

ENTER AND VIEW

Unannounced Visit

Richmond Court Care Home Friday 31 March 2017



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Richmond Court Care Home
Address: 94 Richmond Road, Compton, Wolverhampton, WV3 9JJ
Manager: Carolyn O'Brien
Deputy Manager: Tracy Musgrove
Date of Visit: 31 March 2017

Authorised Representatives

NAME	ROLE
Tracy Cresswell	Authorised Representative Lead
Beverly Davis	Authorised Representative

Purpose of Visit:

Healthwatch Wolverhampton receives feedback on a range of services and treatments received around care homes. This visit was unannounced and was responding to concerns recently received by Healthwatch in respect of services at the above care home. The concerns raised were regards to the safety and quality of the care residents were receiving in the home.

Acknowledgements:

Healthwatch Wolverhampton would like to thank the Home Manager, Deputy Manager, the residents and the staff for their co-operation during the visit.

1.0 Physical Environment

External

- 1.1 The team arrived on site at approximately 9:50am.
- 1.2 The home is situated in the South West of Wolverhampton and approximately 3 miles from the city centre.
- 1.3 The site where the home is situated is being maintained, with the outdoor being decorated over the next few months.
- 1.4 There were spaces for approximately 5-6 cars.
- 1.5 There was a recreational area in the home, this was clean, however there was an overfilled ashtray by one of the seats.

Internal

- 1.6 The entrance into the building was via a doorbell. The door was answered quickly by a member of staff.
- 1.7 There was a pleasant smell once entering the building.
- 1.8 There were 2 doors, the front door, which had to be shut before the door into the main building was opened
- 1.9 The Authorised Representatives were asked to sign in and use hand gel provided.
- 1.10 Authorised Representative Lead introduced themselves and asked to speak to the manager.
- 1.11 The Authorised Representatives were taken into the manager's office.
- 1.12 The Lead Authorised Representatives explained the reason for the visit and gave them the letter.
- 1.13 The manager was happy for the team to walk around the home unaided, the lead asked if there was anywhere that the team was unable to go, the only place was the laundry as the steps had been recently painted and were still tacky.
- 1.14 The layout of the home included a lounge, dining room and a small number of bedrooms on the ground floor. The first floor and second floor mainly comprised of bedrooms. On the first floor there was an assisted bathroom and on the other floors, there are assisted shower rooms.
- 1.15 There are currently 25 residents in the home with 1 resident currently in hospital. The home is able to accommodate 28 residents.

2.0 Staff Numbers

- 2.1 There are currently 22 staff employed at the home, they consist of 5 carers in the morning, 3 carers in the afternoon (this will be increased to 4 as of 03.04.2017, and 3 carers during the night. There is 1 activity co-ordinator, with external activity sessions also coming into the home. There are 2 domestics, 1 maintenance, 2 catering staff and 3 Management (1 member appointed for 3 months only). They also have 2 apprentices at the home, 1 being off sick at the moment.
- 2.2 There are 5 carers in the morning, this is to support the residents with their breakfasts and getting them up. However, they have to put the residents to bed

but only have 3-4 carers, the manager explained that they use a dependency tool to work out the requirements of the staff. Healthwatch requested a copy of this tool.

- 2.3 The majority of the staff have been employed between 8 and 16 years, there is not a high turnover during the day staff, however that is not same for the night staff as there is a high turnover with these staff.
- 2.4 The staff rota was requested and given to the Authorised Representative Lead.
- 2.5 The rota showed that there were a small number of staff working 13/14 days without a rest day. A small number of these staff were working double shifts, with only half an hour in between.

3.0 Agency Usage

- 3.1 Agency staff is used for night staff. The home uses the same agency Kareplus to recruit their agency staff.
- 3.2 The home is sent a list of agency staff application forms, with references that they check beforehand.

4.0 Patient Experiences and Observations:

- 4.1 The Authorised Representatives observed 11 residents in the lounge, they had all just had breakfast. The majority of the residents were sleeping.
- 4.2 The majority of the residents in the lounge have some form of dementia.
- 4.3 The temperature in the lounge was very warm
- 4.4 The TV was on; however, no one was watching it.
- 4.5 There was an apprentice alone in the lounge with the residents. Their role was to sit with them and observe the residents but they shout another member of staff if there is an incident.
- 4.6 One of the residents told the Authorised Representative “when you get up, you are stuck in here (dining / lounge), you have your breakfast, then there is nothing else to do but to sit around.” The Authorised Representative asked what the resident would like to do, they told the Authorised Representative “I would like to go for a walk, but the staff don’t ask me.”
- 4.7 The Authorised Representatives moved into the dining area. Again it was very warm in there.
- 4.8 The dining room was not attended by staff, even though there were residents eating their breakfast.
- 4.9 There was a vase of flowers in the dining room, the water was murky.
- 4.10 The Authorised Representative pulled the buzzer, within in less than 1 minute a member of staff came into the dining room. The member of staff opened the window as one of the residents was trying to open it.
- 4.11 They had toast and cereals for breakfast.
- 4.12 One of the residents stated “I like living here.”

