

# 'Enter and View' Report

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## Coniston Lodge Care Centre

*Fern Grove, Feltham, TW14 9AY*



Healthwatch Hounslow

27<sup>th</sup> February 2017

Service visited:	Coniston Lodge Care Centre (CLCC)
Address:	Fern Grove, Feltham, TW14 9AY
Care Home Manager:	Sean Healy (SH)
Date and time of visit:	Monday 27th February 2017 (11 – 1PM)
Status of visit:	Announced
Healthwatch Hounslow 'Enter and View' Authorised Representatives:	Kieron Cotter, Jenny Mullins, Jill Macartney and Mystica Burridge
Lead Authorised Representatives:	Mystica Burridge
Healthwatch Hounslow contact details:	Healthwatch Hounslow, Access Hounslow, Civic Centre, Lampton Road, Hounslow TW3 4DN  Tel: 020 3603 2438  Email: <a href="mailto:info@healthwatchhounslow.co.uk">info@healthwatchhounslow.co.uk</a>

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 CLCC, the visit was part of HWH's remit.

## **Acknowledgements**

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'Enter and View' Authorised Representatives: Kieron Cotter, Jenny Mullins, Jill Macartney and Mystica Burridge.

Thanks to Sean Healy (Care Home Manager), staff and residents.

## **Background**

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Home Specialist Care Categories:

- Alzheimer's
- Cancer Care
- Down Syndrome
- Epilepsy
- Head/Brain Injury
- Hearing Impairment
- Multiple Sclerosis
- Orthopedic
- Parkinson's Disease
- Speech Impairment
- Stroke
- Visual Impairment

## **Observations about CLCC**

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### **Reception Area**

Staffed and secure. Manager and Secretary's office within the reception area. Notices were up to date, laminated and relevant. Our visit was displayed, and we were asked for ID and to sign in. The area was clean and well appointed. Staff were welcoming and friendly.

### **Information Displayed**

Daily Activities and notice board displayed. Relevant to the unit and its activities were up to date.

### **Dining and Lounge Areas**

There were several dining areas which were all clean and tidy. Furniture was old but in good condition. There were menus on each table, however these did vary slightly from the menu displayed on a notice board. It appeared that residents could ask for hot or cold drinks and light snacks between meals if they desired.

### **Odour**

There were no unpleasant odours and there were decorators working during our visit. All areas seen were clean and free of rubbish. The lifts were small and there were no voice warnings for visually impaired visitors. There was also a trip hazard in one lift.

### **Choice of food/refreshments**

We observed a varied 4 week rolling menu with options for vegetarians. I did not see any ethnic meals offered, but staff informed us that there was no-one in the unit at present who required this, but that they could provide ethnic and textured diets if required. Hot and cold drinks and biscuits were offered to residents during our visit. When asked one resident said "the food was good".

### **Dignity and appearance of resident**

Most residents were out of bed and dressed appropriately. Staff were interacting with residents and we saw some physical activities as well as some art/drawing. There were various games and books on display and staff reported that there are regular daily activities planned. The unit has one full and one part time activities coordinator.

### **Additional observations**

- There appeared to be several patients who had bedrails in situ and staff appeared unsure as to why this was as these residents were also reported as being immobile. There were call bells present but not always within reach. One resident who had a history of frequent falls had falls sensor mats in situ. However it appeared that the alarm system was unable to support both this and the call bell at the same time. Staff were aware of this high risk but appeared a little confused as to how to use the equipment for maximum effect.
- We saw evidence of a recent trip out to the local Salvation Army Hall and there were photos of recent activities on display.
- The activities coordinator showed me the new memory boxes that the unit had purchased but seemed unsure of how it was to be used. There was a room dedicated to/for activities.

### **Staff**

All in uniform, polite and friendly.

### **Interview with Care Home Manager**

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'Enter and View' Authorised Representatives spoke with the Care Homes Manager – SH who said that he had been in post since November 2016. Prior to this appointment, SH was an Inspector with the Care Quality Commission (CQC). SH is employed by Lifestyle Care.

### **Current Care Home Staffing**

1 Care Home Manager, 1 Deputy Manager, 1 Activities Coordinator, 9 Registered Nurses, 47 Assistant Carers, 1 House Keeper, 3 Cleaners , 3 Laundry staff and 1 Chef.

