

3.1.10 The home has a pleasant garden, with flower beds and seating areas. People we spoke with said they enjoyed sitting in the garden and the staff we spoke with said they held some activities, such as reading and discussing things from newspapers, in the garden in good weather.

We did not see how wheelchair users could access the garden and a resident told us that a ramp is not always used to enable access to the garden for wheelchair users. (*Section 6 Recommendations*).

The manager stated:

Service users are able to access the garden via a temporary removable ramp, which is kept in the garden with assistance. In summer and on nice days, many residents, including wheelchair users can be seen in the garden.

However we will look into a more permanent ramp for the future.

3.2 Leisure and Services

3.2.1 During our visit we saw a ball throwing activity taking place in the main lounge. Everyone in this lounge was taking part and the residents and visitors we spoke with all said there was an activity provided every morning. One resident said they ‘looked forward’ to each day’s event and especially enjoyed the activities provided by visiting entertainers. There was a notice board on a lounge wall showing the week’s activities and these included musical bingo; singing; quizzes; reading and manicures. In addition we saw the timetable for the extra monthly activities which included trips out and a summer barbeque.

3.2.2 The visitors we spoke with said that there were always ‘lots of visitors’ in the home, and entries in the visitors’ book confirmed this. One resident said they regularly went out with visitors. One visitor explained that she takes her relative out regularly but she is reassured that her relative always appears confident and at ease about returning to the home. Another visitor commented that the staff were ‘hot on not letting people sleep all the time’ and took pains to keep the residents interested in activities.

3.2.3 There is a large library of books, available to residents, in the inner hallway. The staff also said that this selection of books is regularly updated when the mobile library came to the home.

3.2.4 One resident told us that, although they enjoyed the weekly activity programme, they would like more events that promoted ‘conversation and interaction’. A relative also felt that the present arrangements for watching the television did not meet with individual choice.

The manager said:

Programmes on the TV's in the communal lounges are selected by majority choice. However we do provide televisions in each of the bedrooms and service users can be taken to their rooms if there is something different they wish to watch.

What is less clear is the extent to which residents might continue with an interest or hobby they have had previously and/or contribute to the daily business of the care home. For example, one resident is now helping in the garden from time to time (*Section 6 Recommendations*).

We asked if these issues were discussed at the residents' meetings, but several of the relatives and residents people spoken with are not aware of residents' meetings taking place. The staff we asked confirmed that meetings took place every 3 to 4 months and the manager said meetings were minuted. We suggest that dates of planned meetings could be displayed prominently so that residents and relatives, where appropriate, could attend. We also suggested that the Minutes and any subsequent actions should be displayed in the reception lounge (*Section 6 Recommendations*).

3.2.5 The visitors we spoke with confirmed that the manager had notified all relatives of the Healthwatch visit and we did see a Healthwatch poster on a lounge door.

3.2.6 Throughout our visit we observed that the interaction between the staff and residents was very good and staff appeared fully aware of people and their individual needs and preferences. One member of staff said they were aware of the stated choices in people's individual care plans and always tried to promote these choices. For example, a visitor told us that their relative liked to have a daily shower and that staff offered them this every day.

3.2.7 Another relative said that 'any issues' which arise are 'sorted immediately' by the staff or manager. They praised the care provided and said their views are always listened to.

3.2.8 The manager told us that, although there is no one with severe dementia currently in the home, a senior member of staff would be attending a training course to ensure that appropriate dementia services could be provided when necessary.

3.3 Digital Inclusion

The manager confirmed that there were no digital services available in the home at present. One resident said they would welcome the inclusion of a computer in the home, and the manager and Proprietor said they would be pursuing the possibility of setting up Wi-Fi and computer access in the future. (*Section 6 Recommendations*).

3.4 Food and Drink

3.4.1 Without exception, the residents and visitors we spoke with praised the food and drink provided in the home. One resident said the food was ‘excellent’ and their visitor said ingredients in the meals were ‘always fresh’. People said they were asked for their choice of food every day by the cook and said there was always a choice at each meal. One resident told us that the meals were ‘fantastic’ and that the cook asks them what they might like next ‘and it’s done’. A visitor we spoke with said she often takes their relative out, but that the resident ‘likes to have their lunch there, before they go out’ rather than miss the meals at St Anthony’s.

3.4.2 We saw the day’s menu displayed in the dining room so that people could be clear about the meals they would be eating. We also saw the mid-morning drinks and snacks provided. People said this snack meal was provided every day and there was another snack meal in the afternoon. The residents and visitors we asked said that extra drinks were always promoted in hot weather and one member of staff said that all the staff were aware of the risk of dehydration and promoted fluids all the time.

3.4.3 One relative we spoke with said that nothing was too much trouble for the cook and that when they explained that their relative liked a particular brand of yoghurt, this yoghurt was immediately bought for the resident and has been ever since. Another relative feels that on occasions staff ‘need to be persuaded’ as to an individual preference but once agreed the choice is fully respected.

