

'Enter and View' Report

St. Raphael's

The Frances Taylor Foundation

6 – 8 The Butts, Brentford, Middlesex, TW8 8BQ



Healthwatch Hounslow

8th June 2017

Service visited:	St. Raphael's (SR) The Frances Taylor Foundation
Address:	6 – 8 The Butts, Brentford, Middlesex, TW8 8BQ
Care Home Manager:	Natalie Hill (NH)
Date and time of visit:	Thursday 8 th June 2017, 10am – 2pm
Status of visit:	Announced
Healthwatch Hounslow 'Enter and View' Authorised Representatives:	Jill McCartney, Sangnuma Rai and Mystica Burrige
Lead Authorised Representatives:	Mystica Burrige
Healthwatch Hounslow contact details:	Healthwatch Hounslow, Access Hounslow, Civic Centre, Lampton Road, Hounslow TW3 4DN Tel: 020 3603 2438 Email: info@healthwatchhounslow.co.uk

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 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 SR. The visit was part of HWH's remit.

Acknowledgements

'Enter and View' Authorised Representatives: Jill McCartney, Sangnuma Rai and Mystica Burrige.

Thanks to Natalie Hill (Care Home Manager), staff and visitors.

Background

St Raphael's is a generously spaced estate accommodating 21 residents presenting mild to moderate learning disabilities. The youngest resident is 28 years old and the oldest resident is 80 years old. The accommodation is provided in two adjacent buildings, Fatima House, and St Raphael's itself. There were 21 people living at the service at the time of our visit.

Observations about SR

The home was clean, warm, inviting and well maintained. The rooms are clean and spacious and they have access to a lift. The reception area was well lit and clean. All communal hallways were bright, well-lit and clean. There was a sign in/out book. All notices were relevant and up to date, including health & safety and fire notices. All entrance exits were protected with lock pads with a password. There were no adverse odours. Hand gel was available. Many of the residents' artwork was on display. Some of the walls had residents' pictures. The environment was fresh and although there were stains on some of the carpets on the whole the level of cleanliness for such a large building was excellent. The grounds were vast and well maintained with raised flowerbeds to allow the residents to work in the garden.

Personalised pictures and artwork by the residents were displayed around the home. We were told the residents would pick the colour of the paint for their room walls. During our visit, most of the residents who were mobile were seen to be moving independently around the house, preparing meals for themselves and travelling outside on their own.

Observations: During lunch time, we witnessed one resident prepare their own meal. Spillages were quickly wiped clean by staff.

There was evidence that the residents worked with staff to create a weekly menu. Staff also help residents with the food shopping. Residents were encouraged wherever possible to make snacks/drinks for themselves. Each resident has a place mat which identified their food and eating preferences and whether or not they wanted/needed assistance. Ethnic and speciality meals were available, and we saw meals being pureed for residents with texture requirements/thickened fluids needs.

All staff were welcoming and friendly, and were forthcoming about their experiences of the home. All staff and residents were dressed appropriately. There was evidence that residents made their own choices as to what to wear and how their rooms were decorated.

Observations: We did witness a visitor spending time with their loved one. Unfortunately, they were unavailable to speak with us.

NH (Care Home Manager)

Sangnuma Rai, Jill Macartney and Mystica Burrige spoke with NH.

NH said the Frances Taylor Foundation was the provider for St. Raphael and also a charity organisation. NH said most of the residents are cared for in the home. There are two residents who are able to travel independently. NH said the care home predominately has female residents with one male resident. Family members can visit their loved ones anytime of the day. NH said they receive their referrals from social services.

NH said residents have historically received low funding for their care. NH said financially there has been a squeeze as it's a charity organisation. NH said some residents received £500 a week which is very low.

Activities

NH said they are looking into how they can make more use of their activity area. Residents are taken for outings and they usually go to the day centre organised by Mencap (charity organisation). NH said they held a summer fete and raised about £1000. NH said they used to have Hounslow Adult Learning visit and use the space. NH said they are having a sensory room set up at the moment. NH said the sensory room is self-funded. Once a month they have an entertainer who sings for the residents.

Cleaning/Maintenance of the building

NH said all staff members help clean the home and they have one staff dedicated to cleaning the entire home.

Health and Social Care Services

NH reports excellent support from local health services including weekly GP visits, access to Physiotherapy SALT and clinical and behavioural psychology. NH said most of the residents are registered with a local GP surgery (Albany Practice). NH said it would be helpful if all the residents were registered with the same practice. NH said the district nurses were very good. NH said that it was a shame that there did not appear to be such robust occupational therapy support. NH also reported that they had a good and timely response from the wheelchair service.

NH said one of the resident's (aged 80 years old) had a fall. Senior staff dealt with the situation well and their regular physiotherapist was called. NH mentioned that occupational physiotherapy for learning disability was not directly available.