Recent recruitment has resulted in recruiting 20 additional nurses, 3 posts remain vacant. SH said there is a preponderance of female staff because of the problems in recruiting males. Each day nurses and other identified staff attend a 'Flash Meeting' where any issues are raised.

SH said the home currently encourages staff to take an online care programme which management believe is called 'OWL', but they were unable to identify what 'OWL' stood for. All staff are required to take part in NVQ courses. Staff appraisals are carried out at least six times a year by management staff.

### **Resident acceptance**

CLCC can accommodate 92 residents, the current resident number is 45. Since December 2016 there has been a self-managed embargo in accepting new residents. The decline in residents has

been as a result of 'end of life' and need to close areas to deal with infestation of 'bed bugs' not as a result of residents moving out of CLCC. The non-acceptance of new residents has been taken by the current Management Company Lifestyle Care in Partnership with Orchard Care Homes as a result of a CQC inspection and communication with the Local Authority (Hounslow). The current situation is that bids are being made by a number of interested care home companies in respect of the Management of CLCC.

In respect of the acceptance criteria for new residents there is currently no age restriction but most of the current residents are over 65. However, they do have one resident who is 50. When an application is received to accommodate a new resident, a care assessment is carried out by a CLCC nurse, this would involve the nurse attending the applicant's home address or current place of residence. If it is found that the new resident would not be able to be cared for within CLCC (this maybe as a result of their current diagnosis of violence) then CLCC would assist in identifying other Care Homes who could accommodate such a medical condition.

Where a current resident's behaviour has become an issue, the resident's GP would be consulted as to any appropriate medication that could be administered and the home would seek assistance from the local Mental Health Unit.

Residence funding is both private and public or a combination of both.

### **Accommodation**

All the residents have their own self-contained room with a wash basin. Each room has a high-backed chair. Some rooms only had straight back chairs but others did have armchairs. TV's and radios are provided by the residents. The rooms we saw were ensuite with showers and toilets.

During our visit, there were a number of residents whose condition made them immobile and were in the main confined to their beds. However other mobile residents were sited on the 2nd floor. When asked why immobile residents were not on the 2<sup>nd</sup> floor and mobile residents on the ground floor, we were informed that the choice of rooms and location was in the main at the request from the resident who may prefer to be located upstairs.

Should the resident wish to keep a pet such as a caged bird or fish tank this would be 'Risk Assessed' by the management team. Many of the residents had their own mobile phones but a landline was available for their use.

### **Visitors and Location**

The Care Home has free parking and has very good access links by bus (TFL) and is very close to South West train station (Feltham). CLCC is within 5-minute walk to the Shopping Centre at Feltham. Visitors are permitted to stay within CLCC up to 11pm. At CLCC there is a self-contained bed-sit but to date this has not been used.

Should a relative wish to stay with a resident due to 'end of life' they would be able to place a mattress in the resident's room, or they would be advised that they may wish to make the use of two hotels which are within 5 minute walk of CLCC, namely The Giles Hotel and The Shalimar Hotel.

The home did have a residents and visitors meeting in November 2016 to discuss current procedures and any other issues/concerns raised. We asked if there was an agenda or minutes /action recorded and distributed. However, we weren't offered evidence. If any resident and/or

visitor had any issues or complaints this would be dealt with by the management team, on a face to face basis. Despite SH's assurance that it is at the wish of complainants, there was some concern that complaints aren't recorded and outcomes logged. No complaints were recorded at the meeting and if any issues had been raised these would have been dealt with on a personal level. CLCC does have a complaints policy which states that any complaint must be investigated within 28 days, but this to date has not been activated. It is of concern that records are not kept. The next residents/visitors meeting has been arranged for May 2017.

### **Activities**

There were daily activities organised by the homes Activities Coordinator S, the residents were encouraged by all the staff to take part in daily activities. The activities include 'Board games', singing, arts and crafts, playing cards and armchair exercise. The home has invited solo singers and other voluntary groups to the home such as Scouts and other voluntary craft groups. A number of the residents did attend a local show by means of a mobility bus. Weather permitting, the residents also have use of a managed secure garden area. A Physio did attend CLCC once a week to manage various exercises. Those residents who were confined to their rooms due to the condition, staff were encouraged to engage with them to watch specific TV programs to which they have an interest.

