

# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

Name and Address of Service

**Jubilee Court Care Home**

Haywood Close

STEVENAGE SG1 5BS

Name of Provider

**Quantum Care**

## Healthwatch Hertfordshire Enter and View Visit Report

<b>Premises visited:</b>	Jubilee Court Care Home
<b>Date and Time of Visit:</b>	1 <sup>st</sup> October 2014 10.30am to 1.30pm
<b>Visit Conducted By:</b>	Catherine Free, Helena Constantinou, Virginia Kirri- Songhurst

### Acknowledgements:

Thank you to the residents, visitors and staff who we talked to on this visit.

### 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

Jubilee Court is a modern purpose built building on three floors. It is in a residential area of Stevenage with a bus stop nearby. It provides dementia, respite and intermediate care for 91 residents all in single rooms with an en-suite shower, TV with DVD and CD player and internet and telephone connections.

The home is divided up into six units each with a spacious communal sitting, dining and kitchen facility. It has secure gardens at both the front and back of the building.

Five of the six units are occupied by dementia residents and they are currently applying for 75 Deprivation of Liberty orders. This is because 75 residents have been considered to be a danger to themselves or others due to limited responsible mental capacity, however they can leave the home for trips accompanied by staff or other responsible people.

### 2. FIRST IMPRESSIONS

2.1 Arriving by car, it would have been helpful to have a sign at the turn into Haywood Close indicating that Jubilee Court was in the Close.

#### **Manager's Response:**

We have approached the local Authority and they would not allow us to have a sign put up at the end of the road, this was explained on the day.

Once on the site the signage was informative but could have been in larger letters. The car park was relatively small for the size of the home but there were spaces for us to park. There were dedicated disabled car parking spaces near the entrance. The garden on the left of the main entrance is behind a secure fence and looked inviting with its sun shade and seats.

#### **Manager's Response:**

There is additional parking at the back of the home for staff.

2.2 The entrance and doorbell were easy to find and at wheelchair user level. The glass main door was secured but we were let in without much effort as the receptionist could see visitors from her desk. The reception desk had a drop down area for use by wheelchair users. No hearing loop was observed.

2.3 The entrance area is large and had a café for residents and visitors use. There was a theme of London Town with a red telephone box, manikins of British soldiers and paraphernalia and a mural of Westminster Bridge and Big Ben. The theme was the Olympics 2012 which was when the home opened.

People were sitting chatting and having coffee which was served in china cups and saucers. We felt this would make it feel more like an outing. There were notice boards showing the week's activities and one off events for the month of October. Pictures of previous events were on display. A separate seating area with murals was available

2.4 Off the main reception area was a hairdressing salon which was being well used by both residents and visitors. A shop is planned in this area partially stocked but but not yet open.

2.5 Everything in this area was clean and cared for. There was a welcoming buzz.

2.6 We were met by the manager Julie Oakley-Reid and had a meeting in her office with her Deputy and her Quality Assurance Manager. The manager is the HCPA Dementia Champion.

### **3. FINDINGS**

#### **3.1 Environment**

3.1.1 None of the units were shut off and residents could walk from unit to unit. Each unit had different coloured carpet and painted corridor walls with hand rails. Doors that were not for resident use were painted the same colour as the walls to camouflage them. All areas had windows and everywhere felt light and airy. Individual bedrooms had their own temperature control and windows in them could be opened. Each unit had a themed area at the end of the residential corridor.

3.1.2 In the wash rooms/toilets all the sanitary ware was white against white tiled walls. It was felt that this might cause confusion for the visually impaired. This is called a "white out" it is as if one is in a blizzard and cannot differentiate objects. Pull cords were long enough to be accessed from the floor but some did not have the two bangles recommended. There was no recording of the temperature of the bath water by the staff bathing residents.

3.1.3 Each unit was named at the entrance to it. However we felt that this could be reiterated in the communal areas. The clocks in the communal areas were not very

clear and one had Roman numerals. It was felt that the date and day of the week should also be displayed in the communal areas.

3.1.4 The activities programme for the week was displayed but not consistently. In some areas this was lost among notices on the notice boards which were in small print and not prominent. The menu for lunch was available to see on the dining tables. We were told that residents could make up their mind what to eat at lunch/diner time from the food available.

3.1.5 Residents could eat at dining tables, in their own rooms or in the lounge areas with lap tables.

3.1.6 There was a T.V. in each communal lounge where the seating was arranged against the walls. However there were chairs and settees in other parts of the lounge and we noticed visitors had moved dining chairs across to make chatting areas.

