

'Enter and View' Report

Clover Residents

2 Dorchester Drive, Bedfont, Feltham TW14 8HP



Healthwatch Hounslow

16th February 2017

Service visited:	Clover Residents (CR)
Address:	2 Dorchester Drive, Bedfont, Feltham TW14 8HP
Care Home Manager:	Sandra Chambers
Date and time of visit:	Thursday 16 th February 2017, 11am – 2pm
Status of visit:	Announced
Healthwatch Hounslow 'Enter and View' Authorised Representatives:	Sangnuma Rai, Jill Macartney and Mystica Burridge
Lead Authorised Representatives:	Mystica Burridge
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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, three 'Enter and View' Authorised Representatives (one HWH volunteer and two HWH staff members) attended the visit. The Authorised Representatives spoke to staff. 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 CR, the visit was part of HWH's remit.

Acknowledgements

'Enter and View' Authorised Representatives: Sangnuma Rai, Jill Macartney and Mystica Burridge.

Thanks to Sandra Chambers, staff and residents.

Background

Clover Residents is a care home (bungalow) for up to three residents. At the time of our visit there were three people living at the service. Two of the residents were under the age of 65 years who had learning disabilities. The third resident was an older person with dementia. One of the residents did not speak English as their first language. The service was managed by Clover Residents Limited, a private organisation who ran two other care homes in North West London.

Observations about CR

Reception area

The front garden was neat and tidy. There is a ramp for disabled access however there was no railing. There wasn't an indication that this was a supported living unit. The front door led directly to a corridor. There is no reception area. The living room was of a decent size and the room was well heated. One of the paintings had been knocked over. The staff members said one of the residents knocked it down during their 'angry fits'. There was no outside area for residents to use. There appeared to be a keypad system to exit the unit, which suggests that all residents had an active DOLS (Deprivation of Liberty Safeguards) assessment.

Information displayed

There was a lack of notices displayed. However, as this is a care home it may be irrelevant. The fire notice in the staff area was handwritten and not laminated. Most of the walls were bare but this was reported as being necessary as one of the resident's was prone to pulling down pictures and curtains.

Dining area

The dining room has a table and four chairs. On the table there were some children's games and puzzles which one of the residents was engaged with while we spoke with staff members.

Odour and environment

No adverse odours or unclean environment. The wooden floors were clear of rubbish/hazards. There was one office with a small desk and a laptop. Off this room (door directly into) was a shower cubicle and toilet. There was one bathroom area which also contains one W.C. The seal around the bath was mouldy and the bathroom was not big enough to safely transfer the resident who was reported as being immobile. There was no natural light or ventilation and we did not see any extractor fans. There is a bath aide. Staff explained that the resident is lifted manually into/out the bath, despite there being a hoist in the resident's room. The bedrooms were sparsely furnished with no personal items on view. The resident who is immobile was in their chair facing away from the window. The resident had a hospital bed in the room. The thresholds between the hallway and the bedroom were broken and this could be a trip hazard. We informed the staff of this. The

furniture at the home appeared to be in relatively poor condition and in need of repair or replacement.

Choice of food and refreshments

Staff informed us that the grocery is bought and delivered every two weeks. The shopping is carried out by the manager. There were meal plans from which the residents could pick and choose, but the staff members also prepared any other dishes residents preferred. They had three standard meals a day and we were told that they could also have snacks in between meals.

Dignity and appearance of residents

All the residents appeared clean and groomed. One of the residents was reported as being able to choose their clothes for the day. However, the other two residents were completely dependent on staff.

Staff

We were welcomed by staff. They were polite and friendly. Unfortunately, the manager was not present at the visit even though the visit had been previously arranged for her to be present. Three staff members were present at the time of the visit. They said that they felt supported and could contact people in emergency situations. However, when staff tried to contact the manager to inform them of the visit they were unable to make contact.

Managerial staff/staff members

We were not able to speak with the manager during the visit. We followed up with the manager after the visit. On February 18th, the manager informed us that they were unable to attend the visit.

Interviews with staff

SR, JM and MB spoke with each staff member on duty.

Resident 1 is an elderly person suffering from dementia – R1

Resident 2 is a young resident who has behavioural issues – R2

Resident 3 is a young resident who is disabled and suffers from epilepsy – R3

Currently the home is run by a team of nine support workers and agency staff if needed. There is an absence of any superiors, team leaders or supervisors. The time period of how long the home is functioning without a supervisor is yet to be confirmed.

