

'Enter and View' Report

Derwent Lodge Care Centre

Fern Grove, Feltham, Middlesex, TW14 9AY



Healthwatch Hounslow
20th February 2017

Service visited:	Derwent Lodge Care Centre (DLCC)
Address:	Fern Grove, Feltham, Middlesex, TW14 9AY
Care Home Manager:	Jan James (Interim Care Home Manager)
Date and time of visit:	Monday 20 th February 2017, 2pm – 4PM
Status of visit:	Announced
Healthwatch Hounslow 'Enter and View' Authorised Representatives:	Stefan Vlajkovic, Jill Maccartney, Kieron Cotter and Mystica Burrige
Lead Authorised Representatives:	Mystica Burrige
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Healthwatch Hounslow (HWH) has the power to 'Enter and View' services in the borough of Hounslow. 'Enter and View' visits are conducted by teams of trained 'Enter and View' Authorised Representatives.

Purpose of the visit

The Health and Social Care Act allows HWH 'Enter and View' Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

'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 the HWH Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Hounslow Council's Safeguarding Team.

On this occasion, four 'Enter and View' Authorised Representatives (two HWH volunteers and two HWH staff members) attended the visit. The Authorised Representatives spoke to staff and visitors. Recommendations have been made on how to improve the service and good practice has been highlighted.

HWH had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authorities (LA) to create an 'Enter and View' Programme. A number of health and social care providers were

selected to be visited. There wasn't a particular reason for visiting DLCC, the visit was part of HWH's remit.

Acknowledgements

'Enter and View' Authorised Representatives: Stefan Vljakovic, Jill Maccartney, Kieron Cotter and Mystica Burridge

Thanks to Jan James (Care Home Manager), residents and staff.

Background

Derwent Lodge is a purpose built care centre situated in Feltham.

- Care home with nursing
- Conditions cared for: Older people generally/People with dementia
- Care period: Longer stay/Short stay and respite

This home accommodates 62 residents in 62 single rooms (62 ensuite).

Observations about DLCC

Reception area

Clean and tidy but in need of redecoration. We were let in, and although staff were not aware that we were coming we were given access to all areas and were not asked to sign in.

Information displayed

The last CQC report was displayed, some other notices were from early 2016.

Dining area

The area was clean but in need of brightening up, likewise the furniture was worn and some were in need of repair/upgrade.

Odour and environment

There were no unpleasant odours and the unit was quite peaceful.

Choice of food and refreshments

There was a 4-week menu on display that appeared to offer vegetarian options; however there was no specialist texture or ethnic meals listed. There was a small kitchen where staff reported they could make drinks/snacks for residents in between meals. All main meals were served within an hour period.

Dignity and appearance of residents

The three observed residents all appeared to be clean well-presented and comfortable. One Female resident said that she enjoyed staying at the unit and that she had opportunities to go out and go to activities within the unit.

Additional observations

- Two residents were in the lounge area next to the dining room, there was a TV on in this room but no staff were interacting with the residents. Many of the pieces of equipment and

electrical items did not have, or had out of date PAT testing stickers. All residents had single rooms with ensuite toilets and hand basins, however it was unclear whether or not these facilities were hoist accessible.

- Another female resident was spoken to in her bed with the cot sides up. On questioning the lead nurse regarding the use of cot sides said that they were there to stop the patient from falling out of bed, however it was also reported that the patient was immobile. When asked how an immobile resident could fall out of bed the nurse responded with “good point”.
- When asked about the number of incidents, falls and drug errors the head nurse responded that there were never any. However when asking the agency nurse the same question earlier she was able to show a report of a fall that happened during the previous week.
- We observed staff interact with one or two residents during our visit.
- We didn’t see many personal items in the rooms we visited, nor were we told about any memory boxes or familiar items for those residents with dementia.

Interview with Operations Manager

We spoke with the Operations Manager (OM) as the Care Home Manager wasn’t present for the visit.

The OM informed us that the information for referrals, assessments on admissions is obtained from talking to friends and family. There are usually activities arranged by the activities coordinator, who unfortunately had been suspended. Residents can go out with dial a ride or with family/friends. There are regular visits from representatives of most faiths.

Interview with Staff members

Two staff members raised some safeguarding concerns which had taken place previously in the home:

- Staff member said there had been a spike in safeguarding issues in the previous year.
- They said that agency nurses were a concern. They said on one occasion a nurse couldn’t tell the difference between a bruise and discolouration from a needle.
- Another staff member said many agency staff are not very clear on safeguarding procedures and didn’t have a clear understanding.

Other comments:

- Some Healthcare Assistants didn’t know how to use equipment due to lack of training.
- There were times when incidents were reported however no proper follow up.
- The staff members were very critical of agency staff.
- Constant change in staff meant some dementia residents were affected by the changes and didn’t want to leave the room.

Concerns were shared with commissioners.

Interview with HCA

Healthcare Assistant (HCA) – 1 Year

HCA said they enjoyed the role and helping the residents. They said their induction lasted 3 days but felt it wasn't long enough. ~They said working with dementia is challenging and they need further preparation with this. More training is needed. The HCA also said some staff didn't know how to use the equipment which is quite worrying and this might be to do with the lack of training. The HCA said if there is an issue they report it to the nurse in charge.

HCA said supervision take place once a month and appraisals take place once a year. Training sessions take place every 6 months. HCA they don't feel much supported by management. They said it's just a checklist and they listen to you but it makes no difference really. HCA said everything takes a long time to get sorted.

HCA mentioned that this took place when the old management was in charge but now it's under new management so this may improve during the next appraisal.

HCA said staffing levels are low which affects the permanent staff. If the temp staff make a mistake it carries on to the permanent staff to take responsibility. This puts a lot of strain and makes it much more risky to be permanent as you can end up being blamed.

Interview with nurse

Permanent Nurse (N) – 2 years

N said she enjoyed her role as she gets to meet families and care for residents. N said that they were given a 2 week induction, which is not good for everyone. N said more time for induction would be needed and more support. N expressed concern that some staff needed further training, as some do not know the appropriate handling techniques for residents. On certain occasions some HCA's didn't know what a hoist was.

N said in terms of safeguarding issues bruising was the most common. N said some of the concerns had been addressed but there needed to be a better understanding. N said some residents who have dementia are prone to being violent and they are more susceptible to bruising than others.

N said that they weren't pleased with agency staff as they had to oversee them and felt they weren't adequately trained. They said during old management, hardly any supervisions were taking place. There wasn't any communication with management as there was no team leader or Deputy Manager to discuss issues.

N said supervisions seem were more regular with the new management and meetings with the manager were daily.

Conclusion

Even though the visit was announced, no one had been informed at the care home that we were visiting. The manager was off sick but didn't inform staff of the visit which had been arranged with plenty of notice. When we arrived, we were told that they didn't have access to the manager's office. Also, our ID's were not checked. We were able to speak to staff who raised some safeguarding concerns which we had relayed to the commissioner. Nevertheless, we were told

they were under new management and the previous management had many issues which had to be addressed.

Disclaimer

This report is a representative sample of the views of the visitor and staff members that Healthwatch Hounslow spoke to within the time frame. This does not represent the views of all the relatives and staff members at DLCC. The observations made in this report only relate to the visit carried out on the 20th February 2017.