

Enter and View Report

St Mary's Convent and Nursing Home



Healthwatch Hounslow

Service visited:	St Mary's Convent and Nursing Home
Address:	Burlington Lane, Chiswick, London, W4 2QE
Care Home Manager:	Liz Smith
Date and time of visit:	Wednesday May 30 th , 2018, 11am – 2pm
Status of visit:	Announced
Enter and View Authorised Representatives:	Kieron Cotter, Francis Ogbe, Steven Mayers, Claire Grainger
Lead Authorised Representative:	Claire Grainger
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Healthwatch Hounslow 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.

Background to the visit

The Health and Social Care Act allows Healthwatch Hounslow (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 (three HWH volunteers and one HWH staff member) attended the visit. The Authorised Representatives spoke to residents, staff and visitors. Suggestions have been made on how to improve the service and good practice has been highlighted.

HWH liaises with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme, as well as the information that it collects about the experiences of local people. A number of health and social care providers are selected to be visited to provide a sample of different services. We did not have a reason for selecting St Mary's for a visit.

Acknowledgements

We would like to thank Liz Smith (Care Home Manager), and the staff, residents and visitors to St Mary's for making us welcome, facilitating our visit and for taking the time to talk to us on the day.

We would also like to thank Healthwatch Hounslow Enter and View Authorised Representatives: Kieron Cotter, Francis Ogbe and Steven Mayers for their contributions to the visit and this report.

Methodology

This was an announced Enter and View visit. Healthwatch Hounslow approached the manager at St Mary's before the visit to find out more about the home and any factors we should be aware of. During the visit, Authorised Representatives spoke to the Manager; members of nursing and care staff; a number of residents, some of whom had asked to see us; and two visitors to the home.

The Enter and View Team used a checklist to collect their observations of the home, which was based on Healthwatch England's eight indicators of a good care home¹;

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Information about St Mary's Convent and Nursing Home

St Mary's Convent and Nursing Home is owned and managed by the Anglican Sisters of St Margaret and offers residential and nursing care for up to 60 older people. St Mary's is a registered company and charity and is also a convent of the Society of St Margaret. A number of Sisters from the order make their homes at the convent and offer support to the residents. Most of the residents fund their own care, but up to 10 places are reserved for people who are funded by the local authority or the NHS, and the cost of their care is subsidised by the charity.

The original building is over 100 years old, and the building has been extended over the years. The accommodation is divided into three units, and people receiving residential care live in the upper floor of the building and people receiving nursing care are downstairs. All rooms have ensuite toilet facilities and there are bathrooms and showers in each unit. There are several communal areas throughout the home, which offer space for activities, socialising and quiet time. There are also five bungalows which have been built in the grounds. These are not part of the care home, but residents of the bungalows can access meals and join in activities in the main building, if they wish.

¹ 'What's it like to live in a Care Home' Healthwatch England (2017)

First Impressions

Our first impression was friendly and welcoming, but we entered from the car park and we were concerned that we were able to walk straight in and we were not asked to show our ID, with only one member of the team, the car driver, being asked to sign in. We felt concerned that someone could enter the home unnoticed or unrecorded or indeed that a resident who needed supervision might be able to leave the building without staff being aware.

The hallway and reception areas were busy and homely, and people were sorting donations for a forthcoming fundraising sale. As a result, the reception area was somewhat cluttered, and we also noticed that the two house dogs were lying in the corridor, which could present a tripping hazard for some residents. There were notice boards around the communal areas with information about activities and there were a number of posters displayed advertising our visit. As the building is not purpose built, there are some areas where there is a change in levels and a stair lift is installed. Handrails are installed in corridors in some parts of the building, but not all.

There are different communal areas, offering small and personal spaces where residents can meet up, watch television or be involved in activities. The rooms are well-decorated with a variety of seating. There are fish tanks in some areas, and residents told us that these are popular with visiting grandchildren.

The home has large and well-maintained gardens and we were told by staff and residents that these are well-used during the summer months for socialising and activities. Some of the ground floor residents who face onto the garden have their own garden space and some people have brought their own plants with them to plant in the garden.