Staff 1 is one of nine support workers in the home. Staff 1 has been on the team for 6 weeks and has had experience in the care sector for six years. Staff 1 said that they felt supported in their role. Staff 2 is a support worker and has just recently joined the team. Staff 2 has been in post for 4 days.

Staff 1 said that it feels like a home and the residents are very used to the place. Staff 1 said when the resident visits their family, they always come back on time and rushes their family to take them back to the care home. Staff informed us that all three residents have living family members who are all residing in the borough of Hounslow. Regular family visits are made and one of the residents goes to the mosque once a week. One of the residents has behavioural issues (approaches anyone, even strangers to “fix” their attire) which has resulted in them not getting a place for special needs education and prevented them from going out.

Both Staff 1 and 2 confirmed they both had received inductions when they first started here. When asked if they had been to any recent training, Staff 1 replied they may be going to some training in the near future. Staff 1 said they are trained in safeguarding procedures and showed folders for reporting incidents.

When asked if they had an appointed supervisor, Staff 1 explained that their supervisor had left and the position would be filled as soon as possible. Staff members later reported the Deputy Manager was tasked with supervision duties too. When asked in times of crisis and emergencies if the staff members were capable of carrying out procedures and dealing with the crisis effectively, Staff 1 replied that they would. Staff 1 said that they have district nurses and GPs who visit regularly and if anything serious occurred they would call the ambulance.

Staff informed us that one of the residents needed to be hoisted but did not have a hoisting machine in their room. Staff said that the resident did not like to be hoisted in the machine therefore two staff members have been lifting her by hand to move her around.

When asked if there were any changes staff would like to see, they replied that they would like a more structured plan to the day and a little more engagement with the outside world, for e.g. grocery shopping with residents. There seemed to be a basic structure in place for meals, waking up and personal hygiene but as staff highlighted there wasn't a structured plan for their days to keep them engaged.

Staff interacted well with the residents and there were activities taking place during our visit. The TV was switched on in the lounge. The elderly resident had a radio in their room and a very small library of books and DVD's. Staff reported that they had applied for one of the resident's to access education but he was turned away by West Thames, and other colleges.

The manager who is in charge of two of the branches including the home in Feltham made periodic visits to the place. We were told that the manager visits twice a week.

Observations

- With the absence of a supervisor/deputy manager, there was concern as to whether it was safe for the home to be run by support workers alone.
- As we went around the property we came across a first aid box which looked empty and had not been updated (no label in sight to confirm this).
- No PAT test labels in sight for wires and electrical appliances.
- The elderly resident's nursing care plan had not been updated since August 2016.
- We were informed that there was one qualified first aider in the staff team. However, the first aid box was poorly stocked with antiseptic cotton wool and a glucometer.
- It was unclear how often the fire alarms were tested and fire drills carried out as feedback was inconsistent.
- Understanding of processes, policies and procedures were inconsistent and variable in quality.
- There were no memory boxes or personal items visible. One of the resident's had a sensory box that held unravelled wool and had a photo album but this was hidden in the kitchen.
- We observed that there was a hoist in the elderly resident's room and was being used.

- There had been input from community staff as there was equipment in place. However, there wasn't any evidence of PAT testing nor of maintenance for the equipment. There were no cotsides assessment.
- The manager was not contactable during the visit.
- The shower did not have a shower head and staff reported that if they needed to shower residents during their shift (2 incontinent residents) they have to fill a bucket from the sink and wash out of this in the bathroom.
- There is a fold up bed in the office area. This affects how much space is available in the office and how quickly staff would react to an emergency. We did not see any emergency bells or means of contact between staff and residents.
- We observed that the kitchen was locked, and staff reported that this was permanent as one of the residents would keep going into the kitchen to eat.
- The thresholds between the hallways and the bedrooms were broken and could be a trip hazard.
- Furniture appeared to be in relatively poor condition and in need of repair or replacement.
- Staff feedback was inconsistent regarding meals. We were shown a menu for the week and it was suggested that this was a 2-week rolling programme. However it was also reported that residents may help with meal preparation and got to choose their food requirements. There are 3 meals a day served between 8am and 5pm. Staff reported that residents have access to healthy snacks but we did not see any evidence of this in the kitchen.
- Staff reported that they have adequate supplies of continence pads but said that they dispose of them in black bags in the general waste bins.
- It was reported that there were 3-4 staff on a day shift (8-8 or 9-9) and that there were 2 on permanent night duties, one waking and one sleeping. However it was not clear how this was covered as we were told there were only 9 members of care staff. It was reported that agency staff are employed to fill vacant shifts.