- 4.13 One resident has been there for 20 years and told the Authorised Representatives “I don’t want to go anywhere else and I would be very unhappy if I have to move.”
- 4.14 One resident said “I have found the staff to be very good.”
- 4.15 There was one resident that was bedbound, the staff have tried to get the resident to engage with the rest of the home, but the resident is happy in their room. The resident explained that they weren’t given a choice of meals but stated “I am happy with what they give me.”
- 4.16 The resident’s niece comes into the home and gets the resident everything they want.
- 4.17 The resident has the District Nurse come in twice a week to do their dressing.
- 4.18 The resident said the staff don’t have time to sit and chat with them, however the staff do chat with them when they are carrying out personal care.
- 4.19 All of the doors of the residents have their name on and are allocated a keyworker which is also on the resident’s door.

5.0 *Family and Carer Experiences and Observations*

- 5.1 There were no relatives in the home during the Authorised Representatives visit.

6.0 *Catering Services*

- 6.1 The kitchen is located on the ground floor, and is opposite the lounge.
- 6.2 There is a white board that has a daily menu on it.
- 6.3 There is a set menu, however there are a number of residents that ask for different food and the catering services accommodate the residents.
- 6.4 They have a hygiene certificate - Level 5.
- 6.5 The staff are up to date with their training; their next training is due August 2017.

7.0 *Staff Experiences and Observations:*

- 7.1 A member of staff that the Authorised Representatives spoke to was happy to work at the home. They used to be a carer, but changed to work in the kitchen and they still have contact with the residents. The Authorised Representative asked what time they worked until, she said “2pm.” The Authorised Representative asked who cooks the residents tea in the evening and the member of staff said “the care staff cook the tea for the residents as well as caring for them.”
- 7.2 There is currently a new appraisal template being implemented, as the home is being questioned on their staff supervision / poor practice. The manager stated

- “her door is always open for staff to come and talk. This also applies to the residents and their relatives.”
- 7.3 There are a number of policies in place for the home and staff.
 - 7.4 Staff have up to date mandatory training apart from confidentiality. The manager stated that Safeguarding is to be done every 3 years, but the home tries to carry this out annually.
 - 7.5 The emergency cover is covered by the manager as well as some of the day staff.
 - 7.6 The home is currently recruiting 3 members of staff.
 - 7.7 They don't have a staff/resident ratio; they use a dependency tool.
 - 7.8 The care plans are currently being revamped to make them more person centred.
 - 7.9 The care plans are locked away; all staff have access to look at them but they are only updated by the senior members of staff.
 - 7.10 They carry out a number of activities within the home, including pamper parties, bingo, colouring, tea parties, and singers just to name a few. However, these are all carried out in the afternoon. The Authorised Representatives suggested that they may look at doing something during the morning, as a lot of the residents were just sitting there after breakfast nothing to pacify or entertain them; they had to entertain themselves.
 - 7.11 All of the resident's nutrition and fluid intake is recorded in their care plans.
 - 7.12 There are 2 residents that currently practice their religion and the home accommodates these.
 - 7.13 All of the carers are female.
 - 7.14 There is one resident that is not happy being cared for by one member of staff therefore the home ensures that this resident is always cared for by two staff.
 - 7.15 The manager keeps a log of all falls / accidents in the office. There is a flow chart compiled. There were a number of falls recorded in September but this related to one resident.
 - 7.16 The residents are able to keep their own GP; however, the home has issues with GP's coming to see the patients. The GP's often advise the home to contact NHS 111.
 - 7.17 The main challenges the home faces in the future is the volume of paperwork that has to be completed, and to ensure that they have enough active activities for the residents and to keep them happy.
 - 7.18 Medicines are stored away in the drug cupboard. All of the staff have had basic training and the three senior members of staff and the deputy manager have had more advanced training.
 - 7.19 None of the staff wore name badges. The Manager explained that there had been an issue with the badges scratching the patients when they were moving them.
 - 7.20 The home communicates to the carers / relatives either by telephone or email. They have recently had a relatives meeting to share the concerns that had been raised against the home.
 - 7.21 The suggestion box is in the main area of the home. However, this is not very accessible for residents / relatives / carers / visitors.
 - 7.22 The home currently has issues getting social workers to carry out assessments within the home.