HEALTHWATCH ENGLAND QUALITY INDICATORS

1. Strong, visible management

We met with the home manager, Liz Smith, who has been in post for 15 years. She told us that she is a qualified nurse, has a Master's degree and management qualifications and that she is keen to keep up her nursing qualification and to be a visible manager in the home. The management team of the home is made up of a nurse manager and the managers of the three units that make up the home, plus a floating manager. One of the sisters, Sister Jennifer, is the Managing Director of the Charitable Company that runs the home and she also attends the management meetings. St Mary's has adopted a policy of training and developing managers from within the staff team and all of the Unit Managers have achieved level 5 management training.

2. Staff have the time and skills to do their jobs

The manager told us that the home has over 100 staff and that staff turnover is around 5%. Like many care homes, the charity has challenges in recruiting and retaining nurses. Care staff and kitchen staff are paid the London Living wage, and this has helped with retention. At the time of our visit, there were no vacancies, and the manager told us that their bank staff arrangements meant that they had not needed to use agency staff for over 16 years. The home has a policy of training up care staff internally and all staff undertake a core induction and ongoing training in core areas,

such as safeguarding. People new to care work are expected to achieve the Skills for Care Care Certificate within the first four weeks of starting work at St Mary's.

We spoke to a nurse manager, unit manager and a member of the care staff and also spoke informally to other members of staff at the lunch table. All the staff we spoke to confirmed that they received induction and training and appeared to enjoy their jobs. One member of staff told us that he initially came to work at the home for work placement and he enjoyed it so much he chose to stay on.

We were also told that the community of Sisters who live at the Convent make an important contribution to the life of residents at the home by supporting people with activities, befriending and helping out at mealtimes and that this adds value to the work of the staff team.

3. Staff have a good knowledge of each resident and how their needs may be changing

We were told that the manager interviews a new resident and their relatives before the new resident moves into the home, and that this forms the basis of a care plan, which is reviewed six monthly. Each resident is allocated a key worker. We spoke to a relative whose mother lives at the home and she confirmed that this had happened in her mother's case. The senior nurse told us that the home uses the Co-ordinate my Care scheme to share information with other services if needed. We were shown a hand-held device which is used by staff to update residents' records as they go along.

Staff told us that they take residents' needs and wishes into account when delivering care, and residents and relatives/carers generally agreed with this. One resident said that she tends to be helped to go to bed at 6.15 pm, and at first suggested this was not what she wanted, but later said she did like to go to bed to read. Staff told us that if residents want to go to bed later, they can do so, and they wait for the night staff to assist them. Another resident said that she welcomed that the staff supported her in her religious activities.

4. The home offers a varied programme of activities

The home has two activities co-ordinators and a number of residents talked about the outings and activities at the home and described the activities that they had enjoyed. We saw the programme of outings and activities, which is communicated to all residents through a monthly bulletin and on a notice board in reception. Some activities take place in the home and some involve going out. Indoor bowls was underway while we were at the home and we spoke some of the residents who had taken part, who had enjoyed it. Other activities that people mentioned were going shopping, visits to parks and gardens, garden centres, and pub lunches. Volunteers come to the home to support various activities. On the afternoon of our visit a volunteer was coming in to run a Debating Group and one of the residents we talked to told us how she really enjoys this activity. Care staff told us that they got to know what people like to do and will encourage people to take part and that this is recorded in their records.

A very popular activity, which was mentioned by a number of residents and a relative, is Sister Jennifer's drinks party. This used to take place monthly, but by popular demand is now weekly. A relative told us that her mother does not usually like to join in activities, but she is keen to go to the drinks party and seems to enjoy it. Many of the people we spoke to also mentioned that they enjoy the celebrations organised at the home for Christmas and Easter and also the activities planned for the annual 'Holiday at Home', which takes place for a week during the summer.

The activities co-ordinator we spoke to said that she keeps a record of who does what and tries to ensure that people who want to do activities get their fair share. We were told that the home is about to take delivery of a new minibus, and one of the residents who uses a wheelchair said that she hoped that her chair would fit into the new bus, as not being able to get onto the bus has limited the activities she can take part in in the past. The home also has two cars and a driver which are used to take people out from the home.