Staff members

<p>Positive aspects of the role</p>	<p>Feedback from staff members was varied and conflicting.</p> <p>One staff member had only been in post for 6 weeks and another for a few days. When asked about positive/negative aspects of the role, the staff members appeared to be reluctant or unable to answer. However, all staff members agreed that there needed to be more activities for the residents. They believed these were not available "due to cuts". Staff members did not offer any training schedules.</p>
<p>Induction process</p>	<p>Two of the staff members felt that there wasn't a comprehensive induction training and supervision programme in place.</p> <p>We were not given any documentary proof of training or induction. Although they were relatively new staff but with</p>

	<p>experience, there wasn't enough indication of ongoing progress in their professional development.</p>
Safeguarding procedure	<p>Staff members reported that there was a clear process in place for reporting concerns. However, the manager was not contactable during our visit.</p>
Supervision and appraisal	<p>Staff members reported that supervision had not been carried out since August 2016 as there wasn't a manager in place.</p> <p>It appeared that staff members felt unsupported as there was no manager in post at the time.</p>
Handover procedure	<p>Staff members did not report any handover issues and they use various hand written books to write up daily input and actions.</p> <p>We were not shown any handover procedures.</p>
Involvement of family members	<p>Staff members said two of the residents have regular contact with family/friends. One of the staff members said that one of the residents visit their family regularly as they live nearby. The residents also visits the Mosque regularly.</p>
GP access/Physiotherapy/Hairdressers etc.	<p>Staff members said that physiotherapists visited the home. There is a walking frame, however it is unclear who it is for or if it is used.</p> <p>Staff said that one of the residents did not have hair. One of the other residents did not like to have her hair done. It is unclear how staff maintain the resident's hair. Another resident visits the local hairdressers. All residents were well presented and clean.</p>
Staffing levels	<p>Staff members reported that they are happy with the shift system in place and that any vacancies are filled by agency staff. Staff appeared to miss having a senior staff/manager on site for support and supervision. Staff members said that night shifts are covered by 1 – 2 night staff who do not work during the day.</p> <p>There appeared to be adequate staffing levels (1:1). However it was reported that when one of the residents was having a bad day then 2:1 levels needed to be implemented.</p>

Support from management	Staff members reported that they receive support. However, staff reported that they had not received any supervisions.
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Recommendations

It should be noted that 'Enter and View' Authorised Representatives met with residents. However residents were not in the state to speak with 'Enter and View' Authorised Representatives as they found it difficult to communicate. They also did not seem to have the capacity to respond to the 'Enter and View' team. The following recommendations have been made:

- The training, communication and handover processes need to be reviewed and implemented.
- Staff would appreciate more training support and structured activities for the residents.
- The whole home looked in need of an upgrade.
- Floors were clear of rubbish/hazards but would benefit from a deep clean/upgrade.
- Serious concerns were raised regarding the one bathroom area which also contains the one client W.C. The seal around the bath was mouldy and the bathroom was not big enough to safely transfer the resident who was reported as being immobile. There was no natural light or ventilation and any extractor fans couldn't be seen. There was a bath aide in situ but it was explained that the resident was lifted manually onto this for a bath, despite there being a hoist in their room. This will be highlighted as a concern to providers and commissioners.
- The bedrooms were sparsely furnished with no personal items on view. Refurbishing the bedrooms would be beneficial for the residents.
- The thresholds between the hallways and the bedrooms were broken and could be a trip hazard. This was raised with the staff at the time.

Conclusion

Throughout the visit, a number of concerns were raised among the 'Enter and View' Authorised Representatives. Unfortunately, as the manager wasn't present we were not able to speak to her directly about the concerns. We were also unable to reach her. We have informed the commissioner of the concerns.

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 CR. The observations made in this report only relate to the visit carried out on the 16th Feb 2017.