8.0 Summary, Comments and Further Observations

- 8.1 The security of the residents is very good. There is a keycode that the visitors / staff use to enter. They then enter another small area, lock the door behind them before they open the front door.
- 8.2 The maintenance of the building is ongoing with work being carried out inside and outside of the home.
- 8.3 The home has a poster on the wall with all the different uniforms and an explanation of the roles and who the different staff are.
- 8.4 The choice of terminology that some of the staff used with the residents was felt to be inappropriate terminology to use within the home setting. For example, it was observed a staff member saying to a resident “wicked” and “mate.”

9.0 Follow - Up Action:

- 9.1 The manager to send the dependency tool they use.

10.0 Recommendations

- 10.1 To ensure all staff have confidentiality training.
- 10.2 To move the suggestion box to a place that is easily accessible.
- 10.3 To ensure that all staff wear magnetic name badges.
- 10.4 Activities to happen during the morning to stimulate the residents, including taking them for a short walk.
- 10.5 To keep the ashtray empty at all times.
- 10.6 To encourage the bedbound residents to engage with the activities.
- 10.7 To change the water in the vase in the dining room.
- 10.8 To discuss with staff their choice of terminology when talking to the residents.
- 10.9 Ensure that whilst residents are eating, they are accompanied at all times by a staff member.
- 10.10 To ensure all staff have at least 1 rest day a week, as per ACAS guidelines.
- 10.11 To ensure all staff are having the correct breaks between shifts.

11.0 Provider Response and Intended Action:

External

- 1.5 Over filled ashtray has been moved by the home manager to a more appropriate area.

Internal

- 1.13 Steps to laundry area are dry following painting of floor and access is restored for further visits.
- 1.15 The lady who was in hospital did return after the visit but passed away peacefully after a few peaceful days with her family by her side R.I.P LM 16/04/17.
- 2.1 Four Carers are now on every late shift for the foreseeable future as of 03/04/2017. The apprentice that was off sick when the visit took place has returned on the 17/04/17, more external activities have been brought in over the next few weeks starting from 24/04/17 while training and systems are reviewed at RC. We are also recruiting a new activities organiser as our current organiser is unable to continue due to ill health.
- 2.3 Recruitment of new night staff is currently taking place and two new night carers have been appointed since the visit and are working through their induction process.
- 2.5 Staffing hours are continually under review and after visit feedback the rotas were reviewed and staff more appropriately rostered on shift.
- 3.1 Agency use has decreased slightly since the new night carers have been appointed, we are hoping agency use will cease once all night carers have been appointed.
- 4.3 The lounge temperature is monitored by care staff and the temperature is reduced if the temperature is deemed too high for residents.
- 4.5 The apprentices have received their first aid training, manual handling and MCA training.
- 4.6 As the weather we will ask residents if they would like to go out.
- 4.7 The dining room temperature is monitored by care staff and the temperature is reduced if the temperature is deemed too high for residents.
- 4.8 We are not sure why there was not a care staff in the dining room while residents were eating, we try to ensure that a carer is present in the dining room at all times.
- 4.9 Yes there was a vase of flowers in the dining room and the water was murky, we do try to keep on top of this at all times but care giving is always our main priority. The vase of flowers was removed from the dining room. The vase of flowers in the entrance porch was also removed a few days later as the flowers had wilted.
- 4.15 The niece comes down stairs and orders for all the resident's meals. The resident does use the buzzer and will request for food and drinks when the niece is not present.

- 4.16 The resident does use the buzzer and will request for food and drinks when the niece is not present.
- 7.2 The new PDR document has been given to care staff to complete and return, then appraisals will take place.
- 7.6 Two carers have now been appointed with a third going through DBS checks.
- 7.8 The top floor care plans have been completed now but require a bit of tweaking to ensure the details are there to meet residents needs.
- 7.15 This resident has since moved to a nursing complex.
- 7.17 The home manager and support manager are working with staff to support them all with paper work and documentation.
- 7.21 Since the relatives meeting residents family members are still coming forward to give feedback that we are taking on board.
- 7.22 The suggestion box is going to be moved we are just trying to locate an appropriate place so all can access.
- 7.23 Since the visit we have had an abundance of social workers come out to the home.
- 8.4 care staff were spoken to in relation to inappropriate words being used with residents such as “Wicked, Mate”.
- 10.1 Staff will receive confidentiality training in the next few weeks along with documentation training.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **Friday 31 March 2017**. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.