5. The home offers quality, choice and flexibility around food and mealtimes

All of the food is prepared on the premises and home cooked and the kitchen has a 5 star food hygiene rating. There is a choice of food on a daily basis with the menu changing on a four-weekly cycle. We were told that one of the topics of discussion at the most recent residents' meetings was the development of a new menu. We were invited to join residents for lunch and we enjoyed the meals we had. Residents we talked to confirmed that they have a choice of meals and that they enjoyed the food that they are served. They also told us about the themed evenings when the chef produces food from a different country or region and said how much they enjoyed those occasions.

There are three dining rooms and people are offered different levels of support in each room, depending on their needs. In one room people are offered support with feeding, another with cutting up their food and in the third people need no support and are served their lunch by a member of the staff team. In all dining rooms we saw people being supported with kindness and dignity. Residents can opt to eat in their rooms, but they are encouraged to go to the dining rooms. Residents and their visitors told us that people visiting at meal times are invited to have a meal, and that this can be served in the resident's room.

6. Residents can see health professionals such as GPs and dentists regularly

The manager told us that the home has a linked GP practice and has a daily slot where staff can call the practice if they have concerns about any of the residents. A GP from the practice visits the home weekly and the manager and staff were all positive about the relationship with the GP practice. Care staff told us that some health practitioners, such as a local optician and the audiologist, will come to the home, but for more complex issues, dental, and hospital appointments, residents will be taken in the home's car with the driver and a care worker will go with them. The resident's relative will also be informed about medical appointments in case they want to go along.

The home participates in the Red Bag Scheme which helps to make residents' admission to hospital go more smoothly. The bags have some of a resident's belongings and a This-Is-Me form (brief information about the resident's health, medication and needs). The scheme is signed up to by all local hospitals except for Charing Cross Hospital.

7. Residents personal, cultural and lifestyle needs are accommodated

There are no restrictions on the time visitors can come to the home and how long they stay for. One relative who lives locally said that she appreciated being able to pop in to see her mother whenever she wants, and that there is a key pad to open the door at night. Residents can entertain their visitors in their room or in one of the sitting areas or garden.

One of the visitors we talked to mentioned the strong Christian ethos of the home and said she felt that this is 'part of the package' of living at the home. There is a Christian service in the chapel every day, which residents can attend if they wish to. The manager stressed that there is no requirement

for people coming to the home to have a Christian faith and that people from other faiths and no faith are welcomed and their needs addressed. The chapel is also used for events and activities.

Two dogs live at the home and they seemed to be calm and unflustered by the activity round them. One of the of visitors we spoke to commented that she thought that the dogs and the fish tanks contributed to the relaxed feel of the home.

The manager told us that the development of the bungalows in the grounds of the home had provided useful insight into supporting people with lower needs who are able to live more independently, with support available if they need it. As a result, there are plans to review how support is provided to some of the people who come into the residential care unit whose social and emotional needs are greater than their physical care needs.

8. There is an open environment where feedback is actively sought and used

The manager told us that a residents' meeting is held three times a year. She said that relatives' meetings have been arranged in the past, but that not many relatives had come along, so the timing and content of the meetings are being reviewed. We were told by the visitors that we talked to that they are able to approach the manager or Managing Director if they have any concerns, although one visitor told us that she has not seen anything written down as a result of her feedback. The Unit Manager spoke to said that she would attempt to resolve any complaints that were brought to her attention, but would refer any more serious complaints or safeguarding concerns to the manager.

We were shown the complaints log and we also saw a list of the thank yous and positive feedback that had been received from residents, relatives and former staff about the ethos of the home and the care provided.

Conclusion

All of the people we spoke to at St Mary's told us about a well-organised, warm and caring service and our own observations supported this conclusion. The age of parts of the building present some challenges, but we felt that much has been made of the space available, and we particularly liked the variety of social spaces that could be used for meeting visitors, activities or quiet time. The garden is clearly appreciated by residents and good use is made of it for activities and relaxing. We liked that residents were able to bring plants from their own gardens when they moved in. We were concerned about the security arrangements at the entrance from the car park and whether the home always has a good understanding of who is in the building and we would recommend that arrangements at the entrance from the car park are reviewed.