3.1.7 Residents can choose their own décor but this was not obvious as the furniture in most rooms resembled each other. We were told that rooms could be painted to the residents wishes however none of the rooms that we saw were painted in different colours, so it seems the residents are happy with what is there. Personal valuables can be stored in a locked unit within their rooms to which they have a key, or in a secure place within the home where access can be granted if wished.

## **3.2 Leisure and Services**

3.2.1 There are two activity organisers for the home and the unit managers are also involved. They did not use the HCPA Smile Service. We left them a leaflet about it. We were told that residents were involved in activity planning at the monthly residents meeting and through their care plans. We did not see evidence of this and we did not see the minutes of the residents meetings.

### **Manager's Response:**

The Activity planning and the minutes of Residents meetings were not asked for. These are always available.

3.2.2 The library no longer visits but the home managers said that they do make their own memory boxes. We did not see evidence of this on our visit.

**Manager's Response:**

The report does not state that the Library service will no longer visit the Home, not that we no longer ask them to visit. There are memory boxes and rummage boxes in every lounge clearly visible.

3.2.3 There were not many books and we did not see a library for residents to borrow DVDs or CDs. Residents were reading their own newspapers. Many residents were asleep in their chairs which were not arranged in conversation groups. The physios/OT therapists were actively working with residents.

3.2.4 Local school students come in and read and play dominos with residents. They perform plays in the home for them. The home celebrates Harvest Festival by taking the residents to the local school and they also go to school plays. Sainsbury's super market donates flowers which carers and staff arrange all over the home.

3.2.5 Bingo, knitting, cooking, quizzes, puzzles and much appreciated singing sessions are on the weekly programme. One resident was seen mowing the lawn and they help with cleaning and clearing up. The guinea pig in the garden is kept well fed by a resident. There are raised beds for easy gardening. Bowls and soft football are played and accompanied walks are organised to the shops and parks.

3.2.6 Excursions to the theatre, opera in the park at Knebworth House, boat trips, visits to garden centres and shopping trips are arranged.

3.2.7 We visited on a beautiful day but there were very few residents out in the garden and none sitting in the sun. We saw two people knitting. One helped by a care assistant and the other by her daughter.

**Manager's Response:**

This was the Residents choice on the day of the visit. If Residents had been asked then I am confident that this would have been explained.

3.2.8 We were informed by the manager that an optician, dentist and chiropodist visit and a pharmacist visits weekly to check medication especially for the intermediate care residents. The laundry service is optional and we saw a notice in one room saying that the resident's washing was being done by relatives and friends. Of the six units visited only one activity was observed.

### **3.3 Digital Inclusion**

3.3.1 There is no IT Champion even though each room is equipped with internet access. So help needed to access the internet would be dependent on care assistants own knowledge. iPads and tablets are not used to engage people with dementia.

3.3.2 Quantum Care is currently trialling at another site the use of iPads and tablets to engage dementia residents. If successful it will be introduced to other homes in the group.

### **3.4 Food and Drink**

3.4.1 The Chef is the HCPA Nutrition Champion. Although we saw very few staff on the ground floor staff were witnessed helping feeding patients.

3.4.2 There is no fixed time for breakfast. Lunch is at 1pm. The main meal of the day is at 5pm and snacks are available at any time of the day or night.

3.4.3. Residents are weighed monthly and weight variations are noted and diets are changed. These residents then are weighed weekly. We did not inspect any care plans to substantiate this.

3.4.4 Flannels were offered at the tables before lunch and toilet visits suggested.

3.4.5 The lunch menu was available on a side table but we did not see a menu for the main meal today.

3.4.6 Lunch consisted of vegetable soup, a scone and some cold salmon. There were jugs of juice on the tables but no water. Staff did provide glasses of water when asked. In one unit some of the residents had the salmon made into a sandwich with slices of bread and were offered a pudding of a piece of cake which most residents wrapped in a serviette to save for later. No salad or fruit was offered with this meal. One resident had a baked potato. In the ground floor lounge food was being prepared for staff.

3.4.7. Snacks are available throughout the day and night. We saw apples and biscuits and drinks readily available. Residents can have fridges in their rooms to keep food and drinks in although we did not see evidence of this at the time.



## 4. MONITORS CONCLUSIONS

4.1 An excellent building giving a pleasant place to live with good communal areas and well-proportioned private space in the units.

4.2 The manager and staff greeted residents by name as we went round and there was a calm well-ordered atmosphere. Relatives of residents we spoke to felt everything was excellent and had no complaints.

4.3 Residents could make a lot of personal choices as to how they lived in the home. A husband and wife who wanted to be in different units had all their meals together. A resident who had a mobility scooter went to the local shops by herself. She was a long stay resident.

4.4. We felt that there should be more and clearer information displayed in the units. A separate display for the current day's activities and menus would help. The activities timetables were not displayed consistently. In some units it was lost amongst other information.