3.4.4 We observed the mid-day meal being served and the food looked appetising and was clearly enjoyed by the residents.

Two people need assistance with feeding and we saw this assistance provided in a discreet and respectful way.

We saw one resident enjoy their pureed meal and we asked the staff if they could establish whether the person would prefer each ingredient pureed separately, rather than mixed together as it was presented at the time.

4. MONITORS CONCLUSIONS

1. We are satisfied that NICE guidelines 1 and 2 of Quality Standard 50 (Mental Wellbeing of Older People in Care Homes 2103) are being considered by providers.
2. The capacity of the staff team to work within the constraints of this building is striking. Residents and relatives are aware of the constraints of the building but have voiced no specific complaints about the resulting shortcomings.
3. Our overall impression is of a warm and caring environment, within which staff are sensitive to people's individual needs and choices and try to respect this as far as possible. The need for stimulation and activity provision is recognised by the staff and again effort is made to minimise the constraints of the building in meeting this need.
4. The relationship between the staff and residents, and their visitors appeared to be excellent. The residents and visitors we spoke with praised the standard of care and said that if necessary felt comfortable about making suggestions for improvements. The manager spoke of her appreciation of relative's readiness to help with organised outings, again indicative of a positive rapport.

5. AREAS OF GOOD PRACTICE

- This report has highlighted the excellent atmosphere in the home and the positive rapport between the staff, residents and visitors.
- Menu choice is varied, popular and lunch was nicely presented.

- Positive approach to involving relatives in prearranged outings.

Note: The Proprietor of St Anthony's has raised a lack of clarity as to the rights of residents to have direct access to 'personal spending money' and has asked Healthwatch Hertfordshire to check good practice in this area.

6. RECOMMENDATIONS

Recommended Immediate Improvements:

1. Consider introducing a more permanent ramp for access to the garden to enable easy access to the garden at all times.

We recommend that further attention is given to the following:

1. Priority is given to the redecoration of the front door and dining room.

The manager said: Redecoration of the front door and dining room are already on the agenda and will be carried out in the near future.

2. Re-siting the hoist, currently inside the front door.
3. Residents' (and where appropriate relatives) consent is sought to residents names being listed by the front door.

The manager confirmed that the list of residents' names by the front door is for the purpose of establishing who is in the home at any one time for fire evacuation purposes. However we have added a question to our Admission Form, asking consent for the resident's name to be displayed.

4. Ensure that residents are not restrained from getting out of their chairs and residents to be asked to confirm that this is so (management have undertaken to carry out an audit in response to this recommendation).

The manager has responded:

We have carried out an audit regarding the lap tables preventing residents from getting up from their chairs and no residents were

found to be restrained and they were all happy to have tables in front of them.

The purpose of the tables is that many residents like to keep a drink in front of them during the day. Also they bring personal items from their rooms e.g. glasses and reading material and these are kept on their individual tables. Zimmer frames are kept beside the tables and are easily accessible.

5. Clarify risk assessment and measures in place to deal with the potential isolation of the resident in the bedroom near the front door.
6. Consideration should be given to the arrangements of the chairs, televisions and clocks in the lounge areas in the home, to achieve a more versatile environment.

The manager said:

The arrangement of the chairs televisions and clocks in the lounge areas will be discussed at our next residents meeting. However, the televisions cannot be lowered significantly due to the health and safety risk of residents hitting their heads against them when standing/passing by.

7. Consideration should be given to displaying (in a folder) the date and time of residents meeting together with Minutes and subsequent actions.

The manager said:

All residents are informed when a Residents' meeting is taking place, by a notice in the main lounge and also reminded verbally. Residents' meetings are documented and minuted with plans of action to be carried out and these were all available in the office.

8. Consideration should be given to setting up Wi-Fi and a computer and /or iPad for residents' use in the home (***management see this as an important development and will take this forward***).

The manager confirmed that they will be considering having Wi-Fi points available in the future.

9. Where possible ensure that residents should have the opportunity to pursue interests or hobbies and/or contribute to the day to day running of the home (as already one resident helps in the garden).

The manager commented:

On our Admission Form, residents' interests and hobbies are recorded, so we are aware of their interests and will accommodate this, if applicable.

They are also recorded in their Care Plans and are ongoing. We also have a Quality Assurance Questionnaire on activities.

10. Review the potential benefits for residents and staff in having an HCPA Champion.

The Manager has confirmed that two members of staff were booked on the HCPA Dementia Champion course but that the course was cancelled due to insufficient numbers.

They will re-enrol when further suitable dates are available.

11. Review the potential benefit for residents and staff in using the HCPA Smile Service.

The manager said that they have been in touch with HCPA regarding the Smile service.