Also, the Activities Coordinator would ascertain the residents' book preferences and if the resident was unable to read a book then they would be read too. In addition, the relatives would be asked what their respective residents interests were, all their interests would be recorded within their respective care plans. The local Mobile library does not attend CLCC. Enquiries were in hand to try and get this facility for the residents, but for reasons unknown the mobile library will not attend CLCC.

All the residents religious beliefs are identified. There are no religious events or services provided. However, a Nun does visit CLCC once a week. A priest has been identified but does not attend CLCC to conduct Mass service. No other religions at present are catered for with CLCC.

### **Dietary Needs**

CLCC have their own kitchen with a resident Chef. A varied menu is provided for each day. All dietary needs are identified and recorded within the residents care plan. Should a resident make a request for a 'take away' meal this would be then risk assessed.

### **Medication**

All are recorded with the residents respective care plans and full consultation with CLCC's GP which is currently The Bedfont Surgery. Should the resident wish for their own GP this request is complied with. The current CLCC GPs attend the home on Monday, Wednesday and Saturdays.

### **Finance**

Any additional requests for books, toiletry goods etc. are obtained by CLCC and an invoice is sent to the resident's relative for payment. There does not appear to be any facilities for securing and recording of any valuables or cash kept on behalf of residents. At present CLCC does have one current resident who is accompanied each day to attend the local shop to purchase a daily newspaper.

### **Security**

All outside doors have key pad passwords to exit. It would appear that the key code for the entrance is not changed regularly which is of concern because it is given to relatives. All visitors must sign in and out of CLCC. Lifts also are key pad operated. There are two lifts to the 1st and

2nd floors one for residents and the other for staff use. Once a week there is a fire alarm test. No details were available in respect to a fire drill.

### Interview with Deputy Manager (DM)

- DM had identified training needs of both professional and support staff and had a fairly robust training matrix in place. They had also identified the staff who had poor English and who had picked up poor clinical practice and were tackling this by regular supervision and support. We were made aware that some staff were heading for disciplinary action.
- DM was upset to hear about the possible incorrect use of bedrails as she thought that she had dealt with that. She was also very aware of the need to manage frequent fallers better and had plans in place to improve the use of the sensor mats. She felt that some training and advice from the fall service would be of benefit but reported that because they were a private home they could not access this.
- DM also explained that the part time activities coordinator was also working as a carer and that this possibly was not a joint role that was working. They also felt that this person lacked confidence and the language skills to carry out their duties fully.
- An up to date equipment itinerary was shown that they have checked it all within the last 6 months.
- There were audits and action plans completed as a result of incidents and falls, and we were also made aware of robust new measures to ensure that the risk of drug error occurring again had been minimalised.
- DM mentioned that they had several issues with their GP cover which has impacted on improvement.

### Staff interviews

<p>Staff 1 – Assistant carer</p>	<p>Staff 1 said they enjoyed their role and had been here for a couple of months. They said they had an induction which lasted for 1 week and felt that adequate as they had previously been a carer at a home.</p> <p>They said they were aware of safeguarding protocols and were comfortable in reporting any incidents.</p> <p>They felt that there were able to speak with management if there were any issues.</p>
<p>Staff 2 – Assistant carer</p>	<p>Staff 2 said they had been at the role for over 1 year and said new staff members required more training as they always had to explain everything.</p> <p>They said they enjoy their role and don't have any issues at the moment. They are happy with their working hours and feel that it's convenient for them.</p>
<p>Staff 3 – RGN (Registered General Nurse)</p>	<p>Staff 3 said that they had been here for almost 6 months and said that they enjoy their role. However, they feel that the Assistant carers</p>

	needed more training and supervision especially around safeguarding and understanding falls and bruises. They felt that sometimes these weren't reported immediately.
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## **Conclusion**

We were given access to the home and were able to speak with staff. Unfortunately, we were not able to speak with residents due to their health conditions. On further questioning we picked up that staff in the unit are somewhat inspection weary and that the senior management team are quite aware of what needs to be changed. There had been a lot of good work done in the short space of time since the deputy managers had been in post and that they had identified what further work needed to be done and had action plans in place.

## **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 CLCC. The observations made in this report only relate to the visit carried out on the 27<sup>th</sup> February 2017.*