Meals

Residents who needed one to one support were fed by the staff and they were given food that was pureed and thickening substance was also added for easy ingestion. NH said halal meals were catered for two of the residents.

Audits

NH said they carry out 6 audits a year. NH receives a list of audits in which she visits other care homes that the provider runs. In a recent audit, she visited Liverpool. They said that sometimes the regional manager visits St. Raphael to carry out audits.

NH said most of the residents are happy living here and the only complaint was living with one another.

Staff

NH said staff vacancies were difficult to fill. There was difficulty in recruitment as it's not an attractive position. There are other places that pay higher wages. Staff supervision takes place every 2 months. NH said staff receive specific training in self-restraint and Makaton.

NH said they had a resident who kept opening the oven. NH phoned CQC and they said NH should carry out a risk assessment.

Staff

Sangnuma Rai spoke with staff member E who is a support worker at the home.

E has been working at the home for 6 months. E was a substance abuse worker and said that they are familiar with all the protocols and safeguarding procedures. If there was a safeguarding incident, E would alert the manager and fill out a resident/keyworker form. E is currently a support worker for two residents. This involves overseeing their wellbeing and supporting them in their daily routine from feeding to bathing.

E said that they feel supported by the staff and managers. E said supervisions take place every two months. However, E said that they had their first supervision two weeks prior to our visit in the six months that they had been here. E said any concerns, issues or updates were discussed in the monthly staff meetings. E mentioned there was a recent change in their shift hours after realising some of the residents woke up early in the morning making the handover process difficult. The change in shift hours made it easier for staff and residents to have a smoother routine in the morning. E was asked about negative aspects of their role and they said that they would like to see relatives visiting the residents more. E was asked about agency workers who cover shifts during absences. E said that the agency staff are competent and sometimes also learn new tasks from permanent staff. E said that the home usually opt for staff who are familiar with the place. If new staff join them, they give them an induction beforehand.

E said that they take the residents to the hairdressers and to the park sometimes. E said recently one of the residents they were looking after began to withdraw and noticed this behavioural change. E began to take the resident out to the park. The resident began to feel like their old self again.

MB spoke with a support worker – A.

A said that they were newly recruited and had been at the home for a week. They have been shadowing staff and have carried out their safeguarding training. At the moment they are

permanent morning staff. They said sometimes agency staff help out. A said they enjoy their role and a friend recommended the position.

MB spoke with a support worker – B.

B said they had been working at the home for 12 years. They said recently they have been working for two days as they have young children. B said the home was flexible and supportive of their working patterns. B said her induction included shadowing staff and a 1-day course. B said they had supervision every two months and were comfortable in raising any concerns. B said staffing had previously been an issue but not anymore. B said the home holds monthly staff meetings and they are happy with it. B spoke about the handover procedure and said every morning and evening they handover to staff. B also mentioned they're close with the residents' families as they have known them for a long time. B said they felt supported by management and staff members.

MB spoke with support worker – C.

C said they had been working at the home for just over a year. C said they enjoyed looking after the residents and especially taking the resident on outings. C said their induction lasted 1 week and it involved shadowing staff. C said they currently have an NVQ 3, safeguarding certificate and have received training in manual handling. C said if they are any safeguarding incidents, these are reported immediately to the supervisor. Supervision take place every two months. C said monthly staff meetings take place where points are raised. C said that they handover to night staff about any new developments. C mentioned some of the activities residents take part in – drama class, foot massage, nun's therapy etc. C said they have a hairdresser who visits regularly. The GP visits every Saturday. C said the home had recently recruited new staff and said they occasionally have agency staff. C said they are supported by management and feel that they are being listened to. C said they have a training calendar in which their training can be tracked.

Conclusion

Overall, it was a positive visit. At the time of the visit, the home was clean, well-maintained and well lit. The home had a pleasant welcoming atmosphere. We observed residents dressed appropriately and seemed to be looked after well.

We were able to see NH having built a good rapport with staff. Staff appeared caring and dedicated and interacted well with residents. There appears to be support from management. Permanent staff mentioned having good relations with agency staff and this has been reiterated by every staff member.

NH was very accommodating and we felt that she answered our questions candidly. NH was open about issues they faced as a home. NH said they are confident enough to contact the CQC or other providers for help.

Observing the home, it's clear that plenty of activities were being organised. There was evidence of ongoing activities. There was a sensory room which was being built but self-funded.

The team felt that this was a well-run service with a person-centered approach. Good practice has been observed in the home. Our impression on the day was of a well-run service which supports its residents holistically.

Recommendation

Update cooperate policies and procedures.

Report

The report will be published on the HWH website – www.healthwtachhounslow.co.uk and will be disseminated to the provider, commissioners and the public.

The Healthwatch Hounslow Enter and View Team would like to thank the staff and residents at SR for their courtesy, patience and openness during our visit.

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 SR. The observations made in this report only relate to the visit carried out on the 8th June 2017.