4.5 We felt that lunch at 1pm and dinner at 5pm were very close and could cause problems due to delayed digestion. The manager said the main meal was served at 5pm because the organisation found that the residents slept better and had improved weight gain.

4.6 The lack of a library service meant that not only were no books readily available but DVDs /CD's could not be borrowed.

4.7 Despite having excellent infrastructure the internet did not seem to be used to any extent to engage dementia residents or others to communicate with the outside world. Only one lounge in the rehab/enablement unit had a PC.

4.8 Most of the building smelt fresh and clean.

## 5. AREAS OF GOOD PRACTICE

5.1 All the staff had Quantum Care dementia accreditation.

5.2 A pharmacist came weekly to check resident medication. This was especially appropriate for intermediate care residents.

5.3 Medicines appeared to be given on time from a secure trolley which when not in use was stored in a locked room. Each basket of medicine had the appropriate resident's photo on it. We did not look at any medication charts.

5.4 Physiotherapists had use of a dedicated gym.

5.5 A sensory room was well set out and massages and manicures took place in it.

5.6 Activities planned were varied and something was available each day. There were varied planned outings.

5.7 There was good contact with the local community especially the school.

5.8 Relatives and friends visiting had facilities to use. I.e. hairdressers and café.

5.9 Food and drinks were available in the unit kitchens day and night.

## 6. RECOMMENDATIONS

6.1 Temperature in bath water should be recorded.

### **Manager's Response:**

All taps in Residents areas have TVM valves fitted that do not allow the temperature of the water to exceed a set temperature. The House Keeping Manager also tests the Hot water temperature weekly and this is recorded. A contractor set by the organisation also visits to ensure the TMV valves are working. Each bathroom has a thermometer in it and staff tests the temperature of bath water as a Resident uses the bath. If the temperature is too high this is reported and acted upon it immediately.

6.2 Display of information in units should be reviewed in order to give a clearer and more comprehensive picture.

**Manager's Response:**

There is a lot of information on the display boards. This is activities, abuse procedure, and birthday list, information about the home and special events; there are also pictures which the resident have made. This will be reviewed monthly.

6.3 Review the times and ensure there are food choices for every meal explained in advance. Water should be routinely placed on the tables along with the juice. Menus should be displayed to ensure that residents can view and choose menus. There should be a record of what dementia residents actually are eating.

**Manager's Response:**

As an organisation we have invested a lot of time researching the best meal times. As individual Homes we have spoken to Residents and relatives and gained their view and the over whelming consensus is the meal times that we have. We do have flexible breakfast times and if a Resident does not want their meal and the given time that this is catered for. It has been proven that Residents eat more and sleep better when the main meal is in the evening.

We ask all Residents what they like to eat the day before and we also offer a visual choice on the day as we have found through research and observations as most of the Residents at Jubilee Court live with Dementia, they have short term memory loss and therefore are unable to remember what they asked for the previous day and will often have changed their mind when they see the food offered.

We monitor Residents weight at least monthly as well as fluid intake and follow National Guidance on Nutrition and Hydration and if we fell that any Residents has an issue with either eating or drinking then we will monitor this and the relevant specialists advice and support will be sought.

We will put out water with the juice

There are menus available on every unit and they state the full days set menu and the other options of food that can be asked for at any time. This is on a two sided menu stand.

6.4 Consider using the HPCA Smile Service.

**Manager's Response:**

We are looking into using this service.

6.5 Consider appointing an IT Champion to develop use of internet for communication and the use of iPads and Tablets to engage people with dementia.

**Manager's Response:**

We are considering an IT champion in the Home. We don't supply iPads but residents are welcome to bring their own in and we support any Resident that wishes to use any kind of technology.

There are in total 13 computers within the home, there are 4 specifically on units and a computer room with 6 computers in that Residents have access to.

6.6. Consider reconnecting with the library service in order to borrow books and DVDs.

**Manager's Response:**

We are going to approach the Library again and have also put a trolley of books in a more prominent area of the Home for Residents to use.

6.7 Larger print and pictures for the activities timetables to be displayed in each lounge.

**Manager's Response:**

These are now printed on A3 paper to be easier to read.

6.8 Minutes of residents/relatives meetings to be displayed.

**Manager's Response:**

These are already displayed on each unit on their notice boards also I have a copy of all the minutes are in the home manager's office.

6.9 Colour contrast on toilet and wet room /bathroom walls so that sanitary ware stands out for visually impaired.

**Manager's Response:**

There is a colour contrast in each en-suite, the wall behind the toilet and the hand rails are a different colour so this stands out for the visually impaired. I am asking for advice on how best to ensure that the sanitary ware stands out from the specialist within the organisation.