We saw a great deal of attention being paid to the individual needs and preferences of residents and all the interactions we saw between residents and staff were friendly and respectful. Staff appeared to have a good understanding of the people they were caring for and it was good to see that the home is participating in information sharing with other service through Co-ordinate my Care and the Red Bag scheme. There is clearly a strong commitment to offering residents a good range of activities schedule of activities, both in and out of the home, and these were appreciated by residents and staff.

Feedback from St Mary's

We shared the draft report with Sister Jennifer and Liz Smith, and they have given us the following response to some of the issues we raised in our report:

We would like to respond to some of the detail in the report, and actions we are taking to address these:

a. Car park entrance

We acknowledge your feedback about arriving at the Home and you may have been unaware that the car park entrance is monitored from the main office to see arrivals. It is not a recording camera. A member of reception staff was sent to meet you coming in from the car park, according to our policy. One member of the team had already arrived and was in the meeting room and I think the other three team members were shown into the meeting room. I accept that they should have been asked to sign in and we have spoken to all our reception team about this. We do not have a locked door policy in the Home and our criteria for admission excludes residents who wander as the nature of the building is unsuitable to meet their needs. Any residents who are not allowed to leave the Home and may try to do so, have a Deprivation of Liberty authorisation in place and are being managed using a door alarm mat. The main doors are manned from 8am to 5pm and outside of these hours, visitors have to ring the night bell to gain entrance to the Home. As a result of your feedback, we have looked at these issues again and produced an action plan to improve this area. (see below)

Action Plan for improving Home Security

Area to improve	Action required	Responsible person	Target date
Reception staff to meet visitors from the car park.	Staff who answer car park call are responsible for ensuring that all visitors are met and sign in. If they are alone on the door, they must go into the corridor and greet people, and ensure another staff member assists them. Remind all staff not to let visitors into the car park if they are not known.	Administrator to speak to all reception staff Registered Manager and all supervisory staff	31/07/18
Ensure everyone signs in	Replace paper sign in sheets with Visitors book. Use a chain to secure a pen to sign in Speak to anyone who visits regularly and remind them to sign in. Write to regular visitors who do not comply with requirement. Bigger reminder signs.	Managing Director Registered Manager Administrator all admin and management staff	31/07/18
Camera is not a recording device	Investigate whether a recording camera is needed and the notification that would be required if one was in use.	Managing Director Administrator	31/07/18

b. The house dogs

We undertook a risk assessment before getting our dogs, which was fully discussed with the residents at the time. As part of this, we considered the trip hazard involved and rejected a small, grey dog offered by a rescue centre as too likely to cause a resident to fall. Instead we chose bigger dogs, in colours that contrast to the floor surfaces, to minimise the risk of trip hazard. We have always had dogs at St. Mary's and when our last two dogs sadly died in 2012, residents voted overwhelmingly to replace them. There is much evidence about animals improving the quality of life for residents, and indeed the public at large. Residents are aware of the animals in the Home before they apply. We feel that the benefits of having our dogs far outweigh the trip hazard.

c. Feedback

We aim to respond to feedback personally and usually resolve issues face-to-face so may not have written down the response to feedback. We look at suggestions monthly and raise them at the residents' forum, which has minutes on display in the Home. We will review how we do this and consider listing suggestions and outcomes as part of our monthly information bulletin. In line with CQC requirements, we accept anonymous feedback but the drawback of this is that the person giving the feedback cannot be directly approached to discuss the outcome.

Next Steps

This report has been shared with the management at St Mary's who have had the opportunity to comment on our findings. The report will be published on the Healthwatch Hounslow website www.healthwatchhounslow.co.uk/enter-and-view-visit-reports/ and will be circulated to the provider and the commissioners of care home services in Hounslow.

This report is based on our observations and the views of residents, staff and relatives that Healthwatch Hounslow spoke to on the day of our visit, and we appreciate it does not necessarily represent the views of all the relatives and staff members